

Email: principal@montessorilife.net Email: admin@montessorilife.net

P.O Box D177, The Gables, H126, Eswatini

## **APPLICATION FOR ADMISSION**

	T	1	Т					
YEAR OF ENTRY:		GRADE OF ENTR		PRESENT GRADE:				
PLEASE ATTACH THE FOLLOWIN	IG DOCUMENTATION TO YOUR APPLICA	ATION FORM.						
Most Recent School Report (ie, Term 1/Term 2, Term 3)			For Office Use Only					
Birth Certificate ( 1 Copy)			Accepted	d (indicate) Yes No Review				
Transfer Certificate from previous school			Lower Primary Upper Primary					
Original Colour Photograph - passport size (2 Prints)			Student	No:				
Parents/Guardians ID copies for both parents/guardians			All docu	mentation returned: Yes  No  No				
Proof of payment - E200.00 Administration Fee must accompany this application form [banking details are at the bottom of fee structure. Please use your child's name as a reference]		Attach 1 Passport size Photo here please		hat and why?				
	SEC	TION A						
LEARNERS DETAILS:								
Surname:								
Date of birth (dd/mm/y	ууу):	ID No						
Home language:	Home language: Nationality:							
Learner's residential ad	ddress:							
Reason if address is diff								
School telephone: School fax no	vious School:		•••••					
Reason for repeating gr	ade:							
Have any family member	ers been at Montessori Life P	rimary or are curre	ntly at M	Iontessori Life Primary?				
Family member's name	Family member's name & surname:							
Family member's date of	Family member's date of birth:							
Any other link/connecti	on with Montessori Life Prim	ary:						
Has your child had prev	rious Montessori education?	Yes/ No.						
If yes, where:	fror	n (date)	until	I				
	Tnsnire ● I	.earn ● Teach						







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Details of siblings living at home:						
MEDICAL INFORMATION:						
ontact person:						
Is your child on any medication or does your child have						
Does your child have any special dietary requirements/ Does your child have any emotional/social needs:	Please specify					
Has your child received any Professional Therapy or Sup	pport? If yes, please specify.					
SECTION PARENTS PARENT	ON B					
(Please print clearly)	(Please print clearly)					
<u>Father's Details</u> :	Mother's Details:					
Marital Status	Marital Status					
Married $\square$ Divorced $\square$ Single $\square$ Widowed $\square$	Married $\square$ Divorced $\square$ Single $\square$ Widowed $\square$					
Title (Prof, Dr, Mr):	Title (Prof, Dr, Mrs):					
Surname:	Surname:					
First names:	First names:					
ID No	ID No.					
Contact Details:	Contact Details:					
Postal address:	Postal address:					
Code:	Code:					
Physical address:	Physical address:					
Home telephone no:	Home telephone no:					
Cell no:	Cell no:					





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Email address:	Email address:					
Occupation: Name of employer/business:	·					
Type of business:	Work telephone:					
Work telephone:						
Business address:						
Emergency contact information (not wife):  Used when mother is unreachable  Full name:	Emergency contact information (not husband):  Used when father is unreachable  Full name:					
Home telephone:	·					
Cell no:	Cell no:					
	e who the custodial parent is: Mother					
(TO BE COMPLETED AND RETURNED	D BY PARENT/GUARDIAN THAT THE CHILD LIVES WITH)					
personality, needs, like and dislikes and aids us in	his information gives us a better understanding of your child's n placing your child.					
Name of chid:	Current grade:					
Name of current school:						
ACADEMIC ATTITUDE						
A Very enthusiastic about school work	B Enjoys school work					
C Does not mind school work Comments:	D Does not like school work					
CO-CURRICULAR (Sports, Societies)						
A Excellent, well involved	B Very keen and/or above average involvement					



Average involvement



D Not enthusiastic



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Details of sports played / society involvement / leadership roles:						
CHARACTER AND PERSO						
•	, bright, cheerful, cooperative	В	Builds strong personal relationships			
C More reserved		D	Finds social interaction challenging			
Comments:						
My child does not enjoy						
Additional Language						
Each student here at Montessori has a choice between taking French or Advanced SiSwati as a second language. All students do conversational / cultural SiSwati as per the Government requirements. Please fill in and tick below as to which language he/she will be doing as a <u>second language</u> .						
ADVANCED SISWATI						
FRENCH						

Thank you for your application! Our enrolment officer will be in contact with you shortly to give you an interview date for your child. Should you need any more information, please do not hesitate to contact the school office. It is our hope that our students will be responsible, caring members of society. That they will recognize they have the power and resources to effect change, as well as the self-esteem and confidence to pursue their goals.



