



## APPLICATION FOR ADMISSION TO THE MONTESSORI CASA PROGRAM 2.5 to 5 YEARS

Date of application: \_\_\_\_\_ Date of proposed entrance: \_\_\_\_\_

Name of pupil: \_\_\_\_\_  
(Family Name) (Given Names – please 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 (5 in total) and all Registration Fees.

Office Use:

Interview Date: \_\_\_\_\_

Registration Fees and completed forms received: \_\_\_\_\_

Postdated cheques received: \_\_\_\_\_ Confirmation Sent \_\_\_\_\_