

# OLWAL MONTESSORI SCHOOL

P.O. BOX 58 Gulu, Uganda

Email: [Kmontessorischool2012@gmail.com](mailto:Kmontessorischool2012@gmail.com)

Phone: 256 -750-979084 / 256 -776-979084

Website: [www.kampalamontessorischool.com](http://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 Address** .....Phone

#.....

### **Father's**

**Name**.....Occupation.....City.....Country.....

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

Working Hours .....Business Phone

#.....

### **Mother's**

**Name**.....Occupation.....City.....Country.....

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

Working Hours .....Business

Phone.....

### **Marital**

**Status**.....Guardians.....

Physician .....Phone

#.....

**Address**.....

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

(1)Name.....Phone

#.....

Address.....

(2) Name.....Phone

#.....

Parent(s): Sign. (Male)..... (Female).....

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

Guardian(s): Sign.(Male).....(Female).....

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

Address.....  
.....

**Persons Authorized to pick up your child.**

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

(2) Name .....Phone  
#.....  
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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### “Education for life”

Parent(s): Sign. (Male)..... (Female).....

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

Guardian(s): Sign.(Male).....(Female).....

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

**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?**.....  
.....

Parent(s): Sign. (Male)..... (Female).....  
Date ...../...../20.....  
Guardian(s): Sign.(Male).....(Female).....  
Date ...../...../20.....