



University Montessori School

7508 Burthe Street New Orleans, LA 70118

504-865-1659 fax 504-865-9194

umsnola.org

RE-ENROLLMENT FORM

I desire to re-enroll _____
for the 2021-2022 school year in the following class:

Half Day Class _____
(8:30 am - 1 1:30 am)

Full Day Class _____
(8:30 am - 2:30 pm)

I have enclosed a tuition deposit of \$800.

I understand that children are admitted for the full academic term and that my agreement to pay tuition for the full academic term is not subject to adjustment because of illness or absence.

In keeping with the purpose and spirit of the Montessori approach to educating children, which includes helping the child develop positive attitudes toward himself/herself and his/her activities through progression in the introduction of knowledge and materials, pupils cannot be withdrawn without grave cause.

Date

Signature of Parent

Street Address

City, State, Zip Code

Home Phone

Work Phone

My child, _____, will NOT be attending
University Montessori School for the 2021 - 2022 school year. My child will be
attending _____.