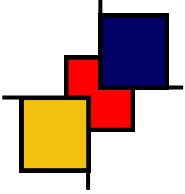


Lavington Montessori Kindergarten



Apple Cross Rd, off Mbabane Rd, off James Gichuru Rd, Lavington
P.O. Box 811, 00606 Nairobi Kenya • Telephone 4348532 / 2089894/ 0721-601-390
Email: info@lavingtonmontessori.co.ke/www.lavingtonmontessori.co.ke

APPLICATION FORM

The acceptance and placement is based on space available as well as the suitability of our school program for your child. Your child will be placed on the waiting list according to age and date we have received this application.

Please submit a non-refundable Registration Fee of **Ksh 11,000/-** with this application.

Photo

Child's Names: _____
Last **First** **Middle**

Residential Address: _____ Home Tel No: _____

Postal Address: _____ Code: _____ City: _____

Date of Birth: _____ Sex: _____ Country of Birth _____ Nationality _____

First Language: _____ Religion: _____

Does the child live with both parents? YES _____ NO _____ If "NO" Please explain:

Father's Name: _____ **Nationality:** _____

Occupation: _____ Firm or Employer: _____

Business Address: _____ Phone: _____

Mobile: _____ E-Mail Address: _____

Mother's Name: _____ **Nationality:** _____

Occupation: _____ Firm or Employer: _____

Business Address: _____ Phone: _____

Mobile: _____ E-Mail Address: _____

Has the Child attended Kindergarten elsewhere? YES _____ NO _____ If "YES" please state where:

Are there, or have there been any brothers or sisters at Lavington Montessori Kindergarten? YES _____ NO _____

If "YES" Give Name: _____

Indicate if required:

Half Day: Full Day: Participate in Field Trips: School Transport:

Lunch: Regular Vegetarian Please list any food or drinks that the child cannot take:

Medical information: Please check where applicable:

Does your child have any of the following conditions?

Allergies _____ Hay Fever _____ Hearing Difficulties _____ Speech Difficulties _____
Asthma _____ Headaches _____ Persistent coughs _____ Convulsions _____
Sinusitis _____ Dizziness _____ Nose Bleeds _____ Ear Aches _____
Tires easily _____ Eczema _____ Poor vision _____ Shortness of Breath _____
Frequent Sore throats _____ Other _____

If YES, please give information as may be necessary _____

Childhood Diseases: Please check if your child has had any of the following:

Chicken pox _____ Pneumonia _____ Whooping Cough _____ Mumps _____
Measles _____ Lice _____ Rheumatic Fever _____

Emergency Information:

In case of an accident, which Hospital(s) should your child be taken to?

Family Doctor: _____ Tel No: _____

In case my child develops sudden fever, I wish him/her to be given:

Calpol _____ Brufen _____ Other _____

How did you hear about us?

Flyers Media Referral Friend Sign Board
Other _____

Declaration:

I have read, understood and I agree to the Standard Terms and Conditions and understand they may undergo reasonable changes from time to time, as circumstances require. I accept that one full term's notice IN WRITING is required to withdraw your child from the school and that, in the event of this not being given; one term's fees must be paid in lieu. Please return this form together with the non-refundable registration fee.

Parents/Guardian's Signature: _____ Date: _____

Official use only:

Date of enrollment _____ Class _____
Date of graduation _____ Miscellaneous _____