



Date Application Received.....

APPLICATION FOR ADMISSION

(Playgroup, Reception, Kindergarten, Pre-Unit)

Please provide 2 colour passport size photos of your child

Child's Name
Surname First Middle

Address..... Home Tel.....

Child's Details:-

Age..... Birth Date..... .. Boy/Girl.....
Day / Month / Year

Weight..... Height..... Language(s) spoken at home.....

Father's Name..... Nationality.....

Home Tel:..... Mobile.....

Email.....

Mother's Name..... Nationality.....

Home Tel:..... Mobile.....

Email.....

Child lives with:.....

Child's previous School(s) (If applicable, give names & period)

Name of school Month Year

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Child's Brothers & Sisters

| Name | Age | School |
|-------|-----|--------|
| | | |
| | | |

Child's Church or Religious Affiliation.....

Why have you chosen Appleton Kindergarten & Montessori School for your child?

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* Does your child suffer from **ANY** form of Disability? **Yes / No**
(Please let us know of any serious medical problem)

Attendance

Full Day / Half Day.....

Proposed date of entry.....

Acceptance and placement is determined by the available spaces and the suitability of our school programme for your child. We provide equal opportunity in education and recreational facilities for all our children without regard to race, colour, religion or nationality.

** Children will be enrolled on a 'first come, first served' basis.

Date of application.....

Signature of Parent / Guardian.....

OFFICIAL USE ONLY

Accepted Term of entry.....

Student No.....

Signature of Director.....

Head Teacher.....

Class Teacher.....