

EXPRESSION OF INTEREST FORM

Middle 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

(00)										
PARENT (GUARDIAN'S) NAME								GENDER		
ADDRESS								POSTAL CODE		
HOME PHONE CELLULAR PHONE FAX E-MAIL ADDRESS										
HOWE PHONE CELLULAR PHONE			FAX			E-MAIL ADDR	E33			
OCCUPATION			BUSINE	SS/COMPANY I	NAME			BUSINESS PHONE		
PARENT (GUA	RDIAN) INFORMATIO	DN								
PARENT (GUARDIAN'S) NAME								GENDER		
ADDRESS								POSTAL CODE		
HOME PHONE CELLULAR PHONE		HONE	NE FAX			E-MAIL ADDR	-MAIL ADDRESS		.1	
OCCUPATION		BUSINESS/CON		SS/COMPANY I	OMPANY NAME				BUSINESS PHONE	
CHILDREN TO	BE WAITLISTED									
LAST NAME		FIRST NAME			CURRENT SCHOOL		DATE OF BIRTI	TE OF BIRTH (DD/MM/YY) GENDER		
LAST NAME		FIRST NAME			CURRENT SCHOOL		DATE OF BIRTH (DD/MM/YY) GENDER		GENDER	
LAST NAME		FIRST NAME			CURRENT SCHOOL		DATE OF BIRTH (DD/MM/YY) GI		GENDER	
WHERE DID YOU HEAR ABOUT SELKIRK MONTESSORI SCHOOL? WEBSITE ISLAND PARENT YELLOW PAGES RELATIVES/FRIENDS MY MONTESSORI SCHOOL (name)										
CHECKLIST AND SIGNATURE(S) / INITIAL(S)										
I WOULD LIKE MY CHILD (REN) TO BE ON THE ELEMENTARY PROGRAM WAITLIST. I AM ENCLOSING THE \$175 NON-REFUNDABLE ADMIN FEE (initials)										
I HAVE INCLUDED A COPY OF THE FOLLOWING RELEVENT DOCUMENTS: MOST RECENT REPORT CARD, IEP (IF APPLICABLE), AND RELEVENT MEDICAL										
INFORMATION (VISION OR HEARING ASSESSMENTS, OT/PT, SLP, VICAN, VB-MAPP, ETC.), ANY RELEVANT EDUCATIONAL ASSESSMENTS (PSYCH-ED TESTING ETC.) THIS WILL ENSURE THE MOST BENEFICIAL PLACEMENT FOR YOUR CHILD. (initials)										
I GIVE CONSENT FOR SELKIRK TO CONTACT MY CURRENT/PREVIOUS SCHOOL PRIOR TO OUR ADMISSION (initials)										
CURRENTLY IN GRADE: IN (school year)										
	II I ATED TO SET UD A TOUR	DE VOLIB EACHITY		(initials)	☐ VESTI HAVE TA	VENITHE TOLIR	OE VOLIB EACIL	ıtv (in	nitials)	
I WILL CALL LATER TO SET UP A TOUR OF YOUR FACILITY (initials) LYES! I HAVE TAKEN THE TOUR OF YOUR FACILITY (initials) I CONSENT TO PACIFIC MONTESSORI SOCIETY USING MY EMAIL ADDRESS(ES) TO SEND ME SCHOOL NEWS AND EVENTS INFORMATION, INCLUDING FUNDRAISING										
INFORMATION, AND UNDERSTAND THAT I MAY OPT OUT AT ANY TIME BY EMAILING THE SCHOOL AT THE ADDRESS BELOW (initials)										
I GIVE CONSENT FOR SELKIRK TO ACCESS RECORDS FROM OUR FORMER SCHOOL (initials)										
Signed: Date:										
OFFICE USE ONLY										
		ADMIN F	EE:	(cho	q/cash/etrans) EM/	AIL POSTED:				