

Enrolment Form



International Montessori Center

Child's Personal Details

Name: _____ Nick Name: _____
Middle Name: _____ Gender: Male Female
Surname: _____ Date of Birth: _____
Age: _____ Place of Birth: _____
Nationality: _____ Religion: _____
Name, Ages and Gender of any brothers and sisters: _____
Child's Language Ability Thai English Other _____

Photograph

General Information

Eating Habits / Special Diet:

Sleeping Habits

Physical Activity (Restrictions)

Allergies

Behavior Information

Has your child been referred to
an Educational Psychologist /
special help? Yes No
Diagnosis _____

Mother's Details

Name: _____ Surname: _____
Nationality: _____ Occupation: _____
Company: _____ Office No.: _____
Mobile/Home: _____
Line: _____ E-mail: _____

Father's Details

Name: _____ Surname: _____
Nationality: _____ Occupation: _____
Company: _____ Office No.: _____
Mobile/Home: _____
Line: _____ E-mail: _____

Entrance

Entrance Date _____
School Term/Year _____
Parent's Signature _____ Date _____

Received by _____ Date _____

Contact Address

Father Mother Address: _____
Street _____ Kwang _____ Khet _____
Province _____ Postcode

Contact person in case of Emergency

Name: _____ Relation: _____
Mobile: _____ Line: _____

Documents

Birth Certificate Vaccination Record Parent's ID House Registration