



International Montessori Myanmar

55(B), Po Sein Road, Bahan T/S, Yangon, Myanmar
Tel: (+951)546097, (+951) 546761 Email:imm.myn@gmail.com

ENROLMENT FORM

Child's Full Name:

Present Address:

Age: Years Months Date of Birth:

Place Nationality

Language Spoken with child at home. First Language: Second Language.....

Child's Physician Name Telephone No:

Name of Hospital Telephone No:

Special Medical Information/needs/problems

.....

Details of Previous School.

Name of School: Class Attended:

Father's Full Name

Nationality Occupation

Office Address Telephone No

Mother's Full Name

Nationality Occupation

Office Address Telephone No

Sibling's Full Name

Age: Name of school attending

Name and Address of the person who may be contacted in case of emergency.

(1) Name Telephone No:

(2) Name Telephone No:

(3) Name Telephone No:



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The following information is to be completed by supervisor at time of interview.

Please provide the following information so that we can know your child better:

Eating Habits:

.....

Special Diet:

.....

Sleeping Habits:

.....

Physical Activity – restrictions:

.....

Allergies:

.....

Additional Behavior Information:

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- (a) This application is subjected to availability of space and prior acceptance by the school, of the child entering and continuing at the School.
- (b) Upon registering your child, a non-refundable Registration fee must be paid.
- (c) The School shall be entitled to change its rules, regulations and policies at any time upon notice which shall be sufficient if posted on the Parent's Notice Board at school prior to the effective date.

Proposed Date of Entrance:

For the School Year of: Term:

Signature of Parent or Guardian: Date:

Received by: Date:



Learning through playing

