

**Fraser Valley Montessori School**  
**32717 Chilcotin Drive**  
**Abbotsford B.C. V3G 5S5**  
**604-859-8410 [info@fraservalleymontessori.com](mailto:info@fraservalleymontessori.com)**

**Application Form Part Time Program/Afternoon Session 2 Days**  
**(Tuesday, Thursday)**

I/We apply for admission of \_\_\_\_\_ as a student in the school for the 20\_\_\_\_ to 20\_\_\_\_ academic year.

Home Address \_\_\_\_\_  
Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Name and birth dates of other children living at home:

Name	Birth Date	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who, besides yourselves, regularly takes care of your child?

Name	Relationship
_____	_____
_____	_____

I/We enclose one hundred dollars (\$100.00) non-refundable fee with this application made payable to Fraser Valley Montessori School.

I/We understand the school reserves the right to accept or reject any application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_