

Renaissance Academy

Montessori Preschool

Application for Admission

Child's Name: _____ / _____
First Middle Last Name child prefers to be called

Date of Birth: _____ Age: _____ Sex: M F

Renaissance class desired: (Please circle) Mon - Wed Wed-Fri Mon-Fri + half day full day

Name and address of previous school/s: _____

Names and ages of siblings: _____

Parent's Name: _____ / _____
Phone Number

Address: _____ / _____
Street City State Zip e-mail

Employer's Name: _____ Position Held: _____

Employer's Address: _____ / _____
Street City State Zip Phone Number

Parent's Name: _____ / _____
Phone Number

Address (if different from above) _____ / _____
Street City State Zip e-mail

Employer's Name: _____ Position Held: _____

Employer's Address: _____ / _____
Street City State Zip Phone Number

Please explain any custody issues: _____

Does your child have any medical or other conditions which may affect his or her school experience?

What are your goals for your child's education? _____

How did you hear about Renaissance Academy? _____

If accepted, how long would you like to keep your child enrolled? _____

Please give any additional information about your child, which would be helpful to the school.

The \$30 non-refundable application fee must accompany this form.

Once accepted, the non-refundable enrollment fee of \$65.00 is due. After May 15, the enrollment fee is \$85.00.

Renaissance Academy admits students of any race, religion, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Renaissance Academy does not discriminate on the basis of race, religion, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

We look forward to working with you in providing the highest quality of education for your child.

Yes, I want to enroll my child/ren in Renaissance Academy Montessori Preschool for the _____ academic year.

Parent /Guardian Signature: _____ Date: _____

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