



Swannanoa Valley  
Montessori School

# Student Application

**Child's Full Name:** \_\_\_\_\_

Name commonly used: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ (circle one) Male Female

Previous school(s) / day care(s) attended: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Address, home: \_\_\_\_\_

Address, business: \_\_\_\_\_

Phone, home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_ email: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Address, home: \_\_\_\_\_

Address, business: \_\_\_\_\_

Phone, home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_ email: \_\_\_\_\_

**Siblings (names and birth dates):** \_\_\_\_\_

\_\_\_\_\_ I hereby enroll my child at Swannanoa Valley Montessori School. Enclosed is my *non-refundable* \$75.00 application fee and *non-refundable* \$200.00 deposit that will reserve a place for my child and will be applied to the last month's tuition. I understand the deposit is only refundable if the desired class level is filled.

\_\_\_\_\_ I hereby place my child on the Waiting List at Swannanoa Valley Montessori School. Enclosed is my non-refundable \$75 application fee. *The \$200 placement fee is due at the time of enrollment.*

Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

FOR OFFICE USE ONLY

First day of school \_\_\_\_\_ Days per week \_\_\_\_\_ Teacher \_\_\_\_\_

Application received \_\_\_\_\_ Application Fee received \_\_\_\_\_ Deposit received \_\_\_\_\_ By \_\_\_\_\_

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.