



VIRTUE MONTESSORI

Digital Address: WT-0069-3771 – Tarkwa D.V.L.A (Near SDA Church)
P.O Box 419, Tarkwa. Email: virtuemontessori1@gmail.com
Contacts: 0243545269 / 0244291525 / 0592925050

VIRTUE MONTESSORI APPLICATION FORM

ADMISSION PROCESS

Virtue Montessori operates on a rolling admission policy, allowing parents to enroll their children at any time. Please note that admission is subject to availability and preliminary assessment of the child. To secure a spot, full payment of school fees is required. Additionally, all necessary paperwork or forms must be completed and submitted before the child's first day of attendance.

ADMISSION REQUIREMENTS

1. A completed Admission Form
2. A Current Medical Report from an Accredited Hospital
3. A Copy of Birth Certificate
4. Two Passport Pictures of Pupil
5. One passport picture of parents/guardian and the one who will pick up the child from the school
6. Full school Fees

ADMISSION FORM

PASTE
PASSPORT
PICTURE HERE

CRÈCHE NURSERY 1 NURSERY2

KG 1 KG 2 C1 C2 C3 c4

NAME OF CHILD (SURNAME) _____

FIRST & OTHER NAMES _____

DATE OF BIRTH _____ TIME OF BIRTH _____ AGE _____

PLACE OF BIRTH _____ SEX (MALE / FEMALE)

NATIONALITY _____ FATHER _____ MOTHER _____

LANGUAGE(S) SPOKEN _____

PREVIOUS SCHOOLS ATTENDED & DATES _____

NAME OF FATHER _____

OCCUPATION _____

CONTACT _____ E-MAIL _____

NAME OF MOTHER _____

OCCUPATION _____

CONTACT _____ E-MAIL _____

NAME OF GUARDIAN _____

OCCUPATION _____ CONTACT _____

RESIDENTIAL ADDRESS / DIGITAL ADDRESS _____

POSTAL ADDRESS _____

RELIGIOUS DENOMINATION _____

EMERGENCY CONTACT _____

BOTH PARENTS LIVING TOGETHER SEPARATED DIVORCED



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MEDICAL FORM

Name of Child _____

Gender _____ Date of Birth _____

Residential Address _____

Name of Parent / Guardian _____ Contact _____

PART I – CHILD’S MEDICAL HISTORY

1. Any specific illness? YES / NO
If Yes, please indicate _____
2. Any allergies (Food, Medication, etc.) YES / NO
If Yes, please specify _____
3. Any problem with vision, hearing or speech? YES / NO
If Yes, please indicate _____
4. Any significant injury or accident? YES / NO
5. Blood Group _____

PART II - MEDICAL EVALUATION

To be completed and signed by a Medical Doctor ONLY.

The child named above has undergone a complete history and physical exam on the following:

Date: _____

Screening Results: (Please tick the boxes where appropriate)

Height Weight Sickling Hb Blood Group

Gross Dental (Teeth and gums): Normal Abnormal

Head/Scalp/Skin: Normal Abnormal

Eyes/Ears/Nose/Throat: Normal Abnormal

Chest/Lungs/Heart: Normal Abnormal

Abdomen: Normal Abnormal

Postural Assessment: Normal Abnormal

This child has a health condition that may require emergency action at school, e.g. seizures, allergies.

YES / NO . If Yes, please specify below.

(Please tick one)

This child may participate **FULLY** in school activities including physical education.

This child may participate **FULLY** in school activities including physical education with the following **RESTRICTIONS/ADAPTATION**: (Please specify reason and restriction)

(This form may be stored in the child's Cumulative Health Folder and may be accessed by the school and health personnel)

Name of Doctor: _____

Sign and Stamp: