



# Student Enrollment

Welcome to ABC Montessori School. Thank you for choosing to be a part of our school family. Please complete one Enrollment Package for each student and be sure to include the student's name and last 4 digits of your home phone number at the bottom of each page of each form. This is to ensure that we have the correct information for each student, should the pages of the documents get separated. NOTE: Students are not officially enrolled until all complete forms have been submitted and accepted. Please mark the box for each item on the list below as you complete/include it. Please return this checklist with your enrollment documents.

## Checklist of Required Enrollment Forms:

**STARTING TERM:**  Fall  Spring  Summer  Other  Conditional Enrollment  Trial Enrollment\* Year \_\_\_\_\_

\* (status will be changed once trial period is over and parent agreement is signed)

## STEPS TO COMPLETE ENROLLMENT PROCESS

### STEP 1

**Fill out the Enrollment Application and submit \$50 non-refundable application fee.**

Please fill out all information sections. Make sure you provide complete information including full mailing address. To ensure accurate data entry, please spell out all abbreviations, including street names, town names, and states.

### STEP 2

**Fill out the Student Records Request Form and include two (2) sealed references from previous school(s) for students entering Elementary through High School**

Please sign the final form indicating that you intend to enroll your child in the school, if accepted. This form is also required to transfer your child's previous school records.

### STEP 3

**Schedule Discovery Day if child(ren) is in Elementary through High School**

Please contact our office, (770) 957-9998, to schedule this date with your prospective teacher. Your child(ren) will spend time in their classroom where their level of learning and social interactions will be assessed by the teacher in a comfortable environment.

### STEP 4

**Complete Parent Agreement and submit deposit payment**

Please sign the parent agreement attached to this package accepting length of term, tuition and policies, if accepted. The deposit payment of \$500 can be paid in office with cash, check, debit/credit, or online.

### STEP 5

**Data/Information Card/MRX Input**

Please complete the form. This form will be placed in your child's file and referenced as quick-identification form.

## DOCUMENTS TO PROVIDE

**Copy of Student's Immunization Card**- Please include a copy of the current immunization records for each student.

**Copy of Student's Birth Certificate (The original one must be seen by the school administration)**

**Authorization to Dispense Prescribed Medicine Form**- Please review, complete and sign form only when medication should be administered to your child(ren).

**Dietary Requirements**

ABC Montessori School is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the American with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact the School Director at the school address.

I authorize the verification of the information provided on each form as to support my application. I have been informed that I can request a copy of this application.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_



ABC Montessori

## STUDENT ENROLLMENT APPLICATION

### APPLICANT INFORMATION

Application Date:	Do you have multiple children attending ABC? Y / N. If so, how many _____ Names _____ & _____		
Circle One: TODDLER    PRIMARY    LOWER EL    UPPER EL    MIDDLE    HIGH SCHOOL			
Child's Name:	Sex: M / F	Age:	
Date of birth:	SSN:	Home #:	
Current address:			
City:	State:	ZIP Code:	
List Allergies:	Medical Provider Name:	Medical Provider Contact:	

### FATHER'S INFORMATION

Father's Name:		
Address:		
City:	State:	ZIP Code:
Current employer:		
Employer address:	How long?	
City:	State:	ZIP Code:
Work #:	Home #:	Mobile #:
Other:	E-mail:	

### MOTHER'S INFORMATION

Mother's Name:	Maiden/Other Name:	
Address (If different than father):		
City:	State:	ZIP Code:
Current employer:		
Employer address:	How long?	
City:	State:	ZIP Code:
Work #:	Home #:	Mobile #:
Other:	E-mail:	

### School Information

MY CHILD ( ) HAS OR ( ) HAS NOT BEEN EXPELLED FROM ANOTHER SCHOOL  
 MY CHILD ( ) IS OR ( ) IS NOT IN A SELF CONTAINED CLASS  
 MY CHILD ( ) HAS OR ( ) DO NOT HAVE A PARAPROFESSIONAL

**IF YES PLEASE EXPLAIN:**

**MY CHILD ( ) DOES OR DOES NOT ( ) TAKE A DAILY MEDICATION  
 PLEASE LIST:**

# STUDENT ENROLLMENT APPLICATION

## SPECIAL PROGRAMS

Has your child been evaluated for and/or participated in any of the following special services?

- Gifted & Talented     
  Title 1/Chapter 1 Program   
  Special Education (IEP)  
 English as a Second Language (ESL)   
  Other: \_\_\_\_\_

If you checked Special Education (IEP), do you have the student's special education records?     Yes     No

## RELEASE (MEDIA, WEB, CONTACT) & LANGUAGE

### Student Directory & School Communication

Do we have your permission to publish the parent/guardian and student's name, address, e-mail, and phone number in the following private and secure directories/listings?

- Student/Parent Directory listing     Yes       No  
 School Communication Database (to receive all official and related school notifications)     Yes       No

### Photo/Video Release

Throughout the year there are occasions when the ABC Montessori School will want to take pictures/videos of your child participating in activities. We may use these pictures/videos in ABC Montessori School publications, local newspapers, school website and/or homerooms, advertising, or on display at ABC or affiliated advertising mediums. We are requesting that you sign a photo/video release for your child. Thank you in advance for your support and understanding.

- I give my consent for ABC Montessori School to use pictures/video of my child.   
  I do not give my consent for ABC Montessori School to use pictures/video of my child.

### Home Language Questionnaire

1. What language(s) is spoken in the student's home or residence?     English     Spanish     Other \_\_\_\_\_  
Specify

2. What language(s) does the student speak and/or understand?     English     Spanish     Other \_\_\_\_\_  
Specify

## TRANSPORTATION

**THE CHILD MAY BE RELEASED TO THE PERSONS SIGNING THIS AGREEMENT OR TO THE FOLLOWING:**

Name	Address	City/State/Zip

## MEDICAL & EMERGENCY CONTACTS

**PERSONS TO CONTACT IN THE CASE OF AN EMERGENCY WHEN PARENTS CANNOT BE REACHED**

Name	Relationship	Telephone #

## MEDICAL ALLERGY INFORMATION

ALLERGY	REACTION	ACTION TO BE TAKEN BY STAFF



ABC Montessori

# Student's Records Request

## Student Information:

ABC Montessori School has enrolled \_\_\_\_\_ (student's name) for the \_\_\_\_\_, 20\_\_ term. Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

**From Name:** (Name of Parent/Legal Guardian) \_\_\_\_\_

**Student's Full Name:** (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Student's Residence Address:** (Note: No P.O. Boxes)

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**Transferring to:** Public (K-12): \_\_\_\_\_ Private: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**School Name and Address** (if applicable):  
\_\_\_\_\_

**Description of Records Requested:**  
\_\_\_\_\_

**Records Requested:** Yes \_\_\_ No

**Records Sent:** Yes \_\_\_ No

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ACCEPTANCE OF ABC MONTESSORI SCHOOL

School Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Academic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### PLEASE RETURN FORM VIA MAIL, FAX, EMAIL

**ABC MONTESSORI SCHOOL**  
483 Walker Drive  
McDonough, GA 30253  
Work: (770) 957-9998  
Fax: (770) 957- 5764  
office@abcmontessori.us

### FOR OFFICE USE ONLY

**Date Requested:**

**Date Received:**

**Received By:**