

THE MONTESSORI SCHOOL OF WASHINGTON

montessoriwashington.org + 1 202.338.1557 msow.dc@gmail.com

ENROLLMENTFORM 2024-2025	
NAME OF CHILD	BIRTHDATE
In consideration of the acceptance of this enrollment by The Montessori School of Washington, the undersigned agrees	
to pay the annual tuition charges and fees of the above-named child.	
ANNUAL TUITION CHARGES	ACADEMIC YEAR
I understand that all tuition payments are due on or before May 15th. I understand that my obligation to pay the charges for the full academic year is	
unconditional and that no portion of such charges so paid or outstanding will be refunded or canceled notwithstanding the subsequent absence,	
withdrawal, or dismissal from the School of the abovenamed child. No refunds will apply when the school is closed due to snow, inclement weather, or	
building failures (heating, water, electricity). A late fee of \$50 will be added to tuition payments received after the required date.	
I understand that in signing this agreement I accept the terms	stated herein as the rules and regulations of The Montessori School of Washington. I
also agree that grades and transcripts will not be released unless the account has been paid in full. I understand that MSOW reserves the right	
(following consultation with one or both parents of the child in question) to dismiss any child whose behavior is determined to be dangerously impulsive,	
aggressive, or such that it compromises the safety of said child	d or his/her classmates or teachers.
	luding Creative Movement, Foreign Language Lessons, Music, and school-sponsored
trips away from the campus unless the school receives written notice to the contrary.	
I understand that MSOW enjoys having photos of MSOW child	ren in their materials and classroom displays, as well as on the website. I understand
	n materials. If I DO NOT wish my child's picture to be used for such purposes, I have
indicated that below.	
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Special Considerations:	
Parents' Signatures and Dates:	
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Montessori School of Washington – Enrollment