



Kangaroo Kids School

Admission form

Please ensure all sections are fully completed

1. Child Information

Name of child:

Date of Birth:

Child's age at time of admission:

Sex: Male Female

Religion:

Nationality:

Siblings: Please specify their names and ages:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Residential Phone:

Residential Address:

Photo

2. Parents Information (Father / Guardian)

Father's Name:

Father's NIC #:

Father's education:

Father's occupation:

Father's mobile No:

Father's work address:

Office Ph:

Father's email address:

3. Parents Information (Mother)

Mother's Name:

Mother's NIC #:

Mother's education:

Mother's occupation:

Mother's mobile No:

Mother's work address:

Office Ph:

Mother's email address:

Note: Should any of the details change, parents/guardians are obliged to inform the office immediately.

4. General Information

Does your child drink with: Bottle Glass Both

Is your child toilet trained: Yes No In process

Is your child afraid of anything? Please Specify:

Does your child have social interactive skills? Yes No

Does your child adapt to new environment easily? Yes No

Does your child enjoy sharing with friends? Yes No

Does your child listen to instructions? Yes No Sometime

Which languages do you speak at home?

Can your child understand English? Yes No

Does your child speak English? Yes No

Does your child have a proper sleeping routine? Yes No

Do you live in a joint or single family unit system? Joint Single

Does your child have a Small Appetite Medium Appetite Large Appetite

Can your child feed himself/herself? Yes No

What food items does your child particularly like to eat?

Is your child allergic to any food items? Please specify:

5. Medical Information

Has your child been vaccinated up-to-date? Yes No

Does your child have any illness we should be aware about? Yes No

If yes, Please specify:

Is your child allergic to anything? Please mention:

Would you like us to give polio drops in school by "The Polio team"? Yes No

Does your child suffer from: Febrile Fits Epilepsy Bronchial Asthma None

In case of medical emergency whom should we contact? Please write name and number:

6. Contact and authorized nominees information:

Contact 1:

Name:

Relationship to child:

Cell phone number:

Residence phone number:

Residential address:

Office phone number:

Office address:

NIC number:

This person is an authorized nominee to collect my child from the Montessori.

7. Contact and authorized nominees information:

Contact 2:

Name:

Relationship to child:

Cell phone number:

Residence phone number:

Residential address:

Office phone number:

Office address:

NIC number:

This person is an authorized nominee to collect my child from the Montessori.

Declaration

I agree to undertake with the school as follows:

Fee Policy:

1. My child will regularly attend the school and conform to the school rules and regulations.

2. I accept the below stated terms of payment:

Any payment made to the school is non refundable as mentioned on the receipt

The tuition and other school service fees are due and payable upfront by the 5th of each month.

The school may take a fine after the 5th of each month and can also terminate the student's enrolment, if all dues are not regularly covered. Such action does not relieve the parent of the obligation to pay the outstanding fees.

3. Summer vacation fees need to be cleared according to the school policy.

4. Terms of withdrawal:

Students leaving at the end of school year, must give a written notice one month in advance.

Parents must pay all dues before report card/ certificates/or leaving certificates can be issued.

5. Enclosures:

Birth certificate copy of the child

NIC copy of both parents

Three recent passport size photographs of the child

I hereby declare that I have read and agree to the above, and that the information furnished in this form is true to the best of my knowledge.

Father's name: _____ **Signature:** _____

Mother's name: _____ **Signature:** _____

Date: _____

FOR OFFICE USE ONLY

Child's Name:

Age:

Date of admission:

Roll number:

Montessori Head Signature: _____