Renaissance Academy Montessori Preschool

Application for Admission

Child's Name:	First	Middle		//		
Date of Birth:			Last	Sex:	M	ne child prefers to be called ${f F}$
Renaissance class d		_				
Name and address of	of previous s	chool/s:		Time	Days	
Names and ages of	-					
Parent's Name:					/	Phone Number
Address:					/	Phone Number e-mail
Employer's Name:						e-mail
Employer's Address	S:	Cita	State	Zip	/	· Number
Parent's Name:					/	Phone Number
Address (if different from					/	Phone Number e-mail
Employer's Name:						e-mail
Employer's Address	Street	City	State	Zip	Phone	e Number
Please explain any o	custody issue	es:				
What are your goals	s for your ch	ild's education?				
How did you hear a	bout Renaiss	sance Academy?				
If accepted, how lor	ng would you	u like to keep yo	ur child enro	lled?		
Please give any add	itional infor	mation about you	ur child, whic	ch would be he	lpful to	o the school.
Renaissance Academy programs, and activi discriminate on the	e non-refunda y admits stude ties generally basis of race, 1	ents of any race, re accorded or made religion, color, nati	e of \$65.00 is digion, color, navailable to strictional or ethnic	due. After May I ational, and ethni udents at the scho origin in adminis	5, the ic original col. Restration	enrollment fee is \$85.00. n to all the rights, privileges naissance Academy does not n of its educational policies,
_						ministered programs. ion for your child.
			•			academic year.
Parent /Guardian	Signature:					_ Date: