Mission Montessori Schools
Renee Gagliano - Registrar
11050 N. 96th St., Scottsdale, AZ 85260 Tel: 480-699-4950 Fax: 480-314-3346
www.missionmontessori.com

Private School Checklist

Child's Name: _____ Today's Date: _____

Current Teacher: _____ 2018-2019 Program: _____

New Placement: *(office use only)* _____

		New Student	**Returning Student**
	1	Application - $285 Payment ____	_____
	2	Parent Information Addendum	_____
	3	Fee Schedule & Enrollment Agreement	_____
*	4	Proof of Residency **ALL STUDENTS** (Example: electric bill, cable bill...)	_____
	5	Emergency Form	_____
	6	Allergy Questionnaire	_____
	7	Permissions/Release Form	_____
*	8	Updated Immunization Records **ALL STUDENTS**	_____
	9	Primary Home Language (PHLOTE) **NEW STUDENTS ONLY**	_____
	10	Exceptional Student Services Info Page	_____
	11	Family-School Partnership (Volunteer Hours)	_____
	12	Extended Day Registration	_____
	13	Tuition Payment Form	_____
	•	**NEW STUDENTS**	
*	14	Birth Certificate	_____
	15	Authorization to Release Confidential Information	_____

Enrollment Packets will not be accepted without the items marked with an *, which are required by the State of Arizona.

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Shea _____ St. Apkar_____
Mission Montessori
del Desierto
Mission Montessori del Cielo
Infant Toddler Primary
Kindergarten

Enrollment Application **2018-2019**

Current School Yr. Start Date: _____

Today's Date: _____

Infant
5FDEX___

Toddler
5HD___ 5FD___ 5FDEX___

Primary
5HD___ 5FD___ 5FDEX___

Kindergarten
5HD___ 5FD___ 5FDEX ___

Current Teacher:

New Placement: *(Office Use Only)*

Student Information

Gender: ☐M ☐F **State** *of Birth:*_____

Last Name: **First Name:** **Middle Name:**

Date of Birth: / /

Primary Language Spoken: Student: _____ Parents: _____

Ethnic Origin (please circle): **Hispanic or Latino** **American Indian or Alaska Native** **Asian** **Black or African American** **Native Hawaiian or Other Pacific Islander** **White**

Mother's/Guardian's Information

Last Name: _____

First Name: _____

Occupation: _____

Living with Child ☐Yes ☐No
Allow Release ☐Yes ☐No

Address: _____
Street

_____
City State Zip

Email: _____

Home Tel No: (___) _____

Work Tel No: (___) _____

Cell Tel No: (___) _____

Father's/Guardian's Information

Last Name: _____

First Name: _____

Occupation: _____

Living with Child ☐Yes ☐No
Allow Release ☐Yes ☐No

Address: _____
Street

_____
City State Zip

Email: _____

Home Tel No: (___) _____

Work Tel No: (___) _____

Cell Tel No: (___) _____

Previous School _____ **District** _____ **Last Grade Completed** _____
Withdrawal Date / /

Address: _____ **City:**_____ **State:**____ **Zip:**_____

Phone:_____

Parent/Guardian Information Addendum

Student Name_____ **Teacher** _____ **Date** _____

Mother/Guardian

_____
Name

_____ _____
Employer Position/Title

_____
Address

_____ _____
Work Phone Work Email

Father/Guardian

_____
Name

_____ _____
Employer Position/Title

_____
Address

_____ _____
Work Phone Work Email

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2018-2019
Fee Schedule & Policies

Tuition is based on a ten month academic year (approximately 190 days of instruction). Tuition payments are due bi-annually, July 15th and November 1st. An alternative payment plan is offered in ten monthly installments, however a twenty dollar per installment fee will be added.

