CHESSINGTON MONTESSORI SCHOOL

ENTRY FORM

Child's Full Name: _____

Male [ ] Female [ ]

First Language Of Child: _____

Date Of Birth: _____

How would you want our letters to be addressed to you? Mrs&Mrs/Mr/Mrs/Dr/Chief/Pastor & other

Father's Guardian's Name: _____

Mother's/Guardian's Name: _____

Father's Profession: _____

Mother's Profession: _____

Home Address: _____

Father's Phone Number(s): _____

Father's Email: _____

Mother's Phone Number(s): _____

Mother's Email: _____

Name of who to call in case of emergency: _____

Relationship: _____ Phone Number(s): _____

Date of this Application: _____

Year/Term desired to start: _____

Department applying for: _____

Previous School/Nursery Attended (if Any): _____

Creche/toddler/pre-school/nursery/primary (please underline as appropriate).

Name of organisation or person responsible for paying school fees: _____

PLEASE STATE MEANS OF INTRODUCTION TO SCHOOL:

N.B: This Form Must Be Signed By Both Parents Or Legal Guardians Of The Child.

Please Bring Along When Submitting This Form:

1. Birth Certificate (photocopy)
2. Immunization Card (photocopy)
3. Three (3) Passport Photographs
4. A Copy Of Last Result (where Applicable)