

Montessori Academy
2010-2011 Charter Kindergarten Enrollment Application

I (we) hereby agree to enroll my (our) child in the Kindergarten program at Montessori Academy

Student Information

Child's Legal Name: _____ Nickname _____

Gender: M F Birth date: __/__/____ Age by Sept. 1st of this year: ___ yrs. ___ months

Child's ethnicity: (Please Circle One) **White, African American, Hispanic, Asian, Native American**
Primary language spoken at home: _____

Child's Social Security Number _____

Does your child have a sibling at Montessori Academy? Yes No

If yes, name and age of sibling? _____ Age: _____

What school is your child currently attending? _____

Address of current school _____

Does your child have an IEP? Yes No

Parent Information (If separate households, please check parent to be billed.)

Mother's name: _____ SS# _____

Address: (City, State & Zip) _____

_____ Legal Guardian? Y N E-mail: _____

Phone number: _____ Cell number: _____ Pager: _____

Place of business: _____ Position: _____ Work number: _____

Father's name: _____ SS# _____

Address: (City, State, & Zip) _____

_____ Legal Guardian? Y N E-mail: _____

Phone number: _____ Cell number: _____ Pager: _____

Place of business: _____ Position: _____ Work number: _____

If separated or divorced, who has legal custody? _____

Does the other parent have visitation rights? _____ **Please furnish copies of legal papers.**

1. This contract, accompanied by the required paperwork must be received and accepted by Montessori Academy. Montessori Academy is under no obligation to hold or reserve a place for any student until the necessary paperwork has been received
2. The execution of this Enrollment Application indicates full and complete acceptance of the school's philosophy and goals as stated in the current Parent Handbook.

Please initial that you have read the Parent Handbook: ____

Available at azma.org

All new charter students must provide a copy of their birth certificate.