Program	Time	Yearly / 10 Installments	
Kindergarten			
Charter Half Day	8:00 AM to 11:00 AM	No Fee	
Lunch Hour and Recess	11:00 AM to 12:30 PM	$1,900	$215
Private Full Day	8:00 AM to 3:00 PM	$4,300	$455
5 Full Days & Extended Care	7:30 AM to 6:00 PM	$6,400	$665
Primary 3 to 6 Years Old			
5 Half Days	8:30 AM to 12:30 PM	$7,350	$760
5 Full Days	8:30 AM to 3:00 PM	$8,150	$840
5 Full Days & Extended Care	7:30 AM to 6:00 PM	$10,050	$1,030
Toddlers 14 to 36 Months			
5 Half Days	8:30 AM to 12:00 PM	$7,650	$845
5 Full Days	8:30 AM to 3:00 PM	$9,050	$930
5 Full Days & Extended Care	7:30 AM to 6:00 PM	$10,150	$1,040

Infants 3 to 14 months (year round program)		Yearly / Monthly	
5 Full Days & Extended Care	7:30 AM to 6:00 PM	$11,010	$1,125

Sibling Discount: Parents with two or more children enrolled **five full days extended** in Mission Montessori receive $750 per family discount over the course of the school year. Parents with two or more children enrolled **five full days** in Mission Montessori receive $250 per family discount over the course of the school year.

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Enrollment Agreement for 2018-2019

This enrollment agreement is made by and between the undersigned parents or guardians of the herein named child, hereinafter referred to as "parent" and the MISSION MONTESSORI SCHOOL, hereinafter referred to as "school". The parent hereby enrolls the child named below according to the following terms and conditions.

Parent's Name: _____

Child's Name: _____

Birth Date: ___/_____/_____

Start Date:		If Mailing: **CHECKS MAIL TO:** MISSION MONTESSORI SCHOOLS 5550 E MERCER LN. SCOTTSDALE, AZ 85254
Application Fee: Application fee of $285 must be turned in with packet	$285.00	Tuition is for the academic school year (10 Months). Payment options are: *Bi-Annually (1st Payment July 1st, 2nd Payment Nov. 1st) *Monthly Installments: 1st Monthly Installment July 1st 2nd Monthly Installment Sep. 1st
Specials / ODE Enhancement Project	$500.00	A 5-day grace period is given and a late charge of $25.00 will automatically be applied to your account for payment not received by the 5th of each month. There is a $35.00 charge for each returned check.
Tuition: Please check PMT plan Monthly Installments_____		Monthly Installments 1st PMT - July 1st 2nd PMT - September 1st
Tuition: Please check PMT plan Bi-Annually_____		Bi-Annually 1st PMT - July 1st 2nd PMT - November 1st
Program: Toddler, Primary and Kinder are 5HD, 5FD, 5FDEX	Please check program	**___ Toddler ___ Primary ___ Kinder** **_____ 5HD ___ 5FD _____ 5FDEX** **___ Infant ___5FDEX**

TUITION: Tuition is an annual fee for the academic school year from August through May as per school calendar (approximately 190 days) and excludes holidays, weekends, spring break, and winter break. Families with more than one child and different programs please write separate checks. (Ex. Please write separate check for each: tuition, trips, Supply fund (Kinder Only), etc.).

PAYMENTS: Installment payments are due on the 1st of the month unless specified otherwise in the billing statement. A late fee of $25.00 will be charged for the fees not received by the 5th of each month. There is a $35.00 charge for each returned check. A child will not be admitted if the tuition has not been received by the 10th of the same month.

CHANGES IN RATES: In order to maintain an educational standard of excellence or any changed circumstances the school has the right to raise tuition and fees upon thirty days' notice.

ABSENCE, WITHDRAWAL, DISMISSAL AND REFUNDS: There are no refunds or reduction of tuition for the absence of children from school due to illness or any other reason. Thirty day written notice is required to withdraw a child from the school. Failing to give a 30 day written notice will result in full payment for 30 days from the date of written notice, whether or not the child attends the school during the 30 day period. A child may be dismissed by the school without prior notice, if in the sole opinion of the school, it is in the best interest of the child or the school to do so. If a child is dismissed from school, prepaid tuition shall be refunded from the date of dismissal.

