



_____ M F
SURNAME OF CHILD FIRST NAME MIDDLE NAME(S)

CHILD PREFERS TO BE CALLED (IF DIFFERENT THAN ABOVE) DATE OF BIRTH: YEAR MONTH DAY

ADDRESS CITY POSTAL CODE HOME PHONE

LAST SCHOOL ATTENDED CITY LAST GRADE ATTENDED

BC PERSONAL HEALTH NUMBER: _____

Does your child have any serious medical conditions Yes No If yes, please describe:

Citizenship: Canadian OTHER: _____ Country of Birth: _____

Language spoken at home: ENGLISH FRENCH OTHER: _____ Language most used: _____

Aboriginal Ancestry: NOT APPLICABLE METIS STATUS: ON RESERVE STATUS: OFF RESERVE NON-STATUS

Band & Status #: _____

Has your child received a **Special Education Designation**? Yes No

Has your child received **Learning Assistance** Yes No

Has your child had a **Psycho-Educational Assessment**? Yes No

****ANY ASSESSMENTS DONE AFTER THIS REGISTRATION DATE MUST BE COMMUNICATED TO THE OFFICE**

Do you give permission for the Principal to contact your child's current school to discuss his/her progress? Yes No

NAME OF PARENT OR GUARDIAN EMAIL CELL PHONE

OCCUPATION HOME PHONE (IF DIFFERENT THAN ABOVE)

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OCCUPATION HOME PHONE (IF DIFFERENT THAN ABOVE)

NAME OF SIBLINGS & AGES SCHOOL(S) ATTENDING

Is any member of the applicant's family a current or former Maria Montessori Academy student?

If yes, please note name of family member & relationship to applicant: _____

ADMISSION DATE REQUESTED: _____

LEGAL RESIDENCY OF PARENT

To be completed and signed by a parent or legal (court appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

1. (LAWFULLY ADMITTED INTO CANADA) I AM, (PLEASE X ONE):

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted to Canada under one of the following documents
(please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
 - Other - document description: **(must be cleared with Citizenship & Immigration Canada)** _____

2. (RESIDENCY IN BRITISH COLUMBIA) I AM A RESIDENT OF BRITISH COLUMBIA (PLEASE X ONE):

- Yes: Residency address: _____
- No: I am not a resident of British Columbia

3. CONFIRMING SIGNATURE:

PARENT'S/LEGAL GUARDIAN'S PRINTED NAME: _____

PARENT'S/LEGAL GUARDIAN'S SIGNATURE: _____ **DATE :** _____

Please enclose with this application a non-refundable fee of: \$100.00 for the 1st child in a family / \$75.00 for the 2nd child / \$25.00 for the 3rd + child

**Please make cheques payable to Maria Montessori Academy
OR**

E-Transfer: accountant@mariamont.ca (Include the message "application fee for student first + last name")

Please provide photocopies of your original documents:

Birth Certificate Immunization Record/Waiver Two most recent report cards (if applicable)

Date of your tour: _____

Admissions Policy:

Siblings of current MMA Students receive first priority. Priority may be given to applicants with prior Montessori Education.
Classroom balance of ages and gender supersede date applied. All admissions are left to the Principal's discretion.

Information on this form is collected by Maria Montessori Academy, which is run by the International Association of Progressive Montessorians (IAPM). This information will be used for processing applications for student placement and will be protected under the Freedom and Information and Protection of Privacy Act. Questions about the collection and use of information should be directed to the Principal or the Office Administrator of Maria Montessori Academy.

FOR OFFICE USE ONLY

Date of Tour: _____ Date Principal Met Student: _____

Date registration received and fee paid _____ Fee _____

Elementary Students & Up Dates of Class Visits 1. _____ 2. _____ 3. _____



Student's Full Name: _____

Parent's Name: _____

Student's Birthdate: _____

School Year Applying for: _____

PROGRAMS	Grade?	TIMES	CLASSROOMS	2025-2026 Total Monthly Fees 10 Months *subject to change	2025-2026 Total Monthly Fees 12 Months *subject to change
Grades 1 to 3 <i>(Age 6 to 8 years)</i>		8:30 am to 3:00 pm Monday to Friday	Lower Elementary	\$1102.00	\$918.33
Grades 4 to 6 <i>(Age 9 to 11 years)</i>		8:30 am to 3:00 pm Monday to Friday	Upper Elementary	\$1117.00 (Gr.4-5) \$1122.00 (Gr.6)	\$930.83 (Gr.4-5) \$935.83 (Gr.6)
Grades 7 & 8 <i>(Age 12 & 13 years)</i>		8:30 am to 3:00 pm Monday to Friday	Middle School	\$1326.50	\$1105.42
Grade 9 to 12 <i>(Age 14 + years)</i>		8:30 am to 3:00 pm Monday to Friday	High School	\$1331.50	\$1109.58

Out of School Care Ages 3-12 (September-June Commitment)		
Morning	7:30am-8:30am	\$165/month
Afternoon	3:00pm-5:00pm	\$302/month
Both AM & PM	As Above	\$438/month

*Upon student's placement, one month's tuition, applied to June of the next scholastic year is payable and non-refundable.
Tuition discounts apply only to the tuition portion of the monthly payments for siblings:
20% for the second child and 30% for subsequent children concurrently attending MMA.*

Total Fees

The above Fee Schedule includes Monthly Tuition, School Supply Fee, Debt Retirement Fee,
Field Trip Fee and the Student Enrichment Fee (all grades)
Graduation Fee and Elective Fees (Gr. 7 thru 12 only)

Parent Signature

Date