



*This application guarantees your child's placement at La Petite Ecole upon receipt of your non refundable fee below and upon receiving all due forms by **July 15th** and First payment by **August 1st** before new school year.*

This form is to be completed by a parent or guardian, as you would like this information to be listed on our record

Name _____ Date of birth : _____ Nationality _____
(First) (Middle) (Last)

Address _____ Place of birth: _____ Male Female

City _____ State _____ Zip Code _____ Language(s) spoken at home _____

Applying for: September, year 20____ Other _____

Preschool Junior Kindergarten Kindergarten 1st grade
Circle one: 2 - 3 or 5 days

2nd grade 3rd grade 4th grade 5th grade

School presently attending _____ Date entered _____

Address _____ Phone _____

Previous school attended _____ Date entered _____

Address _____ Phone _____

MAY WE WRITE TO THIS SCHOOL TO REQUEST RECORDS OR TRANSCRIPTS? YES NO

Mother /Guardian

Title Mrs. Ms. Dr. Other _____

Name _____
(First) (Middle) (Last)

Address _____

City _____ St _____ Zip _____

Home phone _____ Cell phone _____

E-mail _____

Profession/position _____

Name of firm : _____

Address _____

City _____ St _____ Zip _____

Work phone _____ Ext _____

Single Married
 Parents separated
 Other _____

Father / Guardian

Title Mr. Dr. Other _____

Name _____
(First) (Middle) (Last)

Address _____

City _____ St _____ Zip _____

Home phone _____ Cell phone _____

E-mail _____

Profession /position _____

Name of firm _____

Address _____

City _____ St _____ Zip _____

Work phone _____ Ext _____

Single Married
 Parents separated
 Other _____

Billing address _____
 City _____ St _____ Zip _____

Please return this application along with the non-refundable fee of \$850 which will be applied towards your yearly fees and tuition.
 Signature _____ date _____