



APPLICATION FOR ADMISSION TO THE MONTESSORI SCHOOL

Date of application _____ Date of proposed entrance _____

Campus requested _____

Name of pupil _____
(family name) (given names – underline name used)

Date of birth ____/____/____ Sex M F
(d) (m) (y)

Address of Student _____

City _____ Postal Code _____

Telephone Number _____

Previous School/Childcare _____

If this application is accepted, I hereby agree to adhere to all rules and regulations of Wishing Well Schools and to pay all school fees and educational expenses.

Date _____ Signature of parent/guardian _____

Please enclose a copy of the birth certificate, the completed forms (7 total) and all Registration Fees.

Office Use:

Interview Date _____

Registration Fees and completed forms received _____

Postdated cheques received _____ Confirmation Sent _____