



Montessori Elementary & Middle School of Tracy

120 Murrieta Way, Tracy, CA 95377

APPLICATION FOR ENROLLMENT

I hereby request space for my child for the program and location specified below.
I enclose a non-refundable one-time application fee of \$100.00.

Child's Name: _____ Age: Birthdate: _____

Address: _____ City: _____ ZIP: _____

PROGRAMS

_____ School Day - No Day Care 8:00 AM - 3:00 PM

_____ School - Day Care 6:30 AM - 6:00 PM

Mother's Name: _____ Home Phone: _____

Occupation: _____ Business Phone: _____

Address: _____

City, State, Zip: _____

e-mail address: _____

Father's Name: _____ Home Phone: _____

Occupation: _____ Business Phone: _____

Address: _____

City, State, Zip: _____

e-mail address: _____

How did you hear about the Montessori School? _____

I understand that tuition is for the academic school year. Withdrawal during the school year does not reduce the full school year tuition commitment.

Signature: _____ Date: _____

Start Date: _____ Room # _____

***Payable to: Tuition Financial of California, P.O. Box 2759 Castro Valley, CA**

120 Murieta Way, Tracy, CA 95377
(209) 832 - 3458

