Agincourt Montessori School,
2575 Midland Ave.,
Scarborough, Ontario,
M1S 1R3

APPLICATION FOR ENROLLMENT

Child's name in full _____   Boy _____   Girl ____

Address: _____

Postal Code: _____   Home Telephone #: _____

Child's date of birth: _____
                        (month/day/year)

Father's name: _____   Business telephone: _____
Work Address: _____
Home Address (If different from above): _____
Home Telephone (If different from above): _____   Cell #: _____
E-Mail Address: _____

Mother's name: _____   Business telephone: _____
Work Address: _____
Home Address (If different from above): _____
Home Telephone (If different from above): _____   Cell #: _____
E-Mail Address: _____

Session preferred: ___A.M.   ___P.M.   ___ Full Day   (___Ext.Hrs)

Month you would like your child to start: _____

Today's Date: _____

Parent's signature: _____

For school's use: Date of admission: _____

                      Last date of attendance: _____

_____
_____
_____
_____
Initial and date
every September.