



University Montessori School

7508 Burthe Street New Orleans, LA 70118

(504) 865 1659 fax (504) 865 9194

umsno@bellsouth.net umsnola.org

RE-ENROLLMENT FORM

Primary Class

I desire to re-enroll my child _____ for the 2024-2025 school year in the following class:

Half-Day Class _____
(8:30 am - 11:30 am)

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

I have enclosed a tuition deposit of \$900.

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and his/her activities through progression in the introduction of knowledge and materials, pupils cannot be withdrawn without grave cause.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 next school year. My child will be attending

_____.