

ENROLMENT FORM

Child's Personal Details

Surname/Family name:

Other names:

Preferred name:

Gender:

Male

Female

Date of birth (dd/mm/yy):

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Home Address:

Cultural Background

Nationality:

Ethnicity:

Languages spoken at home:

Main language:

Other language/s:

Place of Worship:

Does the school need to be aware of any cultural or religious requirement? Yes

No

Details

Child's Position in Family: 1

2

3

4

5 (please circle)

Parental Status

Select one option that best describes the child's family type

Married

Separated/Divorced

Single

Guardian

Others Please specify:

Educational Record

Name of last School attended.....

Class passed at previous School.....

Reasons for transfer.....

Any other comments.....

Details of Guardians

Father's Name	<input type="text"/>	Mother's Name	<input type="text"/>
Birthday	<input type="text"/>	Birthday	<input type="text"/>
Email Address	<input type="text"/>	Email Address	<input type="text"/>
Home Address	<input type="text"/>	Home Address	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Employer's Name	<input type="text"/>	Employer's Name	<input type="text"/>
Office Address	<input type="text"/>	Office Address	<input type="text"/>
Office Telephone	<input type="text"/>	Telephone	<input type="text"/>
BB Pin/Facebook ID	<input type="text"/>	BB Pin/Facebook ID	<input type="text"/>

Primary Contact

Name

Birthday Email Address.....

Address.....

Occupation..... Telephone.....

Employer's Name.....

Employer's Address.....

Employer's Telephone.....

Other Emergency Contacts

Name.....

Telephone Email Address

Address

Relationship to child.....

Employer's Name

Employer's Address.....

Pick – Up Person

Please provide details of 2 other people that are authorized to pick up your child

Person 1 Relationship to child

Telephone

Person 1 Relationship to child

Telephone

Please provide a password for use by anyone picking up your child.....

Please provide a passport photograph of person(s) collecting your child.

Details of Other Siblings at School

NAME	DATE OF BIRTH	SCHOOL	CLASS

CONSENTS

EMERGENCY CONSENT

In case of an emergency, where I cannot reach the school on time, I give authorization to the school to take my child to the hospital. I give consent to necessary treatments to be given in order to save my child's life.

Mother's Name Father's Name

Date Date

Signature Signature

CONSENT TO USE SCHOOL PRODUCTS

I hereby give my consent to the staff at Aquila Nidus to use all normal baby / child care products available in the school incase my child's product run out including:Washing products, cotton wool, body cream, powder, nappy, nursery clothes etc.

Sign / Date:

EXCURSION CONSENT

I hereby give consent for Aquila Nidus Montessori School to take my child on excursions using the school bus or on a nature walk around the community and under the guidance of the school teachers.

Sign / Date:

MEDIA CONSENT

I hereby give consent for Aquila Nidus Montessori School to take my child's..... pictures and videos. These media are used as evidence of the child's work, year and photo-books and for the school publications (brochures, flyers, and website).

Sign / Date:

I hereby certify that all the information provided by me is true and correct.

Name Signature..... Date.....

Any other information that could further assist in caring for your

child:.....
.....

CHECKLISTS

PLEASE SUBMIT THIS FORM WITH THE FOLLOWING:

- IMMUNIZATION RECORDS
- BIRTH CERTIFICATE
- TWO (2) PASSPORT PHOTOGRAPHS (CHILD, MUM, DAD AND NANNY)
- REPORT FROM PREVIOUS SCHOOL
- DISCHARGE NOTES AT BIRTH