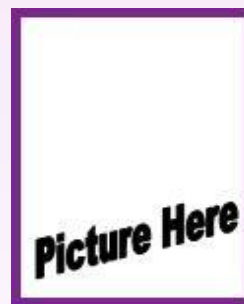
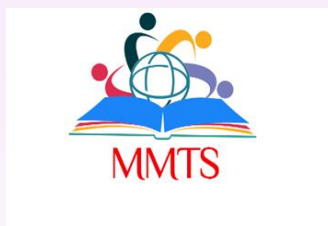


Mitras Montessori Tutoring School

Address: 847 Cannondale Court
San Marcos, CA
92078
Phone: 858 314-0269
mitrasmontessori@gmail.com
www.mitrasmontessori.com



Application for Admission

Please complete each section in **BLOCK LETTERS** using Black Ink

Section 1: CHILD'S PERSONAL DETAILS

Family Name		Child's Name			
Date of Birth		Place of Birth			
Nationality		Male		Female	
Address					
Parent's Telephone Numbers	Residence		Mobile		
			Office:		

Name/classes of any brother(s)/sister(s) already attending the school _____

Special Instructions/Notes:

Language(s) commonly spoken at home: (1): _____ (2): _____

Section 2: ACADEMIC DETAILS

Program in which admission is sought: _____

Please choose from the following programs: Before-care (7:30am-8:30am), Primary (8:30am-3pm)
Aftercare (3pm-5pm), Extracurricular Activities (3pm-5pm)

Name(s) of school(s) attended in the past and dates of attendance:

Name of School (Any City/Country)	Class	From	To

Section 3: PERSONALITY AND HEALTH

Please provide details of any special aspects of your child's personality:

Please provide information if your child has any health problem requiring special attention including any allergies:

Section 4: PARENT / GUARDIAN DATA

Father's Name			
Profession		Designation	
Organization			
Office Address			
Office Telephone		Fax No:	
Email:			

Mother's Name			
---------------	--	--	--

Mother's Occupation

House Wife

Professional

Profession			
Organization			
Office Address			
Office Telephone		Fax No:	
Email:			

Section 5: Additional Persons to call in an Emergency

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

Section 6: Physician or Dentist to be called in an Emergency

PHYSICIAN/DENTIST	ADDRESS	TELEPHONE	MEDICAL PLAN & NUMBER

If Physician cannot be reached, what action should be taken:

Call Emergency/Hospital Other Explain: _____

Section 7: Names of Persons Authorized to take child from Facility

NAME	TELEPHONE	RELATIONSHIP

Section 8: DECLARATION

I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, inter-school/city transfers and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these.

Signature of Parent/ Guardian

Date

Signatory's Name: _____

Signatory's Relation with the Child: _____

Section 9: ADMISSION PROEDURE

1. *The completed admission form along with the copies of birth and health certificates, 3 passport size photographs and the registration fee (non-refundable) must be submitted to the school office.*
2. *After the admission from has been processed, a date is given for applicant's assessment.*
3. *Parents are informed of the outcome within one week of the written test date. If a place is offered, the child's admission / enrolment must be confirmed and all dues paid within 3 days of date of offer.*
4. *If, within three days, enrolment is not confirmed, the child's place is offered to another candidate.*

FOR OFFICE USE ONLY

Form Check By

Registration Fee Paid On:

Birth Certificate Provided Yes:

Cash

Photograph Provided Yes:

Or Cheque No:

School Leaving Certificate Yes:

Admission Fee:

Written Test Pass: Fail:

Tuition Fee:

Date:

Security Deposit

Child Interviewed By:

Total Cash

Parent Interviewed By:

Acceptance / Rejection A R

Signature Office Manager

Reason For rejection:

Signature of Head of School