

CLEMSON MONTESSORI SCHOOL, INC.
207 PENDLETON ROAD
CLEMSON, SC 29631
(864) 654-4483

APPLICATION FORM

CHILD'S NAME _____
(LAST) (FIRST) (M.I.)

BIRTH DATE _____ FEMALE MALE

FATHER'S NAME _____ WORK # _____

MOTHER'S NAME _____ WORK# _____

ADDRESS _____
(STREET/P. O. BOX) (CITY/STATE) (ZIP)

HOME PHONE # _____ E-MAIL _____

SCHOOL PRESENTLY ATTENDING, OR LAST ATTENDED _____

GRADE LEVEL _____

HOW DID YOU HEAR ABOUT US? WORD OF MOUTH NEWSPAPER
OTHER _____

I HAVE MET WITH THE DIRECTOR AND TOURED THE SCHOOL YES NO

PROGRAM REQUESTED

- | | |
|------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> 3-DAY PRE-PRIMARY | <input type="checkbox"/> MORNING CHILD CARE |
| <input type="checkbox"/> 5-DAY PRE-PRIMARY | <input type="checkbox"/> AFTERNOON CHILD CARE |
| <input type="checkbox"/> PRIMARY | <input type="checkbox"/> EVENING CHILD CARE |
| <input type="checkbox"/> PEANUT (KINDERGARTEN) | |
| <input type="checkbox"/> ELEMENTARY SCHOOL | |

EXPECTED ENROLLMENT DATE _____

Enclosed is the \$50.00 application fee which is non-refundable. Please make checks payable to CLEMSON MONTESSORI SCHOOL and return this form to the address above. Please make a copy for your records.

(SIGNATURE OF PARENT/GUARDIAN) (DATE)

FOR OFFICE USE ONLY

RECEIVED BY _____ DATE _____ CHECK # _____

CONTRACT SENT _____ CONTRACT RECEIVED _____

DATE ADMITTED _____

*If you are offered a contract for fall enrollment and decide not to enroll your child, your child's name will be removed from our waiting list and you will need to reapply.

“WHERE EDUCATION IS EXCITING”