



KIDDY PETALS

MONTESSORI SCHOOL

REGISTRATION AND ADMISSION FORM

A. GENERAL INFORMATION

Surname: _____ First Name: _____

Other Name(s): _____

Gender: Male Female Nationality: _____

Date of Birth: ____ / ____ / ____ (Please produce photocopy of birth certificate plus two (2) passport pictures of the child).

Place of Birth: _____ Region: _____

Name, Address, Telephone Number and Date of Last School Attended

Previous Class: _____ Seeking admission into: _____

B. PERSONAL DATA

Was your child a late starter as regards speech? Yes No

Was your child a late starter as regards walking? Yes No

Under your observation, is your child left or right handed? Left Right

PLEASE TICK AS APPROPRIATE

How is your child's eye sight? Good Satisfactory Poor

How is your child's hearing? Good Satisfactory Poor

Briefly describe any physical disabilities and peculiar habit, if any, apart from sight and hearing (emotional, food preferences, allergies, etc):

PARENTS'/GUARDIAN'S PARTICULARS

1. Father's Name, Permanent Address and Occupation

Residential Address (House Number and brief description)

Telephone Number:

2. Mother's Name, Permanent Address and Occupation

Residential Address (House Number and brief description)

Telephone Number:

3. Guardian's Name, Permanent Address and Occupation

Residential Address (House Number and brief description)

Telephone Number:

Please tick as appropriate

1. Are parents together? Yes No

2. Are parents separated? Yes No

3. Are parents divorced? Yes No

4. Was the child adopted? Yes No

5. Does the child know the father? Yes No

Who has the custody of the child? _____

Language(s) spoken at home _____

Number of other siblings _____ Older: _____ Younger _____

Has the child undergone any surgical operation?

Yes No

If yes, please state: _____

Other relatives to be contacted in case of any emergency
Name, Permanent Address and Occupation

Residential Address (House Number and brief description)

_____ Telephone: _____

Relationship to the child/ward: _____

Who will accompany your child to/from school?

(Supply name, passport picture and photocopy of ID card)

C. HEALTH RECORDS (Please produce documentary proof)

Child vaccinated against (Underline Yes or No as applicable)

DPT: Yes / No Whooping Cough Yes / No Tetanus: Yes / No

Measles: Yes / No Yellow Fever: Yes / No Tuberculosis: Yes / No

Child has or has ever had (Underline Yes or No as applicable)

Measles: Yes / No Asthma: Yes / No Whooping Cough Yes / No

Name of family Doctor and Hospital:

_____ Telephone _____

D. DECLARATION

I _____ hereby declare that I am the legal parent/ guardian of _____ (Name of Child) and all information provided above are true. I agree to abide by the Rules and Regulations of the School and also help the Management of the School to the best of my ability. By virtue of my child/ ward's admission to the school, I have accepted to be a member of the Parent Teachers Association (P.T.A) of the school and all rules and regulations of the P.T.A are binding on me.

Parent / Guardian's Signature: _____ Date: _____ / _____ / _____