First State Montessori Academy

 D e e p R o o t s, N e w B r a n c h e s

1000 N. French Street, Wilmington, DE 19801

[www.firststatemontessori.org](http://www.firststatemontessori.org) | 302-576-1500

**Certification of Intent to Enroll for the 2024-25 School Year**

*Signing this document ensures that you, the student’s parent or guardian, intend to enroll your child into First State Montessori Academy for the 2024-2025 school year. We are excited to have you!*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of

(parent/guardian name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm my decision to enroll my child at

(student name)

First State Montessori Academy (FSMA) for the 2024-2025 school year.

I understand that the State requires my child to remain in this charter school for at least one year, unless good-cause conditions constitute otherwise. Additionally, I understand that if I choose to remove my child from First State Montessori Academy in the 2024-2025 school year and attempt to enroll my child in another Delaware public school, the new school is not required by law to accept my application.

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Signature of Parent/Guardian

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Print Name of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

***This signed document must be returned to FSMA to complete enrollment.***

***Please email to*** ***sherry.digiovanni@fsma.k12.de.us*** ***or fax to 302-576-1501***