



Swannanoa Valley
Montessori School

New Student Application for Admission

Applicant's Full Name: _____ Nickname: _____

Birthdate: _____ Age: _____ (circle one) Male Female

Program Applying for / Grade Entering: _____ Days Preferred (if less than 5 days) _____

All Adults residing in Applicants home/s (please list all, even non-guardians):

Parents Married:___ Divorced:___ Separated:___ Father Deceased:___ Mother Deceased:___

Parent/Guardian: *Please disclose information regarding all adults who have legal rights to applicant.*

Who should financial communication **also** be sent to, if not listed below? Please give, name, email and phone:

Name: Parent 1 / Guardian 1 (*circle which one*):

Name: Parent 2 / Guardian 2 (*circle which one*):

Street Address _____ Street Address _____

City/State/Zip _____ City/State/Zip _____

Email _____ Email _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Land Line _____ Land Line _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Siblings (names and ages) : _____

Custody Paperwork: Please include copies of custody papers or other legal documents as pertaining to your child.
Check which applies: No paperwork _____ Paperwork included _____

Application Agreement: I hereby apply for my child's placement at Swannanoa Valley Montessori School.
Enclosed is my *non-refundable* \$75.00 application fee. I understand that if accepted, my completed Tuition Agreement form and *non-refundable* \$200.00 placement deposit are required to reserve a place for my child.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

<p>Office Use Only: First day of school _____ Days per week _____ Teacher _____</p> <p>Application & Questionnaire received _____ App fee received: _____ Deposit received: _____ By _____</p>

Swannanoa Valley Montessori School seeks and celebrates diversity. The school does not discriminate in any manner with regard to race, color, religion, sex or national origin.