

STATEN ISLAND MONTESSORI SCHOOL

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4240 Amboy Road
Staten Island, NY 10308

(718) 967-2196 voice
(718) 227-7766 fax

APPLICATION FOR GRADES PRE-K thru 8 (2010-2011)

STUDENT INFORMATION (PLEASE PRINT)

Student's Name _____ Sex _____ Date _____
Address _____
(STREET) (CITY/STATE) (ZIP) (PHONE #)
Date of Birth _____ Place of Birth _____ Present Age _____ Zoned Sch UPK only _____
Present Grade _____ Present School _____ Applying for Grade _____

FAMILY INFORMATION

Father's Name _____ Mother's Name _____
Birth Place _____ Birth Place _____
Occupation _____ Occupation _____
Employer & Add _____ Employer & Add _____
Work & Cell # _____ Work & Cell # _____
Work/Home Email _____ Work/Home Email _____
SS#/Driver's License _____ SS#/Driver's License _____
Child Lives With: Mother _____ Father _____ Both _____ Other _____
Name & Birth Dates of Brothers/Sisters _____
Briefly relate any medical/ environmental or behavioral history that would be useful in helping to understand the
Development of your child _____

How did you hear about our School? _____
Child's Pediatrician _____ Address _____ Tele # _____

Child's Allergies

Please Note: By law, annual medical forms are required each year for students through age 6 with complete immunization

I REQUEST THE FOLLOWING PROGRAMS: (Please refer to rate schedule sheet fee)

	Fee
School Elementary, Five Full Days	_____
PreSchool Limited flexible programs are available.	_____
Full Day: 5 days 3 days 2 days: Half Day 5 days 3 days 2 days	_____
Day Care Indicate the drop off and pick up time: 7 am – 6 pm @ \$9 per hr	_____

Payment Plans (Check either A or B)

***All Half Day Programs require a \$350 deposit; All Other Programs require a \$550 deposit

A _____ <u>HALF & HALF Tuition Plan</u>	or	B _____ <u>MONTHLY Tuition Plan</u>
Deposit***		Deposit***
Half Balance due AUGUST 1st		Nine monthly payments
Remainder of balance due JANUARY 1st		August 1st (includes \$7 monthly service charge)

Signature of Parent _____

Mail this form along with a non-refundable APPLICATION FEE OF \$195 to the school. An interview with parent and child will be scheduled upon receipt of this form and fee. Please check if you have come for an interview. Yes _____ No _____

***Students enrolling during the school year will be required to take an assessment test in Language & Math (\$300)