

## Application for Enrollment



| Student Name              |                          | M / F                   | Start Date            |  |  |  |  |  |
|---------------------------|--------------------------|-------------------------|-----------------------|--|--|--|--|--|
| Address                   |                          |                         | Date of Birth         |  |  |  |  |  |
| City/State/Zip coo        | le                       | Phone                   | I                     |  |  |  |  |  |
| Previous School/Preschool | Date                     | es of Attendance        | Current Grade Level   |  |  |  |  |  |
| Parent / Guardian         |                          | Parent / Gua            | Parent / Guardian     |  |  |  |  |  |
| Employer                  |                          | Employer                |                       |  |  |  |  |  |
| Work                      | Other                    | Work                    | Other                 |  |  |  |  |  |
| Phone                     | Phone                    | Phone                   | Phone                 |  |  |  |  |  |
| E-mail                    |                          | E-mail                  | E-mail                |  |  |  |  |  |
| Driver's License #        | ŧ                        | Driver's Lic            | Driver's License #    |  |  |  |  |  |
| Please indicate your mili | tary status: Active duty | Veteran Branch:         | ☐ No military service |  |  |  |  |  |
| <u> Authoriz</u>          | ed Escorts or Persor     | ns Authorized to Call i | in an Emergency       |  |  |  |  |  |
| Name Relation             |                          | Address                 | Phone                 |  |  |  |  |  |
| Name                      | Relation                 | Address                 | Phone                 |  |  |  |  |  |
| Name                      | Relation                 | Address                 | Phone                 |  |  |  |  |  |
|                           | Montessori Par           | ent / Provider Contrac  | et Program            |  |  |  |  |  |
| PROGR                     | AM REQUESTED             | ADDITIONAL              | PROGRAMS              |  |  |  |  |  |
| Infant/Toddler            | Elementary               | Before School Ca        | re                    |  |  |  |  |  |
| Primary                   | Middle School            | After School Care       | ,                     |  |  |  |  |  |
| Kindergarten              | High School              | Language Immers         | ion                   |  |  |  |  |  |

I agree to enroll my child in the above named program and I understand the cost of the program as listed on the financial agreement. I understand there is a one-time non-refundable application fee and an annual non-refundable registration fee. I also understand that I must give one month written notice of withdrawal and pay through the final month of attendance.

I agree to provide a copy of my child's birth certificate, immunization records, previous school records, and a pre-admission physical in order for my child to attend Montessori Visions Academy.

I have read and understand the tuition, refund, and behavior policies set forth in the Montessori Visions Academy Parent Handbook and agree to abide by and comply with all the information set forth.

| Wontessort Farcht Signature Bate Treat of School | Montessori Parent Signature | Date | Head of School |  |
|--|-----------------------------|------|----------------|--|
|--|-----------------------------|------|----------------|--|

## **IMMUNIZATION INFORMATION**

| REQUIRE  | ED SHOTS   | S: (Must   | be viewed  | by scho   | ol)                | 1-  |          |   | •  |  |   |  |
|--|--|--|--|---|--------------------|---|----------|---|--|--|---|--|
| Recorded wi  |  |  |  | h Dept.:  |                    | Military:                                       |          |   |  |  |   |  |
|  |  |  |  |   |                    | <u> </u>  |          |   |  |  |   |  |
| Dates  | DPT  | HI   | В РО   | LIO   | MMR                | НЕР В   |          | HEP A   | VARICELLA  | PCV                                      | Tdap  |  |
| Series   | 1  | 1  | 1  | 1   |                    | 1   | 1        |   | 1  | 1  | 1   |  |
|  | 2  | 2  | 2  | 2   |                    | 2   | 2        |   |  | 2  |   |  |
|  | 3  | 3  | 3  |   |                    | 3   |          |   |  | 3  | 1   |  |
| Boosters   |  |  |  |   |                    |   |          |   |  | 1  |   |  |
|  | 5  |  | 5  |   |                    |   |          |   |  |  | _   |  |
| DPT - (Dip   | theria-Pertusis-Ter  | anus) HIB - (Hae   | mophilus Influenza   | a Type B) MMR   | - (Measles-Mum     | ps-Rubella) Hep E                               | 3 - (Hep | oatitis B) Hep A                                | - (Hepatitis A)  |  |   |  |
|  |  | PCV - (S   | tretococcus Pneum  | noniae) Tdap  | - (Bordetella Pe   | ertussis)                                       |          |   |  |  |   |  |
| PLEAS  | E INDICA   | ,  |  |   | •                  | •   | CEIV     | E A MED   | OICAL IMMU   | NIZATION                                 |   |  |
|  |  |  |  |   |                    |   |          |   |  |  |   |  |
|  |  |  |  | ]   | HEALT              | TH REC  | OR       | DS  |  |  |   |  |
| Give date  | if student   | has had an   | y of the fo  |   |                    |   |          |   |  |  |   |  |
| Chicken Pox  |  |  | S  |   | Measles            |   |          | Rheumatic Fever                                 |  |  |   |  |
| Asthma / Hay Fever Diabetes  |  |  |  |   |                    | Epilepsy Whooping Con                           |          |   | Whooping Coug  | agh                                      |   |  |
| Is studen  | t allergio   | to any f   | foods?   |   |                    |   |          |   |  |  |   |  |
| Does stu   |  |  |  | ds?   |                    |   |          |   |  |  |   |  |
|  |  | , , , , , , , , , , , , , , , , , , ,  |  |   |                    |   |          |   |  |  |   |  |
| I hereby a Doctor's I the doctor hospital of the studer removal of this school examination | nuthorize to Name rewho is our clinic. Interested of the stude o | n call or avenue of the even<br>with a content, I under<br>rmore, I agosis, treatn | Advailable from Advailable from Advailable from Advantage of the Advantage of Advan | chool to s ldress om the be contact le disease t the appredirectly re | eted imme or other | ediately for valid reas uthorities e for all co | or not   | hotification<br>fter notification<br>remove the | ospital/clinic<br>or shall fail<br>ication of illi<br>my student fr<br>nses connecte | or the nea<br>or refuse t<br>ness and ro | rest<br>o remove<br>equest for<br>emises of |  |
| Montesso   | <u>rı Parent</u>   | <u>Signature</u>   |  |   |                    |   | ~        | <u>Da</u>                                       |  |  |   |  |
|  |  |  | PRE  | -ADMI   | ISSION             | PHYSI   | CAl      | L EXA   | VI   |  |   |  |
| Name of  | Doctor   | r Health A   | gency  |   |                    |   |          |   |  |  |   |  |
|  | Address  |  | 01   |   |                    |   | Pho      | ne  |  |  |   |  |
| Date of I  |  |  |  |   |                    |   |          | -   |  |  |   |  |
|  | of Examin  | ation  |  |   |                    |   |          |   |  |  |   |  |
|  |  |  |  |   |                    | Signati   | ure o    | of Physici                                      | an or Health   | Agency R                                 | epresentative                               |  |
|  | Application  | Registration   | Financial  | Handbook  | CC                 | Immuniza  | ation    | Pre-Admit                                       | Birth  | School                                   |   |  |
| For<br>School  | Application  | Rosistiation   | Agreement  | 1   | Form               | Record  |          | Physical  | Certificate  | Records                                  |   |  |

Use Only