Fairbanks Montessori School 2014 30th Ave Fairbanks, AK 99701 907-451-8485 www.fairbanksmontessori.org



Change of Enrollment Form For Primary Program (Ages 3-6)

Student Name:	Current Lead Teacher:
Parent / Guardian Name: _	Desired Start Date for Changes:
approved. Changes must be	r changes to your student's schedule do not guarantee that changes will be approved by the Executive Director, who will implement or deny changes scretion, considering program availability and other factors.
The following changes requ	ire 30 days' notice:
Please change my stuc	dent's enrolled schedule:
To Full Day 9am - 4 To AM Only 9am - 1 To PM Only 12:30p	·
The following changes should	ld be submitted prior to the 23rd of the month:
	ent to Before Care (\$200 / month) ent to After Care (\$200 / month)
Reason for Request (Op	ptional):
- Please email this The FMS Director water of approved, I agree to c	proved, tuition will be prorated as applicable. form to fms@fairbanksmontessori.org or turn into the front office. will notify me regarding the outcome of this request. If this request is changes on my monthly invoices resulting from my child's new schedule, rstand that I remain responsible for any amounts due FMS.
Signatuı	re: Date:
Office Use Only	Pagaivad Pv
Date Received: Changes Approved: Yes Director's Notes:	

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Withdrawal Form for Primary Program (Ages 3-6)