

APPLICATION FOR WAITING LIST

Please scan, save as a pdf & email back to admin@trms.ca

DATE OF APPLICATION _____ dd _____ mm _____ yy

DATE FOR ADMISSION As availability occurs September 2019 September 2020 / Other _____

STUDENT

Last Name _____ First Name _____
Date of Birth _____ Gender female male

Siblings - Name _____ Age _____ Name _____ Age _____

PROGRAM : The part-time programs are only available for preschool students under 4 years of age by December 31st.

1- Preschool Casa Program 2.5 to 3.8 at entry

	<u>Mon. to Fri.</u>	<u>Mon/Wed/Fri</u>	<u>Tue/Thu</u>
Full Day	<input type="checkbox"/> 5days	<input type="checkbox"/> 3days	<input type="checkbox"/> 2days

2- JK/SK Casa Program **Mon. to Fri.** 5 full days

3- Elementary (Specify Grade Equivalency 1, 2 or 3) _____ **Mon. to Fri.** 5 full days

Do you require extended hours? yes- Before school 7:30-8:30 A.M. / yes - After school 4 to 5 P.M. or 4 to 6 P.M.

Home Address _____
City _____ Postal Code _____

Is your child toilet trained? YES NO

(All students must be trained and independent in toilet habits as a condition of enrollment)

Are you considering the Montessori Program for? Preschool only 3 year Casa (PS/JK/SK) Elementary

Family Email 1 _____ 2 _____

FAMILY -Parents &/or Guardian(s): Home telephone () _____

Mother: Last name _____ First name _____

Father: Last name _____ First name _____

Mother's Cell number() _____ Father's Cell number() _____

Were you referred to our school? If YES by whom? _____

Other comments: _____

TRMS Waiting List Policy

There is no cost or obligation to being put on our Waiting List. The information provided is confidential and only used for TRMS internal purposes. You can request to be removed from the Waiting List at any time by sending an email to admin@trms.ca. Siblings are given priority of placement in our programs and new students are accepted in order of waiting list date submitted and depending on availability in the program of their choice.