

Application (2020-2021)

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 9/1/2020 _____	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.