



## PARENT DETAILS:

MOTHER

Name:

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Last Name

Other Name

First Name

Residential Address:

if different from father

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Occupation:

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Nationality:

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Office Telephone Number:

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E-Mail:

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Mobile Telephone Number:

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### Please Tick The Box As Applicable

Single Parent:  Married & Living Together:  Separated:  Divorced:

### The Child Resides with (tick appropriate box):

Both Parent:  Father:  Mother:  Other:  Specify: \_\_\_\_\_

### Are there any medical circumstances we need to know about your child?

Yes:  No:  if yes please give details: .....

.....

### Declaration

We declare that the information given in this form as regards our wards is correct. We also understand that the school may obtain, process and hold personal information about our child, including confidential information such as medical report, we also accept responsibility for the payment of fees for our child/ward and that our child will be sent out of class in the event of default on our part in the payment of fees within the period stipulated by the school authorities.

First Signature:

Second Signature:

Name in Full

Name in Full

Relationship with Child

Relationship with Child

Date

Date



We give permission for photograph of our child to be taken while at school for the purpose of school marketing such as billboard, handbills, website, prospectus, etc

Yes

No

**How did you know about Oaksprings Montessori?**

Radio/Tv

Newspaper

Relative/Friend

Sibling

Internet

Handbills

Billboard

Church bulletin

Documentary

**Please ensure you enclose the following**

- A photocopy of Child's birth Certificate
- 2 Recent passport photographs of child
- A photocopy of child's last result in the present school
  - Transfer certificate (where applicable)
  - Medical records

