

Fraser Valley Montessori School
32717 Chilcotin Drive
Abbotsford B.C. V2T 5S5
604-859-8410 info@fraservalleymontessori.com

Application Form Part Time Program/Afternoon Session 3 Days
(Monday, Wednesday, Friday)

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 _____