



# Application for Admission Elementary

Please attach  
two photos of  
your child  
here.

2.5 x 2.5 cm. or  
3 x 4 cm.

Proposed entrance date: \_\_\_\_\_

## STUDENT INFORMATION

Student's name: \_\_\_\_\_

(Family Name, First Name, Middle Name)

Preferred name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Day/Month/Year

Gender:  Male Nationality: \_\_\_\_\_

Female Passport or ID number: \_\_\_\_\_

(if applicable)

Student's home address: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

## PARENT INFORMATION

With whom does the student reside?  Both Parents  Mother  Father  Other \_\_\_\_\_

Please complete both sections below.

Father/Guardian

Mother/Guardian

Name: (Family name first)		
Nationality:		
Current employer & position:		
Company address:		
Work phone:		
Work fax:		
Mobile phone:		
e-mail address:		

Overseas address and phone number: \_\_\_\_\_

## LANGUAGE PROFILE

Student's native language: \_\_\_\_\_ Other language/s: \_\_\_\_\_

If your child is a non-native English speaker, how would you rate his/her English proficiency?

Fluent  Intermediate  Beginner  Nil

Father's native language: \_\_\_\_\_ Other languages: \_\_\_\_\_

Mother's native language: \_\_\_\_\_ Other languages: \_\_\_\_\_

Language/s used at home: \_\_\_\_\_

## STUDENT EDUCATION

1. Please list schools attended (starting with most recent)

School Attended	Location	Dates <i>(month and year)</i>	Class/Grade	Language of Instruction

2. Has your child attended a Montessori school in the past?  Yes  No

3. Why have you chosen to place your child into our school? \_\_\_\_\_

3. Does your child have any behavioral or learning difficulties that we should be aware of? \_\_\_\_\_

4. What are your child's special interests, hobbies, talents, etc... \_\_\_\_\_

5. Please list any additional information that would be helpful with your child's education at the Montessori House Phuket International School:

## SIBLING INFORMATION

1. Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Gender:  Male  
 Applying to/Attending MHP?  Check if yes. (Day/Month/Year)  Female

2. Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Gender:  Male  
 Applying to/Attending MHP?  Check if yes. (Day/Month/Year)  Female

3. Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Gender:  Male  
 Applying to/Attending MHP?  Check if yes. (Day/Month/Year)  Female

# STUDENT HEALTH

Student's height: \_\_\_\_\_

Student's weight: \_\_\_\_\_

1. Does your child have any of the following? *(Please check all that apply)*

- |  |   |                                     |   |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Headaches           | <input type="checkbox"/> Sight problems   | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Stomach problems     |
| <input type="checkbox"/> Heart problems      | <input type="checkbox"/> Tuberculosis     | <input type="checkbox"/> Asthma     | <input type="checkbox"/> Neurological disease |
| <input type="checkbox"/> Infectious diseases | <input type="checkbox"/> Skin irritations | <input type="checkbox"/> Allergies* | <input type="checkbox"/> Hearing problems     |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Other            | <i>*please specify below</i>        |   |

If you checked any boxes above, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Has your child ever had a serious operation?  No  Yes *If yes, please provide details.*

\_\_\_\_\_

3. Does your child take any medication on a regular basis? *If yes, please provide details.*

\_\_\_\_\_

4. Does your child wear glasses or contact lenses?  No  Yes

5. Does your child have any physical ailments which would prevent him/her from participating in physical education classes? *If yes, please explain:*

\_\_\_\_\_

6. Please list any special (food) sensitivities or restrictions that you would like us to be aware of:

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Emergency contact person: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

*(Other than parents)*

Telephone number of emergency contact person: \_\_\_\_\_

Preferred hospital and telephone number: \_\_\_\_\_

Student's medical card number: \_\_\_\_\_

# TERMS & APPLICATION CHECKLIST

Notification of Address and telephone number is a legal requirement at the time of application. Any future change of address or telephone number must be supplied to the school office. The school cannot accept any responsibility for inconvenience or liability which might result from incorrect or incomplete information provided.

By signing and returning this application, I am contracting with Montessori House Phuket International School (MHP) to place my child in said school if accepted, for the express purpose of having said child educated for at least one term in accordance with the express methods and goals of the Montessori Educational System and MHP. The information provided in this application is accurate and complete. If my child is accepted into the MHP, I agree to pay all fees in accordance with MHP policy, and to abide by MHP policies and procedures.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION CHECKLIST (All materials must be submitted to complete application.)

- Completed, signed application form
- 2 photos size 2.5 x 2.5 cm. or 3 x 4 cm.
- Copy of Student's passport, ID card, and birth certificate (In English )
- Copy of Parent's passport or ID card
- House Registration (*Tabien Baan*) if applicable
- Copy of records or transcripts from student's previous school (if applicable)

**OFFICE USE ONLY:** Date received: \_\_\_\_\_

▪ ESL: N/A - evaluation scheduled \_\_\_\_\_

▪ Interview scheduled: \_\_\_\_\_ with \_\_\_\_\_

Signature of recipient: \_\_\_\_\_

Enrollment date: \_\_\_\_\_  Application materials complete

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_