



# CHOSEN ROYALS MONTESSORRI

The making of World Leaders | Primary & Junior High School

0531134333 / 0532567509 | GPS: GC-168-2461 | Ablekuma Joma, Roman Junction

## STUDENT ADMISSION FORM

Form No.: \_\_\_\_\_ Location: \_\_\_\_\_

ADMISSION SEEKING IN: \_\_\_\_\_

### Primary

- ☐ Grade 1 (Acacia)  
☐ Grade 2 (Oak)  
☐ Grade 3 (Maple)  
☐ Grade 4 (Kiwi)  
☐ Grade 5 (Loquat)  
☐ Grade 6 (Persimmon)

### JHS

- ☐ Grade 7 (Emerald)  
☐ Grade 8 (Diamond)  
☐ Grade 9 (Sapphire)

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

Attach a recent  
passport size color  
photograph



### CANDIDATE'S PERSONAL DETAILS:

Student's Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

Date of Birth: \_\_\_\_\_ DD / MM / YYYY Gender: ☐ Male ☐ Female (Please tick Appropriate)

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Hometown / Region: \_\_\_\_\_ Other Languages Known: \_\_\_\_\_

Nationality: \_\_\_\_\_ First Language: \_\_\_\_\_



### RESIDENTIAL ADDRESS & FAMILY INFORMATION:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ PIN Code: \_\_\_\_\_

#### Father

Full Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

Email: \_\_\_\_\_ Educational Qualification: \_\_\_\_\_

Profession: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Mother

Full Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

Email: \_\_\_\_\_ Educational Qualification: \_\_\_\_\_

Profession: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Guardian

Full name: \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

Email: \_\_\_\_\_ Educational Qualification: \_\_\_\_\_

Profession: \_\_\_\_\_ Phone: \_\_\_\_\_

Continue on next page >>>



## IN CASE OF EMERGENCY CALL ORDER OF PRIORITY WITH 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

1<sup>st</sup> Relation: \_\_\_\_\_ 2<sup>nd</sup> Relation: \_\_\_\_\_ 3<sup>rd</sup> 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.

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## FOR SCHOOL OFFICE USE ONLY

### Checklist

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> School Report       | <input type="checkbox"/> Transfer Certificate | <input type="checkbox"/> Passport size Photos |
| <input type="checkbox"/> Medical Form      | <input type="checkbox"/> Transportation Form | <input type="checkbox"/> Admission Fees       |   |

Name of the Student: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_

Any medical or dietary requirement: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Admission Officer)