SIGN IN AND OUT POLICY: All children enrolled in infant, toddler, primary, kindergarten and elementary aftercare programs are required by the school and The Department of Health to sign in and out with correct time and legible signature with first initial and last name, on a daily basis. The school reserves the right to charge a penalty of $25.00 per day for unsigned days, due to penalties imposed by the AZ Dept of Health. There will be a $1 per minute charge for pick-ups after 6:00 pm.

DAILY INSPECTION FOR ILLNESS: The child shall not be admitted to the school on any day when the child has obvious symptoms of illness or is believed to have been exposed to a contagious disease. There is a 24-hour return policy for any child who has a fever. **See Parent Handbook**.

RIGHTS OF DEPARTMENT OF CHILD PROTECTIVE SERVICES: The Arizona State Department of Child Protective Services or licensing agency shall have the authority to interview children, or staff and to inspect school records of any child without prior consent. The Department shall also have the authority to observe the physical condition of children, including conditions, which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine children.

LIEN ON STUDENT RECORDS CLAUSE: Parents recognize, agree and consent to the fact that all student's records are property of the school and that no records shall be released until all sums due hereunder are paid in full, and withdrawal notice is complete.

Parent acknowledges that he/she has read this **ENROLLMENT AGREEMENT** and has received a true copy. Parent also acknowledges receiving a copy of the **"PARENTS' SCHOOL POLICY HANDBOOK"** which contains: the school's admission, withdrawal policies and procedures, information concerning the school's activities, services, regular hours of operation, fees, procedures to be followed should child become sick or injured while in school, sign in and out procedure, and the school's inspection for illness procedure. Additional conditions and guidelines per the "School Policy Handbook." *

Signatures of parent(s) or legal guardians(s) financially responsible for the above child.

Mother's Name Please Print	Phone #	Date

Mother's Signature

Father's Name Please Print	Phone #	Date

Father's Signature

*** School Policy Handbook is available on our website at missionmontessori.com**

ADHS
LICENSING

CDC/SGH# or name:_____

Arizona Department of Health Services
Bureau of Child Care Licensing

Emergency, Information and Immunization Record Card

Child's Name:	**Date Enrolled:**	Updated:
Home Address (#, Street, City, State, Zip Code):		**Date Disenrolled:**
Home Phone:	**Date of Birth:**	**Sex:** ☐ **male** ☐ **female**

Parent or Guardian Name:	**Home Address (#, Street, City, State, Zip Code):**
Cell Phone (optional):	**Contact Telephone Number:**

Parent or Guardian Name:	**Home Address (#, Street, City, State, Zip Code):**
Cell Phone (optional):	**Contact Telephone Number:**

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	**Contact Telephone Number:**
Name:	**Contact Telephone Number:**
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	**Name:**	**Contact Telephone Number:**

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional):_____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:
www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? ☐ **No** ☐ **Yes** **If yes**, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? ☐ **No** ☐ **Yes** **If yes**, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	**SIGNED Name:**	**DATE:**

Mission Montessori Schools

ALLERGY QUESTIONNAIRE

The purpose of the questionnaire is to gather information about potentially severe and/or life-threatening allergies that your child may have. This information will help provide appropriate care while your child is at school.

Student's Name: _____ Date of Birth:_____

Teacher: _____ Grade:_____

1. Does your child have a known or suspected food-allergy? ____Yes ____No

   If yes, please check ALL foods that apply.

   ___ Peanuts (includes peanut butter and peanut oils) ___ Soy
   ___ Tree Nuts (walnuts, almonds, pecans, cashews, etc.) ___ Wheat
   ___ Milk or Dairy ___ Fish
   ___ Eggs ___ Shellfish
   List any others: _____

2. Could your child's allergy be life-threatening? ___ Yes ___ No

   Please indicate past symptoms of your child's food allergy.

