

Application for Enrollment

THE
MONTESSORI
SCHOOL OF THE MAHONING VALLEY

**STUDENT'S
NAME**

First Middle Last DATE

ADDRESS

SEX
AGE

PHONE

BIRTHDATE

FATHER

MOTHER

ADDRESS

(if different)
from child's)

PHONE

(home, if different) cellular & or pager

PROGRAM FOR WHICH YOU ARE APPLYING:

Primary Program – ½ day _____
M-F 8:30 a.m. to 11:30 a.m.

All-Day Primary Program (Kindergarten) _____
M-F 8:30 a.m. to 3:00 p.m.

Elementary Program _____
M-F 8:30 a.m. to 3:00 p.m.

Adolescent Program _____
M-F 8:30 a.m. to 3:00 p.m.

Anticipated date of enrollment: _____

By enrolling my child in MSMV, I hope that s/he will _____

Previous school experience? ____yes ____no If yes, when & where?

(name of school)

(dates)

(street, city, zip)

(phone)

Reason for leaving? _____

From what source did you learn about our school? _____

Name of person who referenced us to you: _____

Sibling names & ages? _____

I understand that ...

1. A non-refundable application fee of \$35.00 is due with the return of this document. Once received, my application will be processed and a date set for my child to visit the school and interview with a teacher.
2. The Montessori School of the Mahoning Valley, Inc. operates as a cooperative of parents, children and teachers. By enrolling my child I become a member of the cooperative. As a member I will be called upon to volunteer in at least one area by sharing my time and talents. I will support the school by participating in activities and fundraisers. I also understand that at least one family representative will attend the Annual Co-op meeting and participate in one of the two scheduled Beautification Days.
3. Enrollment is for the entire school year and that I will be responsible for the full fees of the program I have selected for my child regardless of his/her attendance.
4. Should my child be enrolled, both parent(s) and child will agree to follow and adhere to the policies, rules, and regulations of the School.

I hereby request that the above-named child be considered for acceptance into
The Montessori School of the Mahoning Valley, Inc.

Signature of Parent or Guardian

Signature of Parent or Guardian

Date

Date

For office use only

Date _____ Pmt. _____ Ck.# _____