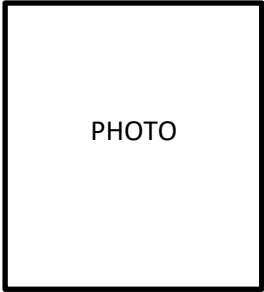




THE MONTESSORI LEARNING CENTRE LTD
 "LIGHTING THE PATH OF KNOWLEDGE"
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REG DATE:	_____
REG PD (R NO)	_____
DEPOSIT PD(R NO)	_____
YEAR GROUP:	_____



PREP SCHOOL - APPLICATION FORM

STUDENT DETAILS:

FULL NAME: (AS ON BIRTH CERTIFICATE)

FIRST NAME	MIDDLE NAME	FAMILY NAME
(PLEASE HIGHLIGHT THE NAME GENERALLY USED)		

DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____

GENDER: _____

PHYSICAL ADDRESS:

NATIONALITY: _____

DOES THE CHILD HAVE ANY SIBLINGS IN THE SCHOOL?

IF YES, PLEASE PROVIDE DETAILS:

NAME: _____	YEAR GROUP: _____
NAME: _____	YEAR GROUP: _____
NAME: _____	YEAR GROUP: _____

DOES THE CHILD LIVE WITH BOTH PARENTS? _____

IF NOT, PLEASE EXPLAIN: _____

PARENT/GUARDIAN DETAILS:

FATHER'S NAME:

TITLE	FIRST NAME	MIDDLE NAME	FAMILY NAME
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IDENTIFICATION/PASSPORT NUMBER:

MOBILE NUMBER/S: (PLEASE INDICATE DIALING CODE)

EMAIL ADDRESS: _____ **NATIONALITY:** _____

EMPLOYER: _____ **OCCUPATION:** _____

BUSINESS ADDRESS: _____

TEL/MOBILE NUMBER/S: _____



MOTHER'S NAME:

TITLE FIRST NAME MIDDLE NAME FAMILY NAME

IDENTIFICATION/PASSPORT NUMBER:

MOBILE NUMBER/S: (PLEASE INDICATE DIALING CODE)

EMAIL ADDRESS: _____ **NATIONALITY:** _____

EMPLOYER: _____ **OCCUPATION:** _____

BUSINESS ADDRESS: _____

TEL/MOBILE NUMBER/S: _____



GUARDIAN'S NAME AND/OR EMERGENCY CONTACT PERSON;

TITLE FIRST NAME MIDDLE NAME FAMILY NAME

IDENTIFICATION/ PASSPORT NUMBER:

MOBILE NUMBER/S: (PLEASE INDICATE DIALING CODE)

EMAIL ADDRESS: _____ **NATIONALITY:** _____

EMPLOYER: _____ **OCCUPATION:** _____

BUSINESS ADDRESS: _____

TEL/MOBILE NUMBER/S: _____



WHO FROM ABOVE LISTED IS PRIMARILY RESPONSIBLE FOR THE CHILD?

WHO FROM ABOVE LISTED IS RESPONSIBLE FOR PAYING THE SCHOOL FEES?

PLEASE INDICATE WHAT METHOD WILL BE USED FOR PAYING THE FEES:

DIRECT COMPANY PAYMENT SELF OTHER

PREVIOUS SCHOOLING HISTORY:

NAME AND ADDRESS OF MOST RECENT SCHOOL: _____

YEARS SPENT AT MOST RECENT SCHOOL: _____

ANY OTHER PREVIOUS SCHOOLS: (INDICATE NUMBER OF YEARS AT EACH SCHOOL)

STUDENT BACKGROUND INFORMATION:

PLEASE NOTE THE BELOW INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL, SHARED ONLY WITH RELEVANT STAFF MEMBERS TO FACILITATE A SMOOTH TRANSITION AND ENSURE APPROPRIATE ASSISTANCE WHERE NECESSARY IS GIVEN TO THE CHILD

DOES THE CHILD HAVE ANY SPECIFIC LEARNING / PHYSICAL DISABILITIES? _____

IF YES, PLEASE DESCRIBE:

HAS THE CHILD EVER RECEIVED ANY LEARNING SUPPORT IN THE PAST?

IF YES, PLEASE PROVIDE DETAILS:

HAS THE CHILD EVER REQUIRED/RECEIVED COUNSELING FOR BEHAVIOURAL/EMOTIONAL CONCERNS?

IF YES, PLEASE EXPLAIN:

DIETARY REQUIREMENTS:

MY/OUR CHILD'S DIET IS REGULAR ____ VEGETARIAN ____

PLEASE LIST ANY RESTRICTIONS/FOOD RELATED ALLERGIES/ SPECIAL DIETARY CONDITIONS THAT WE SHOULD BE AWARE OF.

CHECKLIST:

PLEASE ENSURE YOU HAVE SUBMITTED THE FOLLOWING WITH THIS FORM:

A CLEARANCE CERTIFICATE/LETTER FROM PREVIOUS SCHOOL (IF APPLICABLE)

A COPY OF THE CHILD'S BIRTH CERTIFICATE AND PASSPORT

2 PASSPORT SIZE PHOTOS OF THE CHILD

A COPY OF THE PARENTS/GUARDIANS IDENTIFICATION/PASSPORT

COMPLETED MEDICAL FORM

NON-REFUNDABLE REGISTRATION FEE

DECLARATION:

I HAVE COMPLETED ALL THE SECTIONS OF THIS FORM. I ACCEPT THAT ONE FULL TERM'S NOTICE IS REQUIRED TO WITHDRAW A CHILD FROM THE SCHOOL AND THAT IN THE EVENT OF THIS NOT BEING GIVEN ONE TERM'S FEE MUST BE PAID IN LIEU.

I AM AWARE THAT **FULLY FLEDGED** SECURITY MEASURES AT THE PREMISES WILL PREVAIL ONLY DURING SCHOOL HOURS.

I UNDERSTAND THAT MY CHILD'S PICTURE MAY APPEAR ON THE SCHOOL'S WEBSITE AND/OR MARKETING CONTENT AND HAVE NO OBJECTION TO THIS.

I HAVE READ AND UNDERSTOOD AND AGREE TO ADHERE TO THE SCHOOL POLICIES.

SIGNED _____

DATE _____