



MERTON MONTESSORI SCHOOL

OLD CASTLE ROAD, NEXT TO THE INTERNATIONAL
CONFERENCE CENTRE, ACCRA-GHANA
TEL: 030 266 3917/ 026 444 4403

FAX: (+233) 302 663 965 P.O.BOX OS 1740, Accra, Ghana

Registration Form:

To enroll your child at Merton, please fill out this registration form and either bring it to the reception desk at Merton Montessori or email it to admin@mertonmontessori.com

CHILD'S INFORMATION

CHILD'S NAME:

FAMILY/LAST NAME

FIRST NAME

OTHER NAMES

BIRTH DATE: PLACE OF BIRTH: GENDER:

EXPECTED ENTRY DATE:

RESIDENTIAL ADDRESS: HOME PHONE:

MAILING ADDRESS:

NATIONALITY OF CHILD: OF FATHER:

OF MOTHER: HOME LANGUAGE(S):

PARENT'S INFORMATION

MOTHER'S FULL NAME: OCCUPATION:

TELEPHONE/E-MAIL ADDRESS:

COMPANY: BUSINESS/ MOBILE PHONE:

FATHER'S FULL NAME: OCCUPATION:

TELEPHONE/E-MAIL ADDRESS:

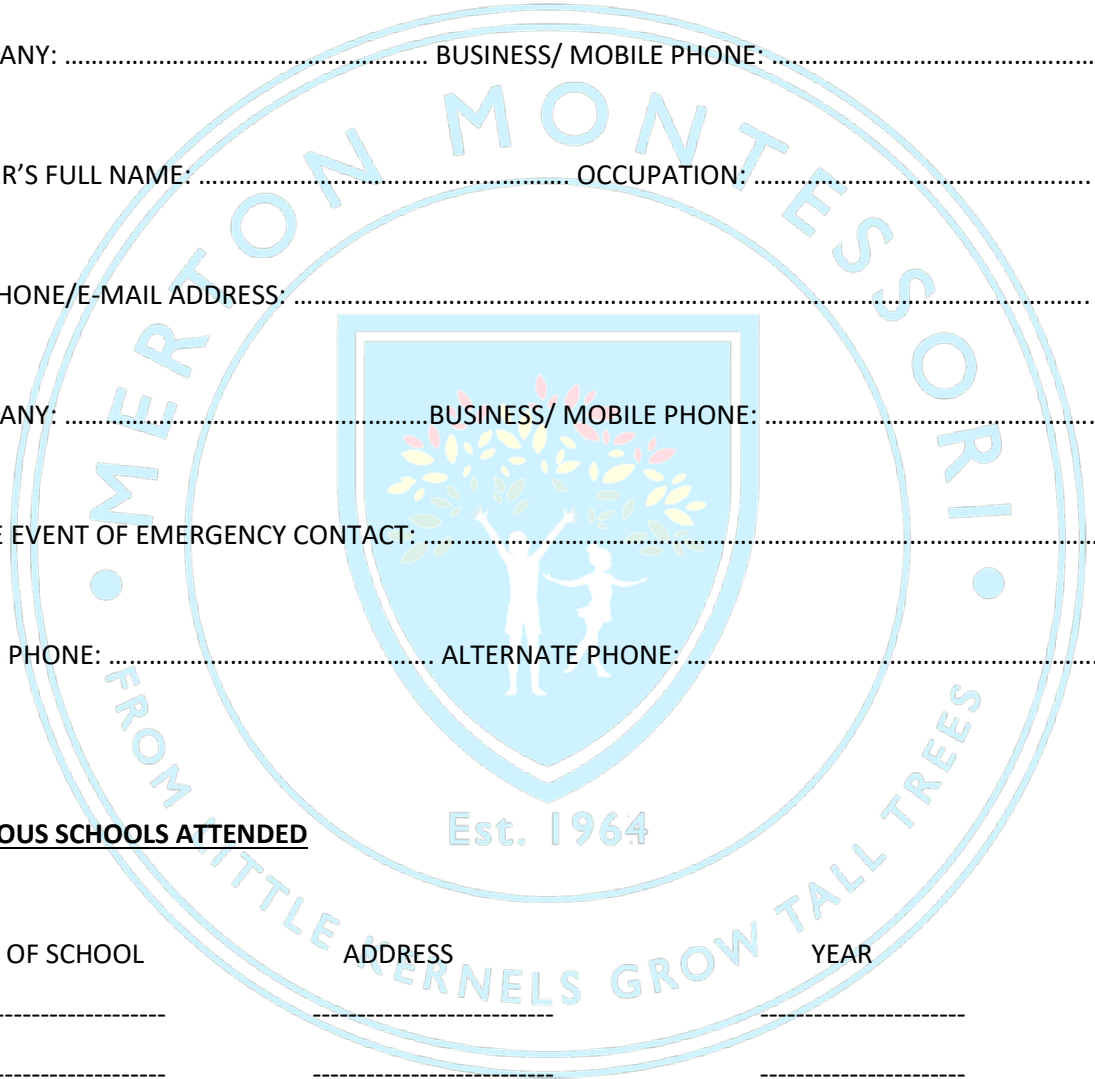
COMPANY: BUSINESS/ MOBILE PHONE:

IN THE EVENT OF EMERGENCY CONTACT:

HOME PHONE: ALTERNATE PHONE:

PREVIOUS SCHOOLS ATTENDED

NAME OF SCHOOL	ADDRESS	YEAR
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Declaration:

I, {Parent(s)/Guardian(s) name} hereby certify to the best of my knowledge that the above information is true and accurate. I understand that in the event that any information is found to be false or misleading, the applicant can be disqualified and all fees forfeited at Merton Montessori School. Any information provided to Merton Montessori School will be treated with the strictest of confidence.

I understand that fees must be paid in full prior to my child attending the school and that payment of fees confirms my registration and acknowledgement that I have read, understood and agreed to Merton Montessori School Terms and Conditions.

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Parent(s)/Guardian(s) Signature

.....
Date

