



# 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, 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: \_\_\_\_\_

## 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?

Nothing  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 handicaps? *(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 sleeping problems? \_\_\_\_\_

10. Does your child have any special fears? \_\_\_\_\_

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 television or videos? \_\_\_\_\_

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 this school? \_\_\_\_\_

19. Why have you chosen to place your child at this 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 HEALTH

Student height: \_\_\_\_\_ Student 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            | *please specify below               |   |

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 (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 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
- Copy of Student's passport, ID card, or birth certificate
- 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

<b>OFFICE USE ONLY:</b> 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 a child that is not that child's normal ride

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 that person to be shown to 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 a 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:** \_\_\_\_\_

