

**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**

- 3-DAY PRE-PRIMARY (2.5-3years)
- 5-DAY PRE-PRIMARY
- PRIMARY (3-5 years)
- PEANUT (KINDER 5years by Sept.1)
- ELEMENTARY SCHOOL
- MORNING CHILD CARE 7:30-9:00
- AFTERNOON CHILD CARE 12:00-3:00
- EVENING CHILD CARE 3:00-5:30

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 APPLICATION FEE \_\_\_\_\_ DATE \_\_\_\_\_ CHECK # \_\_\_\_\_

CONTRACT SENT \_\_\_\_\_ CONTRACT RECEIVED \_\_\_\_\_

DATE ENROLLED \_\_\_\_\_

\*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.

NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STAFF INITIAL \_\_\_\_\_