

Form No.: _

CHOSEN ROYALS MONTESORRI

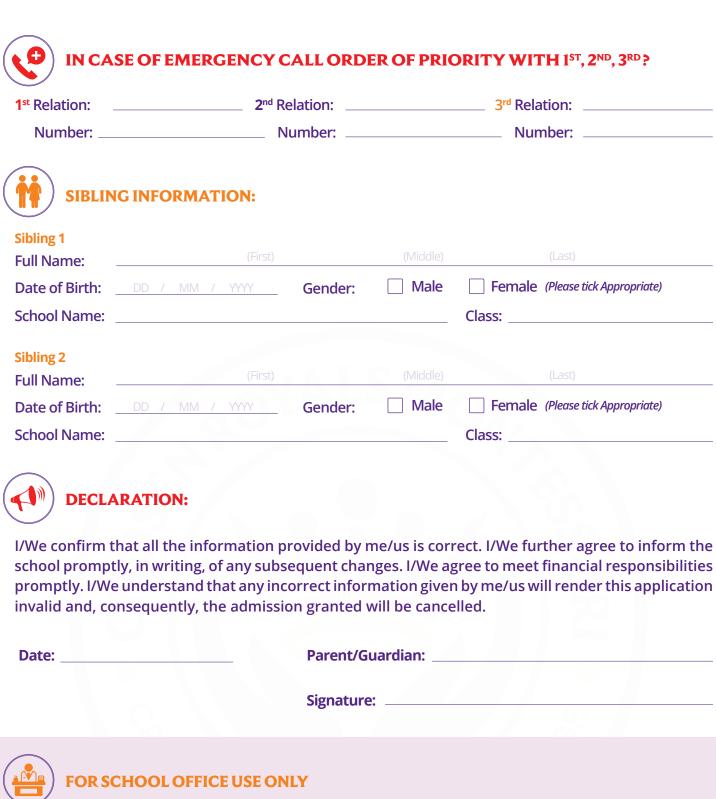
The making of World Leaders | Creche, Nursery 1 & 2, KG 1 & 2, Primary

Location:

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

STUDENT ADMISSION FORM

ADMISSION SEEKING IN:					
A. Our Pre-school includes;	B. Lower Primary Creche				
Baby Land (3 months - 1 year)	(1 - 2 Years)	Attach a recent			
Creche (1 - 2 Years)	Acacia (Primary 1)	passport size color			
Tulip (Nursery) 2 - 3 Years	Oak (Primary 2)	photograph			
Blazing Star (Kindergarten 1) 4 - 5 Yea					
Lotus (Kindergarten 2) 5 - 6 Years					
To be completed by Parent / Gud	ardian. Please use CAPITAL LETTERS to (complete the form.			
CANDIDATE'S PERSONAL DETAILS:					
Student's Name: (First)	(Middle)	(Last)			
Date of Birth:	Gender:	e (Please tick Appropriate)			
Place of Birth:	_ Religion: Nat	ionality:			
	Other Languages Known:				
First Language: RESIDENTIAL ADDRESS & F Address:	FAMILY INFORMATION:				
RESIDENTIAL ADDRESS & F	FAMILY INFORMATION:	Code:			
RESIDENTIAL ADDRESS & F Address:	FAMILY INFORMATION: Country: PIN				
RESIDENTIAL ADDRESS & F Address: City: State: Father	FAMILY INFORMATION: Country: PIN (Middle)	Code: (Last)			
RESIDENTIAL ADDRESS & F Address: City: State: Father Full Name: (First)	Country: PIN (Middle) Educational Qualification:	Code: (Last)			
RESIDENTIAL ADDRESS & F Address: City: State: Father Full Name: (First) Email: Profession: Designation Mother	Country: PIN (Middle) Educational Qualification: Phone:	Code: (Last)			
RESIDENTIAL ADDRESS & F Address: City: State: Father Full Name: (First) Email: Profession: Designation	Country: PIN (Middle) Educational Qualification: Phone:	Code: (Last)			
RESIDENTIAL ADDRESS & F Address: City: State: Father Full Name: (First) Email: Profession: Designation Mother	Country: PIN (Middle) Educational Qualification: Phone: (Middle)	Code: (Last) (Last)			
RESIDENTIAL ADDRESS & F Address: City: State: Father Full Name: (First) Email: Profession: Designation Mother Full Name: (First)	Country: PIN (Middle) Educational Qualification: ion: Phone: (Middle) Educational Qualification:	Code: (Last) (Last)			
RESIDENTIAL ADDRESS & F Address: City: State: Father Father Full Name: (First) Email: Profession: Designation Mother Full Name: (First) Email: Profession: Designation Guardian	Country: PIN (Middle) Educational Qualification: ion: Phone: (Middle) Educational Qualification:	Code: (Last) (Last)			
RESIDENTIAL ADDRESS & F Address: City: State: Father Father Full Name: (First) Email: Profession: Designation Mother Full Name: (First) Email: Profession: Designation Guardian	Country: PIN (Middle) Educational Qualification: ion: Educational Qualification: (Middle) Educational Qualification: (Middle) Educational Qualification: ion: Phone:	Code: (Last) (Last)			





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)