

# Application (2018-2019)

## 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 9/1/2018 \_\_\_\_\_ 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.*