

## INTERNATIONAL MONTESSORI CENTER **Enrolment Form**

	Child's Person	al Details	
Name	Date of Birth		Photograph
Middle Name	Place of birth		
Surname	Nationali	ty	~
Nick Name	Religion		
Name,	, Ages and Gender of	any brothers and sist	ers
	Child's Langua	ige Ability	
The child's 1st Language		The child's 2 <sup>nd</sup> Langu	lage
	Details of Previ	ous School	
	General Info	rmation	
Eating Habits / Special Di	iet		
Sleeping Habits			
Physical Activity (restriction	ns)		
Allergies			· · · · · · · · · · · · · · · · · · ·
Behaviour Information			
Has your child ever been Educational Psychologist or special help because of lea	received any		

Pare	nt's / Guardian's Deta	iils
Father		
The Control of the Co		
Name	Occupation	
Surname	Company	
	Office Phone	
Nationality	Number	
, vavionavity	Home Tel. &	
	Mobile	
Home		
Address	Fax. No	,
	E-mail	
Mother	address	
Mother		
Name	Occupation	
Surname	Company	
	Office Phone	
Nationality	Number	
	Home Tel. &	
	Mobile	
Home		
Address	Fax. No	
	E-mail address	
Name & Address of the perso		acted in case of Emorganicy
Name & Relation		acted in case of Emergency
Name & Relation	Phone Number	
	Entrance	
Proposed Date of Entrance	For School Term / Year of	- Pasisulment Parition Incord
C: C T	Term:	
Signature of Parent or Guardian	Name in Print & Date	
Received by		e sustant emplease in Al-
Date:	55 of 955	the condition there is no con-