



Please attach
a passport sized
photo of your
child here

ADMISSIONS PROCEDURE

Please see the 'Admissions' section of our website or alternatively contact us using the details below for further information.

CONDITIONS OF ENTRY

Fees are payable in advance by the first day of each month/term by Direct Debit.

Written notice of intention to remove a pupil must be given one term in advance, otherwise a term's fees are due in lieu of notice. Notice must be received on or before the first day of the preceding term. Places are given after interview and assessment.

MONTESSORI PRIMARY: REGISTRATION FORM

PARTICULARS OF CHILD

Full name of child _____

Name he/she answers to _____

Boy/Girl _____

Date of birth/Due date _____

Languages spoken at home _____

Nationality _____

Names and dates of birth of siblings _____

FOR OFFICE USE ONLY

Date of registration ____/____/____ Reg fee received £ _____

DETAILS OF INDIVIDUALS WITH PARENTAL RESPONSIBILITY FOR THE CHILD

Name and title _____

Address _____

Home telephone number _____

Job title (and/or profession) _____

Company name and address _____

Office telephone number _____

Mobile number _____

Email _____

Name and title _____

Address _____

Home telephone number _____

Job title (and/or profession) _____

Company name and address _____

Office telephone number _____

Mobile number _____

Email _____

HISTORY OF CHILD'S EDUCATION

Please give details of your child's nursery or primary education and dates:

ATTENDANCE

Desired month/term of entry _____

Please indicate on which basis your child wishes to attend:

- School day 8:45am – 3:15/30pm *Term time only*
- School day 8:45am – 3:15/30pm *48 weeks per year*
- Full day 8am – 6pm *48 weeks per year*
Incorporating Breakfast Club, After School Club and Holiday Fun Club

ANY OTHER PRIMARY SCHOOLS

Have you registered your child's name at any other schools and if so, which?

Name of proposed school	Date of entry
_____	_____ 1st choice
_____	_____ 2nd choice
_____	_____ 3rd choice

Please ensure the above section is completed

Does your child have an allergy or medical condition that we should be aware of?

Yes No If Yes, please give details in a covering letter.

I/We accept the terms and conditions listed overleaf and agree to adhere to the same. I/We enclose a non-refundable registration fee of £50 and have attached a passport sized photograph of my child.

Signature _____ Signature _____

Both individuals with parental responsibility must sign this form