

REQUEST FOR REGISTRATION PACKAGE



Thank you for your interest in **Harmony School of Education and Fine Arts**. Please provide the information below and mail to the address listed below.

Allow up to 10 business days for our office to process and forward the appropriate documents.

Student Name:	Student Age:
Mailing Address:	Date of Birth:
Home Phone: _____ Cellular: _____	Email:
Program Inquiring: <input type="checkbox"/> Montessori Arts Program <input type="checkbox"/> Graded Program (Grades 1-12)	Parent/Guardian Name(s):
Please indicate how you heard of Harmony School: <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other: _____	Date of Request:
FOR OFFICE USE ONLY: Date Received: Staff Initial: Date Package Forwarded:	<i>'Harmony is the quality of forming a pleasing and consistent whole'.</i>