



PILESS MONTESSORI SCHOOL

Student Admission Form

To be completed by Parent / Guardian:

Attach a recent passport size color photograph

Personal Details:

Child's Name: _____ (First) / _____ (Middle) / _____ (Last)

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

Age: _____

Residential Address & Family information:

Father:

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

E-mail: _____ **Nationality:** _____

Profession: _____ **Designation:** _____ **Phone:** _____

Mother:

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

E-mail: _____ **Nationality:** _____

Profession: _____ **Designation:** _____ **Phone:** _____

Guardian:

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

E-mail: _____ **Nationality:** _____

Relation with student:: _____ **Phone:** _____

In case of Emergency Call Order of Priority with 1st,2nd,3rd?

Relation: _____ **2nd Relation:** _____ **3rd Relation:** _____

Number: _____ **Number:** _____ **Number:** _____

Medical Details:

Indicate if your child has any medical condition eg:

Allergies : _____ **Vegetarian:** _____ **Asthma :** _____

Sore Throat: _____ **Convulsions:** _____ **Speech Dificulties :** _____

Hearing Difficulties: _____ **Others :** _____ **s :** _____

Any special care recomendation from your child's Doctors : _____

Incase my/our child becomes ill or a serious accident I/ We give permission for my child to be taken to

Fatima Hospital: _____ **Garlands Hospital :** _____ **Nairobi Women Hospital :** _____

Other Hospital:

Incase my/our child develops sudden fevers I/We wish Him to be given

Panadol : _____

Brufen : _____

Calpol : _____

Others: _____

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 / While all safety precautions will be taken I / We will not hold Piless Montessori School Responsible for any Mishaps

Date: _____

Signature: _____

(Parent / Guardian)

For School office use only

Checklist:

Birth

Passport Copy

Medical Form

School Report

Transportation Form

Transfer

Certificate

Admission

Class:

Name of the Student: _____

Section: _____

Date: _____

Signature: _____

(Admission Officer)

