



Oyibi Pillar 2, Accra Ghana ☎ 020 508 1774 / 050 716 3799 ✉ janmontessorischool@outlook.com

ADMISSION FORMS

To be completed by Parent/Guardian.

Attach a recent passport-size colour photograph.

Student's Personal Details:

Admitted to: _____

Student's Name: _____ (First) / _____ (Middle) / _____ (Last)

Date of Birth: DD / MM / YYYY Gender: Male Female

Place of Birth: _____ Nationality: _____

First Language: _____ Other Languages Known: _____

Residential Address & Family information:

Address: _____

Father:

Full Name: _____ (First) / _____ (Middle) / _____ (Last)

E-mail: _____

Marital Status: _____ Occupation: _____ Phone(s) _____ /

Mother:

Full Name: _____ (First) / _____ (Middle) / _____ (Last)

E-mail: _____

Marital Status: _____ Occupation: _____ Phone(s) _____ /

Guardian: (If Applicable)

Full Name: _____ (First) / _____ (Middle) / _____ (Last) E-mail: _____

Relation with student: _____ Phone(s) _____ /



Dedicated to Excellence





General Rules & Regulations

Your kind consideration and cooperation will be appreciated for your assistance as parents/guardians to ensure that the following rules & regulations are observed.

School Timing

- Regular attendance and punctuality are desired.
- Children should not arrive at school before school time as there will be no one to supervise them at that time.
- Please be punctual for arrival & departure timings of school.

Allergies and Intolerances

- Please write below any food allergy or intolerance your child might have.

.....
.....
I/We confirm that all the information provided by me/us is correct. I / We further agree to inform the school promptly, in writing, of any subsequent changes.

Medical Information

- Please write below any medical conditions that your child may have.

.....
.....
I/We confirm that all the information provided by me/us is correct. I / We further agree to inform the school promptly, in writing, of any subsequent changes.

Others

- Do not send valuables with your child to school. For safety, jewellery should not be worn either.
- Please notify the school office for any change of address or telephone number.
- In case of illness - Please report about any complications or illness to the teacher or coordinator as soon as possible especially for communicable diseases.
- In case of withdrawal you need to give 4 weeks notice, during the term.



Particulars to be submitted along with the admission form:

- A certified photocopy of the Birth Certificate of the child
- Two recent passport size photographs
- Resident Proof of Parent
- Medical Form (if your child has any medical conditions)
- Transportation Form (if required and as per school format)
- Original progress card of the previous school in case he/she has attended other school





In case of Emergency Call Order of Priority with 1st, 2nd, 3rd?



1st Relation: _____ 2nd Relation: _____ 3rd Relation: _____
 Number: _____ Number: _____ Number: _____



Reference Details:

Reference Through: _____
 Address with Tel No.: _____



Tuition Fee Payment Frequency:

Please choose when you want to pay.

Monthly Quarterly Annually (10% discount)



Declaration:

I/We confirm that all the information provided by me/us is correct. I / We further agree to inform the school promptly, in writing, of any subsequent changes. I / We agree to meet financial responsibilities promptly.

Date: _____

Signature: _____
 (Parent / Guardian)



For School office use only

Checklist:

Birth Certificate Passport Copy School Report Transfer Certificate
 Passport size Photos Medical Form Transportation Form Admission Fees

Name of the Student: _____

Class: _____ Section: _____

Date: _____

Signature: _____
 (Admission Officer)

INDEMNITY FORM

I, the undersigned, herewith apply for admission of my child,
_____ to **JAN**
MONTESSORI SCHOOL / AFTER SCHOOL / TODDLER & BABY CARE and should
my application be successful, I pledge to undertake the following:

1. I, as the Parent/Guardian of the above-named child, on behalf of my assigns, heirs hereby indemnify the owners and employees of **JAN MONTESSORI SCHOOL** from any liability or damage whatsoever and any legal expenses that may arise from any claim as a result of the death of the above child arising from sickness or of injury which the said child might have contracted or sustained during their sojourn in the learning environment, except where such injury, illness or damage is as a result of the unlawful and intentional negligence of the school or an employee of the said school.

2. I undertake to have the above child immunized against all infectious diseases and children's diseases at admission and to give proof of immunization to the person in charge of the center.

3. I,

(parent/guardian) do hereby state that I will not hold the owners or employees of **JAN MONTESSORI SCHOOL** responsible for any accident that may occur while my child is in transit, except where such injury, illness, or damage is a result of the unlawful and intentional negligence of the school or an employee of the said school.

4. I, the undersigned, further undertake to abide by the rules laid down by **JAN MONTESSORI SCHOOL** or which may be issued from time to time.

In addition to the above understanding, I grant the principal and/or Staff my full consent to obtain whatever medical treatment might be necessary during an emergency where I shall not be immediately or timeously able to grant consent in person.

Signed on _____ day of _____ 20_____ .

Parent/Guardian Signature: _____

ID No: _____

Witnesses Signature: _____ .

PLEASE NOTE:

**EVEN THOUGH THE SCHOOL
SHALL TAKE EVERY POSSIBLE PRECAUTION TO SAFEGUARD YOUR CHILD, WE DO
NOT HOLD OURSELVES RESPONSIBLE FOR ANY ACCIDENT WHICH MAY OCCUR**



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