

**PLEASE ATTACH
 MOST RECENT
 PHOTOGRAPH
 OF CHILD
 APPLICANT.**

APPLICATION FOR ADMISSION

Please complete this form and return it to the School Office with the registration fee

CHILD'S SURNAME:..... **CHILD'S FORENAMES:**

NAME BY WHICH CHILD IS KNOWN:..... **GENDER:** MALE / FEMALE (*delete as appropriate*)

DATE OF BIRTH (d/m/y) : **PLACE OF BIRTH:**..... **NATIONALITY:**

HOME ADDRESS:

TEL: **FAX:** **MOBILE:** **EMAIL:**.....

EMERGENCY CONTACT (name and telephone contact) :

If you are an expatriate please state how long you expect to be living in Nigeria?

Who is responsible for paying for the student's fees? Self Employer

NAME OF FATHER/GUARDIAN:..... **TITLE:**

NATIONALITY:..... **PROFESSION:**.....

EMPLOYER/BUSINESS ADDRESS:

NAME OF MOTHER: **TITLE:**

NATIONALITY:..... **PROFESSION:**.....

EMPLOYER/BUSINESS ADDRESS:

DATE OF PROPOSED ENTRY: September / January 200 ____ (*delete as appropriate*)

INDICATE PROGRAM CHILD IS APPLYING FOR:

Infant/Toddler "The Two's Program" Lower Elementary Program (6 – 9 years)
 Primary Program (3 – 6 years) Upper Elementary Program (9- 12 years):

NAME & ADDRESS OF CHILD'S PRESENT/PREVIOUS SCHOOL: (attach child's last school report where applicable)

CHILD'S DOCTOR

NAME:..... **ADDRESS:**

..... **TELEPHONE:**

1. When did your child have his/her last medical examination?
2. Where there any medical or physical irregularities found in his/her last medical examination? If yes, please specify:.....
3. Does your child wear glasses? Yes No 4. Is your child asthmatic? Yes No
5. Is your child taking any medication? Yes No
6. Does your child have any special educational needs? Yes No
If yes, please specify:.....
7. If there is any other information relevant to the medical and physical well being of your child (e.g. allergies), please specify:.....

NOTICE: The Montessori Schoolhouse does not discriminate against children or their families on the basis of religious beliefs, marital status, race, colour, gender, handicap or national or ethnic origin.

DATE:..... **PARENT'S/ GUARDIAN SIGNATURE:**

1. All fees are payable a term in advance.
2. Please note that completion of this registration does not guarantee admission to the school.
3. On acceptance of an offer of a place a deposit of £200 will be required (to be deducted from the final term's fees)

FOR OFFICIAL USE ONLY

AMOUNT PAID:..... **RECEIPT NO.:**.....

DATE FORM WAS RECEIVED:..... **WAITING LIST NO:**.....

CHECKLIST:

Copy of birth certificate/ passport 1 passport photograph Copy of passport

DATE OF CHILD'S INTERVIEW:

INTERVIEW NOTES:.....
.....
.....

APPROVAL BY HEAD OF SCHOOL

..... (Date: ___/ ___/____)