

We will contact the office of your child's school for attendance purposes on the day of the visit.



WG Sanders Montessori Program Visitation Form

Student: _____ Grade: _____
Parents/Caregiver: _____ Date: _____
Current School: _____
Total Years in Montessori: _____
Parent Contact Information (telephone #): _____
Parent Email Information: _____

Available Days for Visits (maximum of 4 student visitors per week)
Time of visit: 8:30 – 2:30 (may leave early upon request)

- Tuesday Date: _____
 Wednesday Date: _____

Please allow our program 1 – 2 days to check our calendar to schedule and approve the visit. **All visits must be scheduled at least one week in advance.** Email all completed forms to Kim Woods @ Kimberley.woods@richlandone.org. Thank you for choosing our program to visit.

If you have any questions or concerns, please call (803)738-7575.

“Children are human beings to whom respect is due, superior to us by reason of their innocence and of the greater possibilities of their future.”
~Maria Montessori

Please bring lunch from home on the day of your visit.