

KAMPALA MONTESSORI SCHOOL

P.O. BOX 12111 Kampala, Uganda

Email: Kmontessorischool2012@gmail.com
Phone: +256 -753-979084 / +256 -785 -979084
Website: www.kampalamontessorischool.com

“Education for life”

ADMISSION FORM for 6 -9 years Old; 20..... SCHOOL YEAR. DATE/..... /20.....

--- Full day arrival 7:30am --- 4pm

---Half day arrival 7:30am--- 12:30pm

Child’s Name (First).....(Middle)..... (Last).....

Date of Birth/...../20.... Sex.....place of Birth.....City..... Country.....

Current AddressPhone #.....

Father’s Name.....Occupation.....City.....Country.....

Firm.....Address.....

Working HoursBusiness Phone #.....

Mother’s Name.....Occupation.....City.....Country.....

Firm.....Address.....

Working HoursBusiness Phone.....

Marital Status.....Guardians.....

PhysicianPhone #.....

Address.....

List of others we may contact in case we cannot contact you

(1)Name.....Phone #.....

Address.....

(2) Name.....Phone #.....

Address.....

Persons Authorized to pick up your child.

(1) Name.....Phone #.....

Address.....

(2) NamePhone #.....

Address.....

Names and ages of siblings.....

If there is an unusual custody situation, explain briefly.....

Does your child have a special physician or emotional problems?.....

Is your child receiving treatment or medication regularly? Explain.....

.....

How did you learn about our school?.....

Has your child attended any other preschool?.....which.....

Have you observed a Montessori class in session?.....When?.....

Have you attended a Montessori Parent Orientation course?.....When?.....

Why are you choosing a Montessori School?.....

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PREPRIMARY PROFILE SHEET

Date...../...../20.....

Child’s Name..... Age..... Date of Birth..../...../20.....

Mother’s Name.....Phone #.....

Father’s Name.....Phone #.....

DEVELOPMENTAL HISTORY

Accidents.....

Illness.....

Allergies (food, sinus, hay fever, medication).....

Is your child taking any medication? () yes () No

Speech problems? () Yes () No

Hearing problem? () yes () No

Child’s Health? () good () fair () poor

Any physical problems?.....

Chronic problems?.....

Dietary History (sensitive to certain food?).....

SCHOOL HISTORY

Other early childhood program? e.g. Sunday school, Parent Infant () yes () No

Where?.....

How long?.....

What do you think of his or her progress in school?.....

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