



Application Form

Child's Name

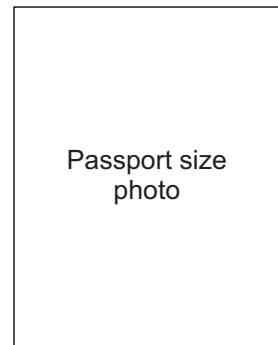
Parent or Guardian

Home Address:

.....

.....

.....



Home Phone:

Date of Birth

Date	Month	Year
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 Gender: Today's date:

Father's Name Father's Phone

Father's Occupation Work Phone

Office Address

.....

Email

Mother's Name Mother's Phone

Mother's Occupation Work Phone

Office Address

.....

Email:

Previous School(s) Attended.....

Reason for leaving

How did you hear about Petals Montessori?.....

Reason for choosing Montessori for your child

Names of Siblings	Date of Birth	School Presently Attending

General Health Information

Allergies	Chronic conditions	Regular medications

Foods, medications, and other substances which you wish your child to avoid:.....

Developmental Milestones

Alphabets with name or phonic.....

Numbers

Colours.....

Shapes.....

Other information we should know about your child (talents, difficulties, likes, dislikes, temperament, etc.)

WE HEREBY APPLY FOR A CHILD TO BE ADMITTED TO PETALS MONTESSORI SCHOOL AND WE ACCEPT THE FOLLOWING CONDITIONS:

1. Fees are payable on or before the first day of term.
2. A term's notice is required before a child is removed from the school, or a term's fees should be paid.
3. Submit this form along with Parent identification, Birth Certificate of child, Immunization record, 4 passport size photo, 2 stamp size photo, Fees for a term.
4. Cheque payable to 'Petals Montessori School Pvt. Ltd.'

Signature..... Date.....



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