

APPLICATION FOR ENROLLMENT



Parent/Guardian Information

Name of Parent or Guardian: _____

Mailing Address: _____

Residential Address: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____

Parent 1 Occupation: _____

Parent 2 Occupation: _____

Student Information

Child's Full Name: _____

Sex: ☐ M ☐ F ☐ Other

Date of Birth: _____

Citizenship: _____

Nationality/ies: _____

Previous School(s) Attended: _____

Does your child have any specific learning needs, interests, or support requirements?

Intended Enrollment Date: _____ Additional

Information

Please tell us briefly what draws your family to SATORI and how you feel your child would benefit from this program:

Application Fee

Please return this completed application form with a \$300.00 (non-refundable) administration fee. Upon receipt, we will contact you to schedule a family interview. If a place is offered, a one month tuition enrollment fee will be required to confirm your child's space.

Please note: the enrollment fee secures a place **only for the designated school year**, and is **non-refundable under any circumstances**.

We are grateful for your interest and look forward to learning more about your child.

With gratitude,

Deborah

Programme Director

+12843403434

info@satoribvi.com