



SKOKIE MONTESSORI SCHOOL

8401 N. Karlov Avenue

Skokie, Illinois 60076

Tel. 847-679-4614

Fax No. 679-4815

Application for Primary Level 1-II (6-12 Year Old)

Contract for the school year 2018-2019

APPLICANT NAME

(Name)

(First)

(Middle)

Preferred Name _____

Date of Birth _____ Place of Birth _____ Male _____ Female _____

Name & Ages of Siblings _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone () _____ Household Email Address: _____

Is there any other language aside from English spoken at home, and to what extent? _____

PROGRAM REQUESTED

The Montessori Primary Program is designed in three year multi-age cycles: 6-9 year olds and 9-12 year olds. The completed program for Skokie Montessori School Elementary is through 6th year of accomplishments, completing the entire Primary level.

Level 1- First Year: _____ Level 1- Second Year: _____ Level 1- Third Year: _____

Level 2-Fourth Year: _____ Level 2- Fifth Year: _____ Level 2- Sixth Year: _____

I first learned about The Skokie Montessori School from:

Advertisement ___ Newspaper article ___ SMS Parent _____ Website ___ Others _____

SCHOOL/ACADEMIC INFORMATION

Please list the school(s) attended by your child for the past three years, including the current year.
Children who are transferring from another Montessori Program will be considered for enrollment priority.

Name of School	Address (include city, state, zip)	Year(s) Attended	Grade(s)	Teacher
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The Skokie Montessori School will be requesting a final progress report from the previous school regarding your child's assessment, or any other documents, which the school needs to be aware of. If yes, please explain:

Additional information:

All teachers' information that they received will be treated as confidential and should be mailed directly to School. As parent or guardian of the applicant, I/we authorized the release of any information or record from the above school to the Skokie Montessori School. By signing this application, you agree that the School may contact all parties listed to gather any educational related information we may need for this application.

PARENTS OR/GURADIAN INFORMATION

Mother's Name _____ Occupation _____ Social Security _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business Firm _____ Work Hrs/ Days _____ Work Contact # _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Father's Name _____ Occupation _____ Social Security _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business Firm _____ Work Hrs/ Days _____ Work Contact # _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Marital Status _____

If parents are separated, divorced, or deceased, the student lives with:

Father _____ Mother _____ Stepfather _____ Other _____ Specify _____

If separated or divorced, which parent is to receive information during application process?

Father _____ Mother _____ Both _____

SIBLING INFORMATION

Name _____ **Age** _____ **Grade** _____ **Present School** _____

Name _____ **Age** _____ **Grade** _____ **Present School** _____

Children who are siblings of current Montessori students will be considered for enrollment priority.

In case of emergency, may we contact your physician and if necessary, take your child to the nearest hospital at your expense? _____

Child's Physician _____ Telephone () _____

Physician's Address _____ City _____ Zip _____

Is your child under special medical care? _____

Does your child have any allergy? _____

If your child has an allergy, special physician or emotional condition, treatment what is the nature of it? _____

Has your child received the immunization and vaccination required by the Health Dept.? _____

List 2 local people we may call in case of emergency if we cannot reach parents.

These names will be considered an automatic addendum to your transportation authorization form.

Name _____ Relation _____ Tel. # _____ Cell# _____

Address: _____

Name _____ Relation: _____ Tel # _____ Cell# _____

Address: _____

We recognize that the Montessori Elementary Program is a six year program wherein a child normally enters at Grade One and remains through Grade Six. We understand that this six-year cycle is necessary for the child benefit properly from the Montessori Elementary experience. We are aware that the final decision regarding classroom placement is the sole responsibility of the school.

Contract for _____ Academic Year: 2018-2019

Child's Name

I understand that students are admitted for the full academic term and that my agreement to pay the tuition fee for the full academic term is not subject to adjustment because of illness, absence, withdrawal or dismissal of the child from the school for any cause after the date of admission. I understand that the tuition fee is not adjusted for absence for family vacations. **Dismissal** from the school will be at the sole discretion of administration of the school. In limited circumstances, upon providing **a minimum of thirty days written notice** to SKOKIE MONTESSORI SCHOOL for withdrawal from the school, and when a replacement student becomes registered in my child's place, and at the sole discretion of the administration of the school I may be eligible for a tuition adjustment. Withdrawal without notice will result in legal collection of tuition due. In all suits the school will be entitled to additionally recover court costs, collection costs, and reasonable attorneys' fees. I understand that if my child is accepted for enrollment by the SKOKIE MONTESSORI SCHOOL that my annual fee and first tuition installment must be received by the school on or before **Feb. 12, 2018**. I understand I have the privilege of withdrawing this application if I give written notice to the administration of the SKOKIE MONTESSORI SCHOOL on or before **March 12, 2018**. I understand **the annual fee is non-refundable**. I also understand that if an application is withdrawn after **April 12, 2018**, none of the first tuition installment is refundable; since the school's financial obligations are in no way lessened by withdrawal of a student. I agree to pay total tuition fee payments that **are divided into 10 installments** which is based on the payment plan I have chosen (check marked). All payments are due on the first of each month. A 10 % service charge will be added to all late payments.

A copy of your child's BIRTH CERTIFICATE needs to be on file

Annual Fee (non-refundable) application registration fee of **\$75.00 AND 1ST PAYMENT INSTALLMENT**

Please submit the application fee and tuition installment checked below:

Primary Level 1- II Elementary (6-12 year olds)

The Book Fees, notebooks and field trips are excluded from these fees:

Elementary Program (8:30 a.m. – 3:00p.m.) Includes hot lunch

This program follows the Full Day Calendar. **\$ 1,060.00** due with contract; and **\$1,060.00** per installment September through May 1 (10 installments) **Total Tuition Fee \$10,600.00**

Elementary Full Care (7:30 a.m. - 6:00 p.m.) Before and After School Care and includes hot lunch

This program follows the Full-day calendar **\$1,180.00** with contract; and **1,180.00** per installment, September 1 May 1 (10 installments) **Total Tuition Fee \$11,800.00**

Families with two or more children enrolled in the school during the same academic years who wish to make alternate Payment arrangements may contact the school director.

In consideration of the acceptance of my child as a student in the Skokie Montessori, I agree to indemnify the school, its Director and staff against any claim and demands made on behalf of my child _____.

Name

I have read and agree to abide by the **school procedures including policies guidance /student code of conduct and late pick-up policies.**

Signature of Parent/ Guardian

Date

Accepted by Skokie Montessori School

Date

For Office Use Only

Received App. Fee _____ Date Received _____ Amount _____ Check _____