

**Fraser Valley Montessori School
Sandy Hill Elementary
3836 Old Clayburn Road
Abbotsford B.C. V3G 2Z5
604-859-8410 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 _____