

STUDENT ENROLMENT FORM

For office use only	
Registration Fee:	_____
(Not for returning students):	
Date Received:	_____
Date of Admission:	_____
Date of Discharge:	_____

PLEASE PRINT

Name: _____
Full Given Names Surname

Birth Date: _____ Gender: Female Male
Day Month Year

Address: _____
Street City Postal Code

Home Telephone: () _____ E-Mail Address: _____

How you would like to receive newsletters, memos and school updates? Email Paper Both

Reports and school information should be sent to:

Both Parents Mother Only Father Only Legal Guardian

Address of other Parent (if different from above)

Home Telephone: () _____

EMERGENCY CONTACT PERSON
(If unable to reach parents/legal guardians)
Name: _____
Address: _____
Telephone: () _____
Relationship: _____

PARENT/LEGAL GUARDIAN INFORMATION

PARENT/LEGAL GUARDIAN

Mr. Dr. Mrs. Miss Ms.

Parent's Name: _____

Cell Phone: _____

Employer: _____

Address of Workplace: _____

Business Telephone: () _____

Can we contact you at work? Yes No

Occupation: _____

Email: _____

PARENT/LEGAL GUARDIAN

Mr. Dr. Mrs. Miss Ms.

Parent's Name: _____

Cell Phone: _____

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MEDICAL INFORMATION & AUTHORIZATION

Health Card Number(optional): _____

Name of Physician: _____

Address of Physician: _____

Telephone Number of Physician: () _____

My child has had:

A Vision Test Yes No

A Hearing Test Yes No

Allergies: _____
 (If Allergies have been listed, please indicate if an Epi-Pen is required.)

EPI-PEN REQUIRED YES NO

Physical restrictions, previous communicable diseases and/or particulars of child's health you wish to note:

I authorize the Montessori School of Sudbury and its staff to provide all emergency medical care, which they may deem necessary for my child, as the case may be, in the event of an injury (i.e. ambulance, physician, hospitalization, dentist, etc.)

I agree to reimburse the Montessori School of Sudbury for any expenses thereby incurred

 Parent/Legal Guardian's Name *(please print)*

 Parent/Legal Guardian's Name *(please print)*

 Parent/Legal Guardian's Signature

 Parent/Legal Guardian's Signature

 Date:

The name(s) of the person(s) to whom my child may be released are noted below:

Name: _____

Phone Number: _____

Relationship: _____

Address: _____

Name: _____

Phone Number: _____

Relationship: _____

Address: _____

PARENT VOLUNTEER COMMITTEE

As part of your responsibilities as a Montessori Parent, we ask that you sign up to one or more of the parent committees. A current police check is mandatory for any parent who wishes to volunteer within the classroom.

Parent Name: _____

- Classroom Volunteer (outings, cutting, craft prep work)
- Special Projects (open houses, galas, gatherings, parties)
- Handyman/Woman
- Grounds Committee
- Fundraising Committee

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