

Application (2017-2018)

Program:

Preprimary (ages 2 - 3 years)

Half days

Full days

Primary (ages 3 - 6 years)

Half days

Full days

Elementary

Grades 1 - 3

Grades 4 - 6

Middle School

Grades 7 - 8

Child's Full Name _____ Today's Date _____

Name Commonly Used _____ Current Grade _____ Gender: M / F

Birth Date _____ Age as of 9/1/2017 _____ Allergies _____

Address _____ City, Zip _____

Specific health/learning needs _____

Parent (Guardian) Name _____ e-mail _____

Address: Home _____

Address: Business _____

Phone: Home _____ Business _____ Cell _____

Parent (Guardian) Name _____ e-mail _____

Address: Home _____

Address: Business _____

Phone: Home _____ Business _____ Cell _____

Previous/Current School(s) _____ **Duration** _____

Reason for applying to S.H.M.A. _____

Siblings (Names and Birth Dates) _____

I hereby give my consent and desire for my child to be enrolled at Safety Harbor Montessori Academy for the program selected above. Enclosed is my registration fee of \$150, which I understand and agree is not refundable unless a space is not available and I remove my child from the waiting list in writing before a space becomes available.

Parent's (Guardian's) Signature _____

Safety Harbor Montessori Academy does not discriminate based on race, sex, color, religion, or national or ethnic origin, in regards to admissions or employment. Placement in a class is based on the well being of all children concerned, and is at the sole discretion of the educational staff.