



ENROLMENT FORM

Child's Personal Details

Surname/Family name:

Other names:

Preferred name:

Gender: Male Female

Date of birth (dd/mm/yy):

Home Address:

Cultural Background

Nationality:

Ethnicity:

Languages spoken at home:

Main language:

Other language(s):

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)*

Details of Other Siblings

NAME	DATE OF BIRTH	SCHOOL	CLASS

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 at previous school:

Reasons for transfer:

.....

Any other comments:

.....

.....

Details of Parents

Father's Name Mother's Name

Email Address Email Address

Home Address Home Address

Occupation Occupation

Telephone Telephone

WhatsApp number WhatsApp number

Employment details

Self-employed Other employment

Employer's Name Employer's Name

Office Address Office Address

Office Telephone Office Telephone

Emergency Contacts

Name

Email Address.....

Address.....

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

Employer’s Name.....

Employer’s Address.....

Employer’s Telephone.....

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 passport photograph of person(s) collecting your child.

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 R-Jolad hospital. I give consent to necessary treatments to be given in order to save my child’s life and I will pay the bill.

Parent (Name and Signature):

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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.

Parent (Name and Signature):

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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.

Parent (Name and Signature) / Date:

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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).

Parent (Name and Signature) / Date:

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Any other information that could further assist in caring for your child:

.....

.....

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

Mother’s Name

Father’s Name

Date

Date

Signature

Signature

CHECKLISTS

PLEASE SUBMIT THIS FORM WITH THE FOLLOWING:

- Immunization records
- Birth certificate
- Two (2) passport photographs of child
- Two (2) passport photographs of child’s mother
- Two (2) passport photographs of child’s father
- Two (2) passport photographs of nanny
- Report from previous school
- Last school health check report / Discharge notes at birth for babies