



*For Office Use Only*  
 Date Rcv'd \_\_\_\_\_ By \_\_\_\_\_ Amount \_\_\_\_\_



# STUDENT APPLICATION 2017-2018



*Sea Pines Montessori Academy is accredited by  
 Southern Association of Independent Schools  
 Southern Association of Colleges and Schools  
 Full Member American Montessori Society*

***A non-refundable \$100 application fee must accompany this form.***

### Child Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Preferred Name/Nickname \_\_\_\_\_ Gender  M  F  
 Home Address \_\_\_\_\_ Residential Area/Plantation \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_  
 City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

### Parent Information

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
 Company Name \_\_\_\_\_ Company Name \_\_\_\_\_  
 Occupation/Position \_\_\_\_\_ Occupation/Position \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Email \_\_\_\_\_

**Family Status** (Student Lives With)     Both Parents     Parents Share Custody     Other \_\_\_\_\_

### Academic Information

**Desired Start Date** \_\_\_\_\_

Has your child previously been enrolled in a school?     No     Yes, Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Contact previous school     No     Yes    Teacher \_\_\_\_\_

*The Sea Pines Montessori Academy is a private, non-profit school. Sea Pines Montessori Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.*

<b>Academic Programs</b>	<b>Number of Days/Hours</b>	<b>Tuition</b>
___ Preprimary 3 Day Morning (15 months – 36 months) ___ <b>\$350</b> Consumable Fee for Preprimary Program	3 days (T,W,TH) 8:30 a.m. – 1:00 p.m.	<b>\$ 7,450</b>
___ Preprimary Half Day (15 months – 36 months) ___ <b>\$350</b> Consumable Fee for Preprimary Program	5 days/8:30 a.m. – 1:00 p.m.	<b>\$ 7,750</b>
___ Preprimary Full Day (15 months – 36 months) ___ <b>\$350</b> Consumable Fee for Preprimary Program	5 days/8:30 a.m. – 3:00 p.m.	<b>\$ 9,500</b>
___ Primary Half Day (2.5 years – 6 years, must be fully toilet trained )	5 days/8:30 a.m. – 1:00 p.m.	<b>\$ 7,850</b>
___ Primary Full Day (2.5 years – 6 years) <i>(***Children not 5 by September 1 will be placed in the nap or day room from 1:00 – 3:00 pm.***)</i>	5 days/8:30 a.m. – 3:00 p.m.	<b>\$ 9,650</b>
___ Lower Elementary (6 – 9 years)	5 days/8:15 a.m. – 3:00 p.m.	<b>\$11,900</b>
___ Upper Elementary (9 – 12 years) ___ <b>\$200 Textbook Fee – Upper E!</b>	5 days/8:15 a.m. – 3:00 p.m.	<b>\$12,100</b>
___ Middle School (7 <sup>th</sup> & 8 <sup>th</sup> grade) ___ <b>\$200 Textbook Fee – Middle School</b>	5 days/8:15 a.m. – 3:00 p.m.	<b>\$12,750</b>
<b>Student Fees</b>		
___ <b>\$425</b> Preprimary & Primary	___ <b>\$525</b> Lower and Upper Elementary	___ <b>\$575</b> Middle School
<b>Optional "Crew" Fee Schedule</b>		<b>Optional Suzuki Fees (Primary through Middle School)</b>
___ Option 1: 3:00 p.m. – 4:30 p.m.	<b>\$2,250</b>	___ <b>Violin = \$550</b> (Primary through Middle School)
___ Option 2: 3:00 p.m. – 5:30 p.m.	<b>\$2,550</b>	___ <b>Piano = \$550</b> (Kindergarten through Middle School)
___ Crew daily drop-in available @ \$30.00 per Session (Sessions are 1:00 p.m. – 3:00 p.m., 3:00 p.m. – 5:30 p.m.)		

**Mother/Parent**, describe your relationship with your child. \_\_\_\_\_

**Father/Parent**, describe your relationship with your child. \_\_\_\_\_

**Siblings** of applicant (name, age, school attending) \_\_\_\_\_

**Grandparents Contact Information (name, address, phone number, e-mail)**

Maternal Grandparents \_\_\_\_\_

Paternal Grandparents \_\_\_\_\_

Have you attended a campus tour?  No  Yes, date \_\_\_\_\_

Are any members of your family alumni of the SPMA?  No  Yes, give names & dates attended \_\_\_\_\_

**Medical Information**

Does your child take any medication?  No  Yes, explain \_\_\_\_\_

Does your child have any food restrictions?  No  Yes, explain \_\_\_\_\_

Does your child have any physical limitations or psychological conditions?  No  Yes, explain \_\_\_\_\_

Does your child have any other health concerns?  No  Yes, explain \_\_\_\_\_

Has your child ever **visited or been referred to** a specialist because of educational, developmental or behavioral concerns?  No  Yes

If **yes** to the above question, please explain \_\_\_\_\_