



MORNING DEWFALL MONTESSORI SCHOOL

P.O. BOX TN 502, TESHIE. LOCATION: OYIBI ESTATES (GRA ESTATES, BERNAPAT-LAST STOP)
Contact us on : 0551380446, 0243177206 Email: mdms.edu@gmail.com

WELCOME TO OUR SCHOOL

Dear Parent(s),

Thank you for selecting Morning Dewfall Montessori School (MDMS.) for your child's educational needs. This is a very important period in your child's young life; therefore, we strive to provide a positive learning experience and instill Godly principles that will last a lifetime.

In our safe, respectful, child-centered learning environment we encourage them to be authentic, confident, passionate; and nurture their unique potentials academically, socially, and emotionally.

Attached, you will find the registration forms necessary to complete your child's enrollment process.

These forms may ask very detailed information to enable the School to better meet your child's individual and unique needs. Of particular importance are the forms that authorize those individuals to pick-up your child from the School, health immunization, and emergency medical treatment.

Please complete all forms, sign where applicable, and return the entire enrollment package as promptly as possible. Please provide all pertinent contact information, including cell phone numbers and email addresses. If you have any questions regarding the forms, please feel free to ask the School for assistance.

Once again, a sincere thank you for selecting Morning Dewfall Montessori School (MDMS.) for your child.



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SURNAME	<input type="text"/>	MIDDLE NAME	<input type="text"/>
FIRST NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
PLACE OF BIRTH	<input type="text"/>	COUNTRY	<input type="text"/>
NATIONALITY	<input type="text"/>	GENDER	<input type="text"/>
		NUMBER OF SIBLINGS	<input type="text"/>
RESIDENTIAL ADDRESS	<input type="text"/>		

(1) PARENT/ GUARDIAN DETAILS

NAME	<input type="text"/>		
PHONE 1	<input type="text"/>	PHONE 2	<input type="text"/>
ADDRESS	<input type="text"/>		
RELATIONSHIP TO PUPIL	<input type="text"/>	EMAIL	<input type="text"/>

WHO DOES THE PUPIL PRIMARILY LIVE WITH?

EDUCATIONAL HISTORY

LAST SCHOOL ATTENDED	<input type="text"/>		
FROM	<input type="text"/>	TO	<input type="text"/>
		CONTACT	<input type="text"/>
REASON FOR LEAVING	<input type="text"/>		

LANGUAGES 1 .	<input type="text"/>	2.	<input type="text"/>	3.	<input type="text"/>
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(In order of use)

SPECIAL EDUCATIONAL NEEDS

DOES THIS PUPIL REQUIRE ANY GLASSES TO READ? YES NO

WHEN WAS THE PUPIL'S VISION LAST CHECKED?

(Provide Documentation)

DOES THE PUPIL HAVE ANY ADDITIONAL PHYSICAL, LEARNING OR BEHAVIOURAL DIFFICULTIES?

YES NO

(If Yes, Please Explain)

NOTE: PLEASE ATTACH TWO (2) PASSPORT SIZE PHOTOGRAPHS, COPIES OF BIRTH CERTIFICATE AND IMMUNIZATION CARD

MEDICAL INFORMATION

FAMILY DOCTOR'S NAME

TEL.

PLEASE INDICATE IF YOUR CHILD HAS HISTORY OF ANY OF THESE HEALTH CONDITIONS

Cardiovascular Allergies Articulation Problem Visual or Hearing defects Spinal Problem

Any Special Dietary Requirements? Any other condition?

Provide Details

PICK UP INFORMATION/EMERGENCY CONTACT

I hereby permit my child to be picked up daily from MORNING DEWFALL MONTESSORI SCHOOL'S premises by any of the persons named below. It is my responsibility to notify the school in writing in case of any changes.

PICK UP DETAILS	PICK UP CONTACT #1	PICK UP CONTACT #2	PICK UP CONTACT #3	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
FIRST AND LAST NAME					
RELATIONSHIP WITH CHILD					
TELEPHONE NO.					
CAR NUMBER					

CONDITIONS OF ENROLMENT

1. Fees are payable in advance, no later than the end of the middle of the term. In case of any difficulty; an approved arrangement must be made with the school management before the child starts school.
2. A full term's notice of withdrawal is required in the case of a child leaving the school.
3. All clothing and property must be clearly marked with the child's name; the school cannot be responsible for unmarked property.
4. Children must wear school uniforms at all times.
5. Parents agree to inform the school immediately of any changes of circumstance, address, telephone numbers, etc.
6. Appropriate Images of your child may appear on school's website, brochures, social media handles and other note papers for the benefit of projecting the school publicly.
7. Parents agree to notify the school management of any ill-attitude from any staff of the school.
8. These conditions may change and or be updated from time to time and I agree to accept any such changes.

I AGREE TO THE TERMS AND CONDITIONS OF ENROLMENT AS STATED ABOVE. I UNDERSTAND THAT SCHOOL FEES WILL HAVE TO BE PAID IN FULL BEFORE CONFIRMATION OF MY CHILD'S PLACE AT THE SCHOOL. THE DEPOSITS ARE NOT REFUNDABLE IF A PLACE IS ACCEPTED AT THE SCHOOL AND NOT TAKEN UP.

NAME

DATE

SIGNED

FOR OFFICE USE ONLY

DATE OF ADMISSION

REGISTRATION NO.

SIGNED ADMINISTRATOR

SIGNED DIRECTOR