

APPLICATION FOR A PLACE
ON THE SCHOOL WAITING LIST

Please give us some information about your child

CHILD'S SURNAME

CHILD'S FIRST NAME

PREFERRED NAME
(if different from first name)

DATE OF BIRTH

ADDRESS

POSTCODE

NATIONALITY

ETHNIC ORIGIN

GENDER

LANGUAGE(S) SPOKEN AT HOME

And some information about you

FIRST PARENT/CARER SURNAME

FIRST NAME

RELATIONSHIP

ADDRESS
(if different from child's)

POSTCODE

HOME PHONE

WORK PHONE

MOBILE PHONE

EMAIL

OCCUPATION

COMPANY NAME

SECOND PARENT/CARER SURNAME

FIRST NAME

RELATIONSHIP

ADDRESS
(if different from child's)

POSTCODE

HOME PHONE

WORK PHONE

MOBILE PHONE

EMAIL

OCCUPATION

COMPANY NAME

Please turn over



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cont.

Does your child have any ongoing health issues (e.g. asthma, allergies, treatments or prescriptions) or disabilities? If yes, please give details:

Name and age of other children in your family:

How did you hear about us?

Why do you want your child to spend time with us in The Montessori Place?

What is education for?

The Montessori Place Children's House is designed for children up to 11 years of age.

Until what age do you currently anticipate your child staying? YEARS MONTHS

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- I understand that acceptance onto the waiting list does not guarantee my child a place.
 - I confirm that the information above is correct and complete.
 - I enclose a £50 non-refundable administration fee.

Signature of parent/carer(s)

Date

Please return to us at: 45 Cromwell Road, Hove BN3 3ER. t: 01273 773 764 info@themontessoriplace.org.uk www.themontessoriplace.org.uk

