

EXPRESSION OF INTEREST FORM

Elementary Years Program

Please complete this form and return to the Office. Please be sure to provide your email address, and opt in to receiving our electronic messages containing school news and information, using the checkbox below.

PARENT (GUARDIAN) INFORMATION

DATE REC'D:_

TANEITI (GOANDIAIT)	, in Oniviru	, i.e.							
PARENT (GUARDIAN'S) NAME							GENDER		
ADDRESS							POSTAL CODE	E	
HOME PHONE	CELLULAR P	HONE	FAX		E-MAIL ADDRESS				
OCCUPATION			BUSINESS/COMPANY NAME				BUSINESS PHONE		
PARENT (GUARDIAN)) INFORMATIO)N							
PARENT (GUARDIAN'S) NAME							GENDER		
ADDRESS							POSTAL CODE		
HOME PHONE	TE PHONE CELLULAR P		PHONE FAX		E-MAIL ADDR		RESS		
OCCUPATION		BUSINESS/COMPANY		NY NAME	NAME		BUSINESS PHONE		
CHILDREN TO BE WA	ITLISTED								
LAST NAME		FIRST NAME		CURRENT SCHOO	CURRENT SCHOOL		BIRTH (DD/MM/YY) GENDER		
LAST NAME		FIRST NAME		CURRENT SCHOO	CURRENT SCHOOL		DATE OF BIRTH (DD/MM/YY) GENDER		
LAST NAME		FIRST NAME		CURRENT SCHOO	CURRENT SCHOOL		DATE OF BIRTH (DD/MM/YY) GENDER		
WHERE DID YOU HEAR ABO	UT SELKIRK MONTE	SSORI SCHOOL? YELLOW P	AGES RELA	TIVES/FRIENDS	MY MONTESS	ORI SCHOOL (na	ame)		
I HAVE INCLUDED A	CHILD (REN) TO BE OF THE FOLKSION OR HEARING AT THE MOST BENEFIC	ON THE ELEMENTAR LOWING RELEVENT SSESSMENTS, OT/P CIAL PLACEMENT FO	DOCUMENTS: MOS T, SLP, VICAN, VB-M R YOUR CHILD.	`	RD, IEP (IF APPLIO ANT EDUCATIO	CABLE), AND RE	LEVENT MEDICAL		
CURRENTLY IN GRA	NDE:	_ APPLYII	NG FOR GRADI	::IN		(s	chool year)		
INFORMATION, ANI	FIC MONTESSORI SO D UNDERSTAND TH	OCIETY USING MY EI AT I MAY OPT OUT A	MAIL ADDRESS(ES) T AT ANY TIME BY EMA	YES! I HAVE TO SEND ME SCHOOL NOT SEND ME SCHOOL AT SCHOOL AT DL (initials)	IEWS AND EVEN	TS INFORMATIC	ON, INCLUDING FU	•	
Signed:				Date:					
OFFICE	USE ONLY								

(chq/cash/etrans) EMAIL POSTED:

ADMIN FEE: