



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: _____

Program _____ Days Preferred (if less than 5 days) _____

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 placement 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 deposit 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.