



CHOSEN ROYALS MONTESSORRI

The making of World Leaders | *Creche, Nursery 1 & 2, KG 1 & 2, Primary*

0531134333 / 0532567509 | GPS: GA-585-8391 | Ablekuma Joma, Roman Junction

STUDENT ADMISSION FORM

Form No.: _____ Location: _____

ADMISSION SEEKING IN: _____

A. Our Pre-school includes;

- Baby Land (3 months - 1 year)
- Creche (1 - 2 Years)
- Tulip (Nursery) 2 - 3 Years
- Blazing Star (Kindergarten 1) 4 - 5 Years
- Lotus (Kindergarten 2) 5 - 6 Years

B. Lower Primary Creche
(1 - 2 Years)

- Acacia (Primary 1)
- Oak (Primary 2)
- Maple (Primary 3)

Attach a recent
passport size color
photograph

To be completed by Parent / Guardian. Please use CAPITAL LETTERS to complete the form.



CANDIDATE'S PERSONAL DETAILS:

Student's Name: _____ (First) _____ (Middle) _____ (Last)

Date of Birth: _____ Gender: Male Female (Please tick Appropriate)

Place of Birth: _____ Religion: _____ Nationality: _____

First Language: _____ Other Languages Known: _____



RESIDENTIAL ADDRESS & FAMILY INFORMATION:

Address: _____

City: _____ State: _____ Country: _____ PIN Code: _____

Father
Full Name: _____ (First) _____ (Middle) _____ (Last)

Email: _____ Educational Qualification: _____

Profession: _____ Designation: _____ Phone: _____

Mother
Full Name: _____ (First) _____ (Middle) _____ (Last)

Email: _____ Educational Qualification: _____

Profession: _____ Designation: _____ Phone: _____

Guardian
Full name: _____ (First) _____ (Middle) _____ (Last)

Email: _____ Educational Qualification: _____

Profession: _____ Designation: _____ Phone: _____

Continue on next page >>>



IN CASE OF EMERGENCY CALL ORDER OF PRIORITY WITH 1ST, 2ND, 3RD?

1st Relation: _____ 2nd Relation: _____ 3rd Relation: _____
 Number: _____ Number: _____ Number: _____



SIBLING INFORMATION:

Sibling 1

Full Name: _____ (First) _____ (Middle) _____ (Last)
 Date of Birth: _____ DD / MM / YYYY Gender: Male Female *(Please tick Appropriate)*
 School Name: _____ Class: _____

Sibling 2

Full Name: _____ (First) _____ (Middle) _____ (Last)
 Date of Birth: _____ DD / MM / YYYY Gender: Male Female *(Please tick Appropriate)*
 School Name: _____ Class: _____



DECLARATION:

I/We confirm that all the information provided by me/us is correct. I/We further agree to inform the school promptly, in writing, of any subsequent changes. I/We agree to meet financial responsibilities promptly. I/We understand that any incorrect information given by me/us will render this application invalid and, consequently, the admission granted will be cancelled.

Date: _____ Parent/Guardian: _____

Signature: _____



FOR SCHOOL OFFICE USE ONLY

Checklist

- Birth Certificate School Report Transfer Certificate Passport size Photos
 Medical Form Transportation Form Admission Fees

Name of the Student: _____

Class: _____ Section: _____

Any medical or dietary requirement: _____

Date: _____

Signature: _____

(Admission Officer)