   ___ Tingling/swelling of lips, tongue, mouth ___ Itching ___ Hives
   ___ Swelling of face or extremities ___ Diarrhea ___ Vomiting
   ___ Tightening/ swelling of throat ___ Cough ___ Cramps
   ___ Weakness ___ Wheezing ___ Fainting
   ___ Other – Please explain _____

3. Has your child ever been treated by a health care provider for an allergic reaction? ____ Yes ____ No

4. Does your child require medication for an allergic reaction? ____ Yes ____ No
   If yes, please list _____

   If your child requires an Epi-pen (emergency dose of epinephrine), do you have a current prescription to provide to the school to be kept in case of an allergic reaction? ____ Yes ____ No

5. Is your child on any prescription medication(s)? ____ Yes ____ No
   If yes, please list the medications below:

Medications	Reason

I give permission for any employee of the school to have my child's medical information.

Parent Name _____ Date _____
Contact Phone number _____

Mission Montessori Schools

Permission/Release Form

Student's Name _____ Teacher's Name _____

Emergency Treatment Permission

I give Mission Montessori Schools permission to provide EMERGENCY treatment for my child should it be deemed necessary. I understand that in case of an emergency, my child will be taken to a local hospital. Mission Montessori Schools will begin immediate attempts to contact parents/guardian while child is in transport.

Parent/Guardian Signature _____ Date _____

WE CANNOT HAVE YOUR CHILD TREATED IN CASE OF AN EMERGENCY WITHOUT YOUR EXPLICIT PERMISSION!

Sunscreen /Bug Spray Application Permission

I give Mission Montessori Schools staff permission to apply sunscreen of SPF 15+/Bug Spray that I will provide, to my child's face, arms and legs.

Parent/Guardian Signature _____ Date _____

Photo/Film/Audio/Website Release

I release any claim towards Mission Montessori Schools concerning the use of any film, photograph, or audio recording, which contains or may contain my child's image or voice. Mission Montessori Schools has explicit permission to use any such film, photo or audio recordings as they see fit for the purpose of historical record, marketing, website or classroom use without limitation or compensation.

_____I do give permission _____I do NOT give permission

Parent/Guardian Signature _____ Date _____

Immunization Notice

Please be advised that all immunization requirements must be met in the time specified by the Arizona Health Department. A 15 day notice will be given to parents whose children have not met the requirements. **If proof of immunization shots is not provided, Arizona law states that the child must be suspended from school** until all requirements are met.

Please sign indicating that you have read and understand the above notice.

Parent/Guardian Signature _____ Date _____

State of Arizona
Department of Education
Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE) Home Language Survey

(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Response to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the Primary language used in the home regardless of the language spoken by the student?** _____
2. **What is the language most often spoken by the student?** _____
3. **What is the language that the student first acquired?** _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site. In SAIS, please indicate the student's home or primary language.

Mission Montessori Schools-Exceptional Student Services Info Page

Students Name:_____Grade: _____Today's Date: _____

1. **Is your child enrolled in a gifted program? Yes/No**
   If yes, please explain _____

_____

2. **Is your child receiving special education services, under IDEA, and has an IEP (Individual Education Plan)? Yes/No**
   If yes, please explain _____

_____

_____

Is the IEP current?_____

What was the eligibility determination? (Speech and Language, Learning Disability, Emotionally Disturbed, Hard of Hearing, Visually Impaired, or other

_____

3. **Is your child under a 504 Plan covered by the American's with Disabilities ACT?**

Yes/No If yes, please explain _____

_____

4. **Has your child been identified or is receiving services for an ELL (English Language Learners) program? Yes/No If yes, please explain**

_____

5. **Has your child been dismissed from any of the above mentioned program? If so, when _____**
6. **Has your child ever been diagnosed with ADHD or ADD or had difficulties with attention, dyslexia, autism or any other learning differences? Yes/No If yes, please explain_____**

_____

7. **Has your child had difficulties with his peers or with authority figures? Yes / No**

If yes, please explain _____

_____

8. **Has your child ever exhibited aggressive behavior? Yes/No If yes, please explain**

_____

_____

9. **Has your child ever been suspended? Yes/No If yes, please explain**

_____

10. **Has your child ever been expelled? Yes/No If yes, please explain**

_____

The Mission Montessori Family-School Partnership (MMFSP)

Mission Montessori, in alignment with the educational philosophy of Maria Montessori, realizes that the partnership between school and family is instrumental in helping a child develop his or her full potential. We recognize that effective partnerships have these characteristics in common: open communication, mutual respect and a commitment to working together with a shared vision for the realization of goals.

