

Fraser Valley Montessori School
Margaret Stenersen
3060 Old Clayburn Road
Abbotsford B.C. V2S 4H3
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 _____