



2017-18 Visalia Montessori School Application

Sept 5th-June 15th

3502 S. Linwood St. Visalia, Ca. 93277

559-624-1374, Fax 559-336-4635, office@visaliamontessori.com

Student's Full Name: _____ Date of Birth: _____
Last First M.I.

Parents Names: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Desired Start: _____ Grade Entering: _____ Siblings at VMS: _____

How did you hear about VMS?: _____
What should VMS know about your child?: _____

Previous School: _____ City/State: _____

From: _____ To: _____ Grade(s) Attended: _____

Are you interested in before school care (7:30-8:00am)? YES NO

Are you interested in after school care (3:30-5:30pm)? YES NO

An application fee of \$100 is required to hold your child's place in a classroom or on the wait list.

Please return this application via mail, email, or fax to the addresses provided. If your child is an established student, you may drop off the re-enrollment application in person at Visalia Montessori School.

Checks can be made payable to 'Visalia Montessori School'.

An Observation is required before enrollment. Please contact us to schedule an appointment.

If you have any questions please call (559)624-1374 or email office@visaliamontessori.com

Visalia Montessori School shall not discriminate on the basis of ethnicity, race, religion, gender, disability, age, or sexual orientation in its educational programs, activities, admissions, or personnel practices. VMS is committed to a learning community that is free from sexual discrimination and harassment.

App Date Rec'd: _____	Observation Date: _____	App Fee Rec'd: _____
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