

**MOUNT ANVILLE MONTESSORI JUNIOR SCHOOL
APPLICATION FORM**

CHILD'S SURNAME : _____ FIRST NAMES _____

NATIONALITY _____ RELIGION _____ SEX _____

DATE OF BIRTH _____ DATE OF BAPTISM _____

PROPOSED DATE OF ENTRY _____ PROPOSED CLASS (a) Montessori Junior / Senior []
(b) Preparatory Junior/Senior []
(c) 1ST or /2nd []
CHILD'S P.P.S. NUMBER: _____ (d) 3rd,4th,5th,6th []

SIBLINGS ALREADY IN THE SCHOOL: _____

PRESENT SCHOOL: _____ CLASS: _____

NO. OF CHILDREN IN FAMILY _____ (Boys _____ : Girls _____) Place in Family _____

IF PARENT PAST PUPIL GIVE DETAILS _____

FATHER'S SURNAME _____ TITLE/FIRST NAME _____

MOTHER'S MAIDEN NAME _____ TITLE/ FIRST NAME _____

ADDRESS _____

_____ Eircode: _____

TELEPHONE : Home: _____ Mobile Father: _____ Mobile Mother: _____

Email Father: _____ Email Mother: _____

Please Print

Please Print

KINDLY ENTER HERE ANY RELEVANT INFORMATION REGARDING YOUR CHILD'S HEALTH OR SPECIAL CIRCUMSTANCES:

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

On receipt of this form with a non-refundable Registration Fee of €120.00 and a copy of your child's Birth Certificate your child's name will be entered on a Waiting List. If your child is offered a place, you will be required to complete the Acceptance Form enclosing a non-refundable School Fee Deposit of €750.00. This sum may be paid in three installments and will be deducted from the first term's fees. Places must be accepted within 7 days of offer.