



Clark Fork School

Application Form

2017-2018 School Year

Kindergarten Program

STUDENT INFORMATION

last name	first name	middle	nickname	date of birth	age on 8/25/17
address	city	zip	phone	gender	
please list siblings and their ages					

PLEASE INDICATE WHICH MOST CLOSELY DESCRIBES THIS STUDENT

- This is a previously enrolled student
- This is a sibling of a currently enrolled or previously enrolled student
- This student and family are new to the school

PARENTS/GUARDIANS INFORMATION

last name	first name	relationship to student		home phone
address	city	state	zip	cell phone
email address				work phone

last name	first name	relationship to student		home phone
address	city	state	zip	cell phone
email address				work phone

PLEASE SELECT CLASS IN WHICH YOU WOULD LIKE TO ENROLL STUDENT

Kindergarten

- | | | | |
|--|----------------|-----------------|-------------------------|
| <input type="checkbox"/> Kindergarten | 9 am - 3:00 pm | \$801 per month | total for year = \$7213 |
| <input type="checkbox"/> Early Foundations | 9 am - 3:00 pm | \$801 per month | total for year = \$7213 |
| <input type="checkbox"/> Kindergarten w/ tuition incentive | 9 am - 3:00 pm | \$521 per month | total for year = \$4689 |

How did you hear about Clark Fork School?

<input type="checkbox"/> friend or family	<input type="checkbox"/> newspaper or other advertisement	<input type="checkbox"/> drove by/neighborhood
<input type="checkbox"/> internet/website	<input type="checkbox"/> Missoula Area Private Schools event	<input type="checkbox"/> Other: _____

