



APPLICATION FOR ADMISSION

I UNDERSTAND that the students are admitted for the full academic year and that my agreement to pay tuition is not subject to adjustment because of illness, absence or withdrawal. I am responsible for the full year's tuition, until my vacant space has been filled in the case of withdrawal. In case of withdrawal my deposit is forfeited.

IN CONSIDERATION of the acceptance to my child as a student in THE LITTLE LEARNERS SCHOOL, the undersigned agrees to indemnify THE LITTLE LEARNERS SCHOOL, its owners and employees against any claims and demands made by or on behalf of:

Name of Child

Name of Parent or Guardian

Address:

Date:

Telephone:

***** Please return with your Application *****