



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



# STUDENT APPLICATION 2020-2021

Sea Pines Montessori Academy is accredited by  
Cognia, 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
_____			Gender ____ M ____ F
Preferred Name/Nickname			
_____	_____	_____	
Home Address	City/Town	Zip Code	
_____	_____		
Mailing address (if different)	Phone Number		

## 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.*

<u>Academic Programs</u>	<u>Number of Days/Hours</u>	<u>Tuition</u>
___ Preprimary Half Day (12 months – 36 months) ( <u>must be walking</u> ) ___ \$450 Consumable Fee for Preprimary Program	5 days/8:30 a.m. – 1:00 p.m.	\$9,350
___ Preprimary Full Day (12 months – 36 months) ( <u>must be walking</u> ) ___ \$450 Consumable Fee for Preprimary Program	5 days/8:30 a.m. – 3:00 p.m.	\$10,600
___ Primary Half Day (must be fully toilet trained)	5 days/8:30 a.m. – 1:00 p.m.	\$9,500
___ Primary Full Day ****Does your child nap - ___ Yes ___ NO****	5 days/8:30 a.m. – 3:00 p.m.	\$10,750
___ Kindergarten (student must be 5 years old by 9/1)	5 days/8:30 a.m. – 3:00 p.m.	\$10,950
___ Lower Elementary (1 <sup>st</sup> – 3 <sup>rd</sup> grade)	5 days/8:15 a.m. – 3:00 p.m.	\$12,950
___ Upper Elementary (4 <sup>th</sup> – 6 <sup>th</sup> grade) ___ \$200 Textbook Fee – Upper EI	5 days/8:15 a.m. – 3:00 p.m.	\$13,800
___ Middle School (7 <sup>th</sup> & 8 <sup>th</sup> grade) ___ \$200 Textbook Fee – Middle School	5 days/8:15 a.m. – 3:00 p.m.	\$14,500
<u>Student Fees</u>		
___ \$600 Preprimary & Primary	___ \$650 Lower Elementary	___ \$675 Upper Elementary ___ \$700 Middle School
<u>Optional “Crew” Fee Schedule</u>		<u>Optional Suzuki Fees (Primary through Middle School)</u>
___ Option 1: 3:00 p.m. – 4:30 p.m.	\$2,700	___ <i>Pre-Twinkle</i> = \$500 (1 <sup>st</sup> Year Primary – spaces limited)
___ Option 2: 3:00 p.m. – 5:30 p.m.	\$3,000	___ <i>Violin</i> = \$650 (2 <sup>nd</sup> Year Primary through Middle School)
		___ <i>Piano</i> = \$650 (Kindergarten through Middle School)
Crew daily drop-in available @ \$50.00 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) \_\_\_\_\_

**Additional LOCAL contact Information** (name, address, phone number, e-mail, relationship)

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 \_\_\_\_\_