



Application for Admission Kindergarten

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 Female Nationality: _____
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

	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 spoken: _____

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 spoken: _____

Mother's native language: _____ Other languages spoken: _____

Language/s used at home: _____

ADDITIONAL INFORMATION

1. Does your child have any previous school experience? Yes No

If yes, where? _____

For how long? _____

2. How much do you understand about the Montessori Method of Education?

Nil Very little A good understanding

3. Have you ever observed a Montessori classroom? Yes No

If yes, where and when? _____

4. Is your child fully toilet trained? Yes No

5. Does your child have any physical disabilities? *(If yes, please explain)* _____

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

7. Child's usual bedtime: _____ How many hours does your child usually sleep?

8. Does your child nap? Yes No *If yes, for how long?* _____

9. Does your child have trouble falling asleep, nightmares/bad dreams, waking up? _____

10. Does your child have any fears/phobias? _____

11. How does your child usually respond to new situations and people? _____

12. What is your child's general behavior and temperament? _____

13. How much time a day does your child watch tv/videos, playing electronic devices? _____

14. What are your child's favorite toys? _____

15. Favorite types of books? _____

16. Favorite activities? _____

17. What are your methods of discipline in the home? _____

18. What do you hope your child will learn at our school? _____

19. Why have you chosen to place your child at our school? _____

20. Is there any additional information that you think would help us to know your child better?

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

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 (food) sensitivities/restrictions that you would like us to be aware of: _____

EMERGENCY CONTACT INFORMATION:

Emergency contact person: _____ Relationship to student: _____
(Other than parent/guardian)

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

OFFICE USE ONLY: Date received: _____	Enrollment date: _____ <input type="checkbox"/> Application materials complete
▪ ESL: N/A -evaluation scheduled _____	Comments: _____
▪ Interview scheduled: _____ with _____	_____
Signature of recipient: _____	_____

AUTHORIZATION of STUDENT PICK-UP

Parent/Guardians or other authorized adults must sign out kindergarten students at the end of each day. Below, you may list up to three people who are authorized to pick up your child. These names will be kept on file and checked against the personal ID of anyone who comes to collect your child that is not that child's usual collecting person.

Families are issued with extra student ID cards. Should parents need to send someone who is not already authorized to pick up their child, they must provide the student's extra ID card to the collecting person, so they can show the kindergarten teacher.

Kindergarten students will only be allowed to leave with their parent/guardians, people who are listed below, OR adults bearing their student ID card. If an unauthorized adult arrives to collect your child, the school will be required to keep the child in the office until the parents can be contacted to confirm authorization.

Please print clearly

STUDENT'S NAME: _____

The following people are authorized to pick my child up from school:

1. Name: _____ Relationship to child: _____

2. Name: _____ Relationship to child: _____

3. Name: _____ Relationship to child: _____

PARENT SIGNATURE: _____ **DATE** _____