



ADMISSIONS FORMS CHECKLIST

Please fill out all forms completely and sign where indicated. Incomplete applications could delay your student's enrollment. All forms are on our website www.restonmontessori.com

I- Mandatory forms

- Enrollment contract
School day contract and before and after school contract, if applicable, have to be signed by BOTH parents.

- Enrollment fee
Enrollment fee is \$325 for new students and \$250 for siblings and returning students. Payment can be made by check or a charge applied to your method of payment.

- Birth Certificate form
Fill out the birth certificate form **and** bring the original for the office to check.

- Child Information form
This form **must be typed**, then printed, signed and initialed where indicated. Handwritten forms will not be accepted.

- Virginia medical form
This form must be filled by a physician, it includes the record of immunization. RMS will not admit students who are not immunized in accordance with the minimum requirements for attending school or child care prescribed by the State Board of Health's *Regulations for the Immunization of School Children*.

- Tuition payment plan
Tuition payment can be made in full by the start of the school year or monthly either by Credit Card or by an automatic withdrawal from a bank account. Both forms can be found on our website under Tuition Express. We regrettably cannot accept American Express.



II- Miscellaneous Forms – only if applicable

- _ Medicine Administration Authorization form (long term)
This form should be filled by a physician to give RMS permission to administer only emergency medication. The form is valid for 12 month, and should accompany the medication. The medication should be in its original packaging with the prescription label on. RMS administer emergency medication only.

- _ Over the counter/topical cream form (lotions, creams and sunscreens)
This form can be filled by the parent. It is valid for 10 school days. We recommend in the event that you know you might need the ointment/cream for a long period, to get the long term form signed by a physician.

Signature: _____

Date: _____

Signature: _____

Date: _____

Office use:

Signature: _____

Date: _____

Notes: _____
