



## Elementary Montessori Application Form

Child's Name

Address  Sex  M  F

Home Phone  Date of Birth  Desired date of enrolment

Mother's Name

Employer's Name

Employer's Address

Work Phone  Mobile Phone  Work Hours

E-mail Address

Father's Name

Employer's Address

Work Phone  Mobile Phone  Work Hours

E-mail Address

Marital Status  Legal Guardian of Child

### Child's emergency contact, other than parents

Name  Telephone  Relationship

### Persons (other than parents) authorised to pick up your child

Name  Relationship

Name  Relationship

Name  Relationship

Child's Doctor

Address

Telephone  Mobile Phone  Work Hours

E-mail Address

..... ► Kindly turn over

**The Learning Place** [Montessori School]

Plot 8 Block 43, Rasheed Alaba Williams Street, Lekki Phase 1, Lagos. **T.** +234-1-2706224, +234-803-385-6735, +234-1-3425758  
**E.** admin@thelearningplaceng.com **W.** <http://www.thelearningplaceng.com> **F.** <http://www.facebook.com/thelearningplaceng>

Child's Strengths

Child's Weaknesses

Child's Interests

Big events in your child's life

Any known allergies

Any known health conditions or special needs condition. *(Please provide further details and attach a diagnosis' report where required)*

Child's Doctor

Telephone

Email

Describe any social, emotional or physical needs your child may have

Name and Ages of Siblings

Child's previous school

Reason for leaving

What goals do you have for your child that you hope will be attained at **The Learning Place**?

How did you learn about **The Learning Place**?

Why did you choose **The Learning Place** for your child?

Please note that a non-refundable application fee is payable upon submission of this form.

Upon acceptance of your child, a non-refundable enrolment fee, also stated in the fee structure becomes due.

**Signature of Parent or Guardian**

**Date**

**OFFICE USE ONLY**

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