



Student Application Form SY 2017-2018

Desired Enrollment Date ___/___/___ Application Date ___/___/___

STUDENT NAME

Last: _____ First _____ Middle _____ Returning New
Gender M F
Street _____ City: _____ State: ___ Zip Code: _____
Home Phone _____ Date of Birth: ___-___-___ Age _____

Information requested here is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.

Ethnicity: Hispanic/Latino African American Caucasian Asian/Pacific Islander Native American Multiracial Other

What programs do you wish to enroll your child? **Office Use Only: Class T1** **T2** **P1** **P2** **P3** **EZC2** **OWL**

- Toddler (18 months to 3 years): Half Day:** Monday-Friday 8:00 AM — 11:45 AM
- Toddler (18 months to 3 years): Full Day:** Monday-Friday 8:00 AM — 3:15 PM
- Primary (3 to 6 years): Half Day:** Monday-Friday 8:00 AM-11:45 AM **After School — 3:15 PM — 5:15 PM**
- Primary (3 to 6 years): Full Day:** Monday-Friday 8:00 AM-3:15 PM Mon Tues Wed Thurs Fri
- Lower Elementary (6 to 9 years):** Monday-Friday 8:00 AM-3:15 PM **After School — 3:15 PM — 5:15 PM**
- Upper Elementary (9 to 12 years):** Monday-Friday 8:00 AM-3:15 PM Mon Tues Wed Thurs Fri

PARENT 1/GUARDIAN

Last _____ First _____ Middle _____
Preferred Name _____ Home Phone _____
Street _____
City _____ State _____ Zip _____
Primary E-mail _____ **Cell Phone** _____
Employment _____ Title _____
Street _____ Work Phone _____
City _____ State _____ Zip _____

PARENT 2/GUARDIAN

Last _____ First _____ Middle _____
Preferred Name _____ Home Phone _____
Street _____
City _____ State _____ Zip _____
Primary E-mail _____ **Cell Phone** _____
Employment _____ Title _____
Street _____ Work Phone _____

PARENTS	Applicant lives with:	Check if Appropriate	
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Parents Separated*	<input type="checkbox"/> Father Deceased
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Parents Divorced *	<input type="checkbox"/> Mother Remarried
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Father Remarried

How did you learn about St. Paul's Episcopal Montessori School? Current SPEMS Student Friend or Relative Website
 Former SPEMS Student Street Banner The Rivard Report Other _____ Are you a St. Paul's Church member? Yes No

ST. PAUL'S EPISCOPAL MONTESSORI SCHOOL

APPLICANT'S SIBLINGS

Name _____ Date of Birth ___/___/___ Grade ___ School _____
Name _____ Date of Birth ___/___/___ Grade ___ School _____
Name _____ Date of Birth ___/___/___ Grade ___ School _____
Name _____ Date of Birth ___/___/___ Grade ___ School _____

FOR NEW ELEMENTARY STUDENTS ONLY

List schools attended beginning with the current school:

School _____ Grade(s) _____ Dates attended _____
Address _____ Phone _____ Fax _____
School _____ Grade(s) _____ Dates attended _____
Address _____ Phone _____ Fax _____

Has the applicant ever been ___ dismissed ___ suspended ___ or denied readmission from any school for any reason? No

If yes, please explain: _____

Describe any special circumstances that have affected the applicant's performance in school. Use separate paper if necessary.

Has the applicant had academic testing or evaluation? Yes No Date(s) _____

If yes, please list the name, address and telephone number of the person who administered the evaluation.

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Please sign to grant St. Paul's Episcopal Montessori School permission to contact the person listed above.

Parent/Guardian Signature _____ Date ___/___/___

Religion (Optional) _____ Place of Worship (Optional) _____

TUITION

I will pay the regular tuition. I wish to be considered for tuition assistance through TADS. (Please ask Office Mgr. for information).

I understand that when my child's enrollment is accepted, I am responsible for the entire tuition for the year. Monthly installments are available and are due on the first school day of the month. A 2% discount will apply if the full annual tuition is paid by September.

Signature _____ Date _____

OFFICE USE ONLY

Application Received ___/___/___

Enrollment Fee \$50 _____ Check # _____ or Paid By: V _____ MC _____ AMEX _____

SEAT DEPOSIT: 1st Received ___/___/___ Check # _____ \$ _____ 2nd Received ___/___/___ Check # _____
\$ _____ or Paid d By: V _____ MC _____ AMEX _____

Toddler Full Day _____ Toddler 1/2 Day _____ T1 T2 Registration: 1 Call Now MailChimp List
 Physician Statement/Immunization Records/Student Questionnaire E2CARE ___ /Billing ___/Class ___/Sched/
Health ___ Primary Full Day _____ Primary 1/2 Day _____ P1 P2 P3

Physician Statement/Immunization Records/Student Questionnaire
 Lower Elementary Upper Elementary Financial Aid Requested? No Yes _____ % Awarded

Physician Statement/Immunization Records/Student Questionnaire

Notes _____
