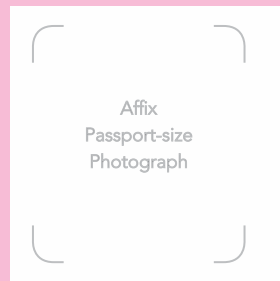


## Admission Requirements

1. 2 passport size picture
2. A current Report card/Cumulative Record Book from previous school ( where applicable)
3. Testimonial from previous school
4. Copy of birth certificate/National Passport
5. Medical Report from recognise health Institution or center



APPLYING FOR: 6 months - 3 years Year  3 years - 6 years  6 years - 12 years

### STUDENT DETAILS

Surname: \_\_\_\_\_ First Name \_\_\_\_\_

Other Name \_\_\_\_\_ Nationality \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Spoken Language \_\_\_\_\_

Second Language \_\_\_\_\_ Any Religious Affiliation \_\_\_\_\_

### PREVIOUS SCHOOL DETAILS ( If Applicable)

Name of School: \_\_\_\_\_ Stage of Leaving \_\_\_\_\_

School Address \_\_\_\_\_

Location \_\_\_\_\_

**PARENTS/GUARDIANS DETAILS:** (details of parent of person with parental responsibility)

Father's Name: \_\_\_\_\_

Address \_\_\_\_\_ Location \_\_\_\_\_

Contact \_\_\_\_\_ Other Contact Number \_\_\_\_\_

Email \_\_\_\_\_ Place of Work \_\_\_\_\_

Occupation \_\_\_\_\_ National ID \_\_\_\_\_ ID Number \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address \_\_\_\_\_ Location \_\_\_\_\_

Contact \_\_\_\_\_ Other Contact Number \_\_\_\_\_

Email \_\_\_\_\_ Place of Work \_\_\_\_\_

Occupation \_\_\_\_\_ National ID \_\_\_\_\_ ID Number \_\_\_\_\_

**GUARDIANS DETAILS:**

Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_ Location \_\_\_\_\_

Contact \_\_\_\_\_ Other Contact Number \_\_\_\_\_

Email \_\_\_\_\_ Place of Work \_\_\_\_\_

Occupation \_\_\_\_\_ National ID \_\_\_\_\_ ID Number \_\_\_\_\_

**EMERGENCY CONTACT:** Provide people the school can contact incase of emergency if those with parental responsibilities are unable to be contacted.

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Mobile Contacts \_\_\_\_\_ Work Contact \_\_\_\_\_ Home \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Mobile Contacts \_\_\_\_\_ Work Contact \_\_\_\_\_ Home \_\_\_\_\_

Students Lives with: Both Parents  Mother  Father  Guardian  Other \_\_\_\_\_

Please state if other children of yours will also attend PIS/Model Montessori School

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

### **SPECIAL NEEDS INFORMATION**

Does your child have any Special Education Need(s)? Yes  No  SEN Level \_\_\_\_\_

If Yes, please describe the need as provided by professionals \_\_\_\_\_

---

---

---

## MEDICAL INFORMATION

Please provide any medical information that the school is to know, please include allergies (check the pointers) as follows \_\_\_\_\_

Sight  Hearing  Asthma  Physical/Dietary Constraints  Skin Disorder

Respiratory Disorder  Heart  Chest & Lungs  others \_\_\_\_\_

Does your child have any allergy? Yes  No  If, yes state \_\_\_\_\_

Do you have any dietary requirements Yes  No  If yes state \_\_\_\_\_

Has your child finish his/her Immunization? Yes  No

If No, which ones are left \_\_\_\_\_

In support of the above information, you are to provide a full medical report from recognize medical practitioner and attached to the application form or submit to the administrator before beginning school.

Medical Practice centre: \_\_\_\_\_ Tel \_\_\_\_\_

Doctor's Address \_\_\_\_\_

I \_\_\_\_\_ being parent/guardian of \_\_\_\_\_ do hereby

grant consent to Model Montessori School(MMS) - (PIS) to seek medical treatment for my child/ward in the event of a medical crisis or injury that may occur while the child is in the custody of the school ( during which the school makes an effort to contact me) The staff or school will not be financially liable for any costs incurred as a result of emergency procedures.

Parent who do not sign this portion to give their consent accept the full responsibility of this decision, the school will not be held responsible at any time.

Sign \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

## GENERAL CONSENT & DECLARATION

I understand and agree to comply with all the school regulations, policies and other related school documents. I give permission for my son's/daughter's image to be used by Model Montessori School's publications. I will also meet all my financial obligation whiles my child/ward is in the school and understand that my service with the school will be suspended if I fail to make payment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Contacts \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

N.B. An applicant who provide or makes false declaration(s) or withholds relevant information may refused admission and if admitted already could be withdrawn from school.

By providing your Email address and phone number you automatically sign up to receive information from the school.

## HOW DID YOU GET TO KNOW OF MODEL MONTESSORI SCHOOL?

Media  Friends & Family  Walk-in  other

## FOR OFFICE USE ONLY

Date of Submission of forms: \_\_\_\_/\_\_\_\_/\_\_\_\_ Placement Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Entry Grade/Class: \_\_\_\_\_ All requirements and documents are provided and checked, \_\_\_\_\_ Students ID number \_\_\_\_\_

Remarks \_\_\_\_\_

Admission Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Admission Number \_\_\_\_\_

Name of Staff: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_