

SEAT OF ROYALS MONTESSORI SCHOOL

EXCELLENCE IS OUR HALLMARK

LOC: NEW ASHONGMAN, BRIDGE JUNCTION ROAD

-

0302977304 / 0249576221

P. O. Box OS 2157, Osu-Accra

Email: *seatofroyalsmontessori@gmail.com*

ADMISSION FORM

NAME OF APPLICANT

CLASS

DATE OF APPLICATION

Motto: Excellence Our Hallmark

THANK YOU FOR CHOOSING
SEAT OF ROYALS MONTESSORI SCHOOL
FOR YOUR WARD

Please carefully fill this form and return it to the school to complete the admission process.

HOW TO FILL THIS FORM

1. Fill the form in BLOCK/CAPITAL letters

2. If you make a mistake, DON'T erase. Just cross it out with a single line and then write the correct thing in any available space in the same area.

3. Give only correct information.

4. Before you submit the form to the school, make sure that you have read and understood the General School Policy.

5. Fill and sign the Undertaking on page 6 and write the date that you are returning the form.

FIX A RECENT PASSPORT-SIZE PHOTOGRAPH OF CHILD/STUDENT HERE

NAME OF CHILD/STUDENT _____

CURRENT AGE OF CHILD/STUDENT_____

CODE OF CHILD (To be given by the school)_____

A. WARD INFORMATION

1. NAME OF CHILD/STUDENT

SURNAME

OTHER NAMES

DATE OF BIRTH

PLACE OF BIRTH

HOME TOWN

LOCAL LANGUAGE(S) SPOKEN

RELIGION

SPECIAL INTEREST OR TALENT

HOW MANY SIBLINGS DOES CHILD/STUDENT HAVE IN THIS SCHOOL?

2. SEX (Tick the appropriate box)

Male ☐ Female ☐

3. LAST SCHOOL CHILD/STUDENT ATTENDED

4. FOR HOW LONG WAS CHILD/STUDENT IN THAT SCHOOL?

UNDERTAKING TO BE SIGNED BY PARENT OR GUARDIAN

1, ...declare that I am the parent / guardian of the Child named above and that:

a) I shall be responsible for the payment of his/her fees. I also undertake to settle in full, all the necessary obligations for my ward/child in the school for each school term before or within seven days after reopening of each school term,except where I have mutually agreed on a payment plan with school's management.

b) I accept the ruling of the school authorities in all matters of discipline;

c) I shall give at least a term's notice to the school if I wish to withdraw my child from the school or in default, I shall pay a term's tuition fee;

d) Under normal circumstances, I agree that fees once paid, are not refundable;

e) I shall abide by all the rules and regulations of the school.

....

Signature of Parent / Guardian **Date**

FOR OFFICE USE ONLY

DECISION	REASON FOR DECISION
Suitable for Admission	
Not Suitable for Admission	

E-mail Address

2. MOTHER

NAME OF MOTHER

NATIONALITY

RELIGION

OCCUPATION

PHONE NUMBER

LOCATION OF RESIDENCE

E-mail ADDRESS

C. SIGNIFICANT DATA

ABOUT THE CHILD/STUDENT

i. Child/Student lives with (*Tick in appropriate box*)

Both Parents ☐ Mother Only ☐

Father Only ☐ Guardian ☐

Number of Children living in the Home

ii. Number Older than you

iii. Number Younger than You

iv. Ghanaian Language(s) Spoken

MEDICAL RECORD

Original and photocopy of birth certificate. Original to be returned after inspection. Weighing Card for children less than 3 years as evidence of having carried out full course or ongoing inoculation. In the absence of a weighing record, a medical report shall be sufficient.

DECLARATION

I certify that the information provided by me in this application is true to the best of my knowledge and belief. I further understand that my child's/ward's admission may be terminated if any information is found to be false by Seat of Royals Montessori School.

Parent's or Guardian's Signature:.....

Date:.....

5. WHY ARE YOU CONSIDERING MONTESORI FOR YOUR CHILD?

6. HOW DID YOU HEAR ABOUT US?

7. WHAT CLASS IS CHILD/STUDENT SEEKING ADMISSION TO?

8. DOES CHILD HAVE ANY ALLERGIES?

9. DETAILS OF ALLERGY IF ANY

10. IN THE EVENT OF AN EMERGENCY GIVE A NAME AND CONTACT OF PERSON THE SCHOOL SHOULD CALL

B. FAMILY DATA

1. FATHER

NAME OF FATHER

NATIONALITY

OCCUPATION/POSITION
PLEASE ADD EMPLOYER

PHONE NUMBER

WORK PHONE

LOCATION OF RESIDENCE