



# 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

### Little 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and his/her activities through progression in the introduction of knowledge and materials, pupils cannot be withdrawn without grave cause.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

\_\_\_\_\_.