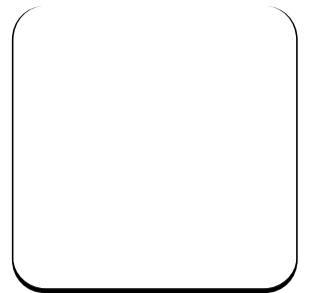


# ELYON MONTESSORI SCHOOL

## APPLICATION FOR ADMISSION

PLEASE COMPLETE EACH SECTION IN BLOCK LETTERS



### SECTION I: CHILD'S PERSONAL DETAILS

Surname:.....Middle Name:.....First Name.....  
( If Any )

Date of Birth:.....

Nationality:..... Gender: Male ( ) Female ( )

Residential Address:.....

Name of Parent/Guardian: Mr/Mrs/Ms/Dr/Prof..... Tel. No. ....

Occupation:.....

Emergency Tel. No..... Name:.....

Who Pays School Fees, etc. Mr/Mrs/Ms/Dr/Prof.....

### SECTION II: ACADEMIC DETAILS

Class in which Admission is sought.

**Please Tick:**

**Creche** ( )

**Nursery** ( )

**KG 1** ( )

**KG 2** ( )

### SECTION III: CHILD'S MEDICAL INFORMATION

Please Tick:

i) Child Has Normal Health Yes ( ) No ( )

ii) Child Has Normal Hearing Yes ( ) No ( )

iii) Child Has Normal Eye-Sight Yes ( ) No ( )

iv) Indicate below if your Child has any Medical Conditions or Allergies

.....  
.....

Please attach to the application form the photocopy of the child's birth certificates and immunization certificate.

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### OFFICE USE ONLY: -

Date of Admission

Admission Number

.....

.....

.....  
(Administrator)