



**Montessori Life
Primary**

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 P.O Box D177, The Gables, H126, Swaziland

APPLICATION FOR ADMISSION

YEAR OF ENTRY:	GRADE OF ENTRY:	PRESENT GRADE:		
PLEASE ATTACH THE FOLLOWING DOCUMENTATION TO YOUR APPLICATION FORM				
Most recent school report (i.e., Term 1 / Term 2 / Term 3)	Attach 1 passport size photo here please [the other to be submitted with application]	For office use only		
Birth Certificate (1 Copy)		Accepted (indicate)		
Transfer Certificate from previous school		Yes	No	Review
Original colour photograph – passport size (2 Prints)		Lower Primary	Upper Primary	
Parents / Guardians ID copies for both parents / guardians		Student No:		
Proof of payment – E200.00 Administration Fee [note no cash] must accompany this application form [banking details are at the bottom of fee structure. Please use your child's name as a reference]		All documentation returned:		
	Yes	No		

SECTION A

Surname:.....First Names:.....

Date of birth of Child			Childs ID Number																	
day	month	year																		

Home language:.....Nationality:.....

Learners Residential address:.....

Reason if address is different to legal guardian:.....

Name of present or previous school:.....

School telephone:.....School email address:.....

Has the learner ever repeated a grade:.....If yes, which grade?.....

Reason for repeating grade:.....

Have any family members attended Montessori Life Primary or currently attend Montessori Life Primary?

Family members name & surname:.....Present grade:.....

Family members date of birth		
day	month	year

Any other link / connection with Montessori Life Primary:.....

Has your child had previous Montessori Education? [tick appropriate]	Yes	No	
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If yes, where:.....from (date).....until(date).....

Details of siblings living at home.....

MEDICAL INFORMATION

Contact person:.....

Medical Aid Name	
Medical Aid Number	
Medical Aid Principal Member	
Health problems / allergies	

Is your child on any medication or does your child have any medical conditions? Please specify.

Does your child have any special dietary requirements? / Please specify:.....

Does your child have any emotional / social needs?

Has your child received any professional therapy or support? If Yes, please specify.

SECTION B – PARENTS PARTICULARS

<i>(Please print clearly) Father's Details:</i>	<i>(Please print clearly) Mother's Details:</i>																																								
Marital Status (Please tick appropriate) <table border="1"> <tr> <td>Married</td> <td><input type="checkbox"/></td> <td>Divorced</td> <td><input type="checkbox"/></td> <td>Single</td> <td><input type="checkbox"/></td> <td>Widowed</td> <td><input type="checkbox"/></td> </tr> </table>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Marital Status (Please tick appropriate) <table border="1"> <tr> <td>Married</td> <td><input type="checkbox"/></td> <td>Divorced</td> <td><input type="checkbox"/></td> <td>Single</td> <td><input type="checkbox"/></td> <td>Widowed</td> <td><input type="checkbox"/></td> </tr> </table>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>																								
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<i>Contact Details:</i>	<i>Contact Details:</i>																																								
Postal address: _____ _____	Postal address: _____ _____																																								
Physical address: _____ _____	Physical address: _____ _____																																								
Home telephone Number:	Home telephone Number:																																								
Cell Number:	Cell Number:																																								
Occupation:	Occupation:																																								
.../table continued on Page 3																																									

Email address Mother:

Table with 30 empty cells for email address input.

Email address Father:

Table with 30 empty cells for email address input.

Please tick the fee structure below which applies to you:

Table with two columns and two rows for fee structures: School Fee Structure 1 and School Fee Structure 2.

Two input fields for Name of employer / business.

Two input fields for Work telephone number.

Two input fields for Business address.

Emergency contact information for mother and father, including full name and cell numbers.

If parents are separate / divorced, please indicate who the custodial parent is:

Buttons for Mother and Father.

Who does the learner live with:

Buttons for Mother, Father, and Other.

Name / address of guardian, if applicable:

(TO BE COMPLETED AND RETURNED BY A PARENT / GUARDIAN THAT THE CHILD LIVES WITH)

We would love to know more about your child. This information gives us a better understanding of your child's personality, needs, likes and dislikes and aids us in placing your child.

Name of child:.....Current grade:.....
Name of current school:.....

ACADEMIC ATTITUDE

Table with 4 columns: A, B, C, D and their descriptions: Very enthusiastic about school work, Enjoys school work, Does not mind school work, Does not like school work.

Comments:.....

CO-CURRICULAR (Sports, Societies)

Table with 4 columns: A, B, C, D and their descriptions: Excellent, well involved, Very keen and / or above average involvement, Average involvement, Not enthusiastic.

Comments:.....

CHARACTER AND PERSONALITY

A	Strong personality, bright, cheerful, cooperative	B	Builds personal relationships
C	More reserved	D	Finds social interaction challenging
Comments:.....			

My child's hobbies are:.....
My child does not enjoy the following:.....

Additional Language

Each student here at Montessori has a choice between taking French or Advanced SiSwati as a second language. All students do conversational / cultural SiSwati as per the Government requirements. Please fill in and tick below as to which language he/she will be doing as a second language.

ADVANCED SISWATI **FRENCH**

Thank you for your application! Our enrolment officer will be in contact with you shortly to give you an interview date for your child. Should you need any more information, please do not hesitate to contact the school office. It is our hope that our students will be responsible, caring members of society. That they will recognize they have the power and resources to effect change, as well as the self-esteem and confidence to pursue their goals

