



Re-enrollment Application 2018-19

208 North 24th Street Olean, New York 14760 Phone (716) 372-8122 Fax (716) 372-6707

Application Due – March 2, 2018 /Registration fee of \$75 will be waived for current families enrolled by March 2nd

Student Name: Last _____ First _____ MI _____ *Grade: _____

*For **Montessori Re-enrollment**, please specify program & days (circle): Full Days (5,*4,*3) Half Days (5,*4,*3) *M T W Th F

Address: _____ City _____ State _____ Zip _____

Date of Birth: _____ Social Security Number: _____ Male Female

School District: _____ Religious Affiliation: _____ Ethnicity: _____

Parent Home Phone: _____ Email: _____

Name of Alumni Parent (s) _____ Maiden Name: _____ Alumni Year _____

Mother/Guardian Name: _____ Employer: _____ Contact Priority: 1st / 2nd

Address: _____ City _____ State _____ Zip _____
(if different from student)

Work Phone Number: _____ Cell: _____

Father/Guardian Name: _____ Employer: _____ Contact Priority: 1st / 2nd

Address: _____ City _____ State _____ Zip _____
(if different from student)

Work Phone Number: _____ Cell: _____

Financially Responsible Party: _____ Are you applying for Financial Aid?: Yes No

Address: _____ Phone: _____ Email: _____
(if different from above)

Signature of Parent/Guardian _____ Date _____ Signature of Parent/Guardian _____ Date _____

Emergency Contact Information:

Physician Name: _____ Phone Number: _____

Daily Medications: _____

Alternative Emergency Contact: Name, phone number, address and relationship of TWO people with WHOM YOU HAVE ARRANGED to take the responsibility of your child(ren) in case of any emergency and you cannot be reached:

1: Name: _____ Relationship: _____ Phone #(s) _____

2: Name: _____ Relationship: _____ Phone #(s) _____

Any additional emergency info: _____