Mission Montessori Schools are committed:

- To presenting to prospective parents our program and practices, philosophy and policies making all efforts to clarify the expectations and goals of both school and parents;
- To ensuring that teachers and administrators are accessible to parents, engaging in clear, open communication, always seeking and valuing the parents' perspective on their child.
- To actively seeking the knowledge, skills and resources of our parents in ways such as parent surveys, Parent Task Forces and the Mission Montessori Family-School Partnership, which will involve them when considering major decisions that affect the school community;
- To keeping the parents well informed on school and classroom activities, offering support in gaining a deeper, clearer understanding of the Montessori educational philosophy and methods in a variety of ways, including mass emails, an informative website, parent-education meetings, systematic reports, conferences, publications and informal conversations.

The _____ Family is committed:
(PRINT Family Name Here)

- To selecting a school offering programs and services congruent with the goals and philosophy of the family and fitting the needs of the child(ren);
- To demonstrating respect for school policies, procedures and support for school stability:
  1. by attending required programs and events such as conferences, Parent Education opportunities and optional programs such as classroom and school fundraising events, and special child-centered events;
  2. by making timely tuition and fee payments; and participating in fundraising.
  3. by arriving in a timely manner for drop-off and pick-up each day;
  4. by offering **15 hours of service per child enrolled** during the current school year to the school/classroom/MMFSP (or a contribution of $150 in lieu of volunteer hours paid to Mission Montessori Schools).
  5. **By not scheduling family vacations during school days as it reduces state funding per students absences.**
- To valuating the teacher/school's perspective on the child(ren), always seeking information directly from the classroom Lead Teacher.
- To providing any medical or personal information that may be needed to best serve your child(ren) and the family, such as keeping all immunization records, custodial papers, addresses and phone numbers updated at all times.

Parent Communication/Conferences/Progress Reports

Mission Montessori sends **mass emails** for general school information, posts **monthly newsletters** on each teacher's blog, and **maintains a working general calendar** on our website to keep parents informed of school and classroom activities and special events. **Two parent conferences** are scheduled during each academic school year. You may schedule additional conferences at anytime you feel that one is necessary. However, during class time, the teachers' full attention must be with her/his class, so

even if you would like to see a teacher just for a few minutes, please arrange your meetings in advance, preferably before or after school.

Progress reports will be sent home four times a year for all students in both private and charter schools.

Parent Education

Parents are expected to attend parent education seminars designed to enhance your understanding of your child's Montessori education. The Montessori classroom atmosphere and approach to education differs from traditional public school. The more you know, the more you are able to support your child's learning experience. Participation fulfills Volunteer Hours.

The MMFSP also sends mass emails to communicate with parents about FSP specific events, meetings, volunteer opportunities, and other useful school information. **If you do not wish to be included in the FSP email list (shared with FSP representatives), or if you have additional emails you would like to add to the list, please indicate below:**

___ I do not want my email included on the class communication list, please take it off.
(Please write email so we can double check it is not included) _____

I want to add an additional email to the class communication list:_____

PLEASE PRINT THE NAME(S) OF STUDENT(S) ENROLLING & THEIR TEACHER'S NAME:

Student:	**Teacher: 2018-2019 (If Known)**
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____	_____
PRINT PARENT NAME	**PARENT SIGNATURE**	**DATE**
_____	_____	_____
PRINT PARENT NAME	**PARENT SIGNATURE**	**DATE**

Mission Montessori FSP - 15 hours of service

Mission Montessori requires 15 hours of family service per child enrolled, or a contribution of $150 per child in lieu of volunteer hours, paid to Mission Montessori Schools. Special projects designated by the teacher, field trips, fundraising activities and school events are great ways to become involved. Ice Cream Social, Book Fair, Movie Night, International Day, Thanksgiving Feast, Golf Tournament, Parent Education Nights, Room Parent and Art Masterpiece are all school events that will offer volunteer opportunities.

