



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, 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 Not Applicable

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 this 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: _____

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 describe: _____

2. Has your child ever had a serious operation? Yes No *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? Yes No

5. Does your child have any physical ailments which would prevent him or 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 the Montessori House Phuket International School 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 The Montessori House Phuket International School. The information provided in this application is accurate and complete. If my child is accepted into the Montessori House Phuket International School, 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
- 2 photos size 2.5 x 2.5 cm. or 3 x 4 cm.
- Copy of Student's passport, ID card, or birth certificate
- 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: _____	Enrollment date: _____ <input type="checkbox"/> Application materials complete
▪ ESL: N/A Evaluation scheduled _____	Comments: _____
▪ Interview scheduled: _____ with _____	_____
Signature of recipient: _____	_____