We welcome all parents as guest speakers to share their special talents, hobbies, experiences and careers. Classroom parties and Park Day do not count for volunteer hours.

____ **Will volunteer 15 hours of service per child**

____ **Will contribute $150 in lieu of volunteer hours per child.**

PLEASE PRINT THE NAME(S) OF STUDENT(S) ENROLLING & THEIR TEACHER'S NAME:

Student:	**Teacher: 2018-2019 (If Known)**
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____	_____
PRINT PARENT NAME	**PARENT SIGNATURE**	**DATE**

_____	_____	_____
PRINT PARENT NAME	**PARENT SIGNATURE**	**DATE**

Mission Montessori Schools

Extended Day Registration Form

For Full-Time Enrollment Only
(NOT FOR HOURLY DROP INS)

- Before school and after school program is to be paid with tuition.
- Cancellations are by written notice only to the school office at least a week prior to the new pay period, otherwise full payment is required.
- Hours of operation: 7:30am-8:00am
  3:00pm-6:00pm
- Holidays are not included in the price (examples: Spring Break, Winter Break, Columbus Day, President's Day, etc.)
- Late fees: $1.00 per minute after 6:00pm

Registration Form

☐ Toddler ☐ Primary/Kinder

_____ _____ _____
Child's Name Teacher's Name Date

_____ _____ _____
Home Phone Work Phone Cell Phone Emergency

_____
Contact-Name & Number

Method of Payment: Check: _____ Credit Card: _____

_____
Parent/Guardian/Cardholder Signature

Mission Montessori Credit Card Authorization Form

Mission Montessori accepts Visa, MasterCard and Discover. If you would like to pay Mission Montessori by credit card, please fill out this authorization form and return it to the site manager of your campus. By filling out and signing this form, you are giving Mission Montessori permission to process your credit card for payment. There is a 2% processing fee to pay by credit card.

Authorized Signature: _____ Date: _____

Printed Name: _____

Child's Name: _____

Teacher's Name: _____

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Credit Card Payment Form 2018-2019

Pay your monthly bill by credit card. We accept Visa, MasterCard, and Discover. Upon request, we can automatically charge your credit card on/or before the 5th of every month. If you would like to take part in this program, Please fill out the following form.
(Please note: if you already take part in this program, you will still need to fill out a new form for the current school year.)

Name printed on Credit Card: _____

Address: _____ Zip: _____

Phone #: _____ Cell #: _____

Child's Name: _____

Teacher's Name: _____

Credit Card #: _____

Expiration Date: _____ 3 Digit Code: _____ Billing Zip Code: _____

☐ One time charge for the month of _____ for $ _____
Itemized Charges:

_____

_____

_____

☐ Automatically charge my card every month for Tuition in the amount of $ _____

Signature: _____ Date: _____

CREDIT CARD CHARGES ARE SUBJECT TO A 2% SERVICE FEE

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Authorization to Release Confidential Information and Records

Student Name	Date of Birth	Date of Request

Confidential Information/Records Requested By:

Renee Gagliano Name of Authorized Requester	Mission Montessori Schools Name of District or School
Registrar Title	11050 N. 96th St. Street Address
	Scottsdale, AZ 85260 City/State/Zip

Requesting Confidential Records From:

School/Agency/Organization	Street Address
Phone No. Fax No.	City/State/Zip

I authorize the release of all medical, educational, psychological and social information that has been made a part of the confidential records of the above-named student to the requesting party. I understand that this information will be used in a confidential and professional manner and in the best interest of the student, and that all information will be maintained in accordance with the Family Educational Rights and Private Act. I understand that my consent is voluntary and that the transfer of this information to the receiving school does not require my consent.

Signature	Relationship to Student	Date

Notice to Sending School:
Pursuant to ARS 15-828 (3f) "Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of the transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829."