

Photo
of
Student

For Administration Use Only

Student's No.	LEAD/Intensive	Registration Office	Accounting Dept.



Modern Montessori School

Tel: 9626-5535190 Fax: 9626-5535194 P.O.BOX 1941 Amman 11821 Jordan

E-mail: admissions@montessori.edu.jo

Website: www.mms.edu.jo

Personal Information

First Name	<input type="text"/>	Middle Name	<input type="text"/>	Family Name	<input type="text"/>
Full Name as in Passport	<input type="text"/>				
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>	Nationality	<input type="text"/>
Mother Tongue	<input type="text"/>		<input type="text"/>		
Religion	<input type="text"/>	Gender	Male <input type="checkbox"/>	Grade Applying For	<input type="text"/>
			Female <input type="checkbox"/>	Academic Year	<input type="text"/>

Last School Attended

Name	Year	Grade	Country

Brothers and Sisters in the MMS

Name	Grade	Year

Parents Information

Father's Name	<input type="text"/>	Nationality	<input type="text"/>	Material Status	<input type="text"/>
E-Mail	<input type="text"/>	Mobile No.	<input type="text"/>	Occupation	<input type="text"/>
Mother's Name	<input type="text"/>	Nationality	<input type="text"/>	Material Status	<input type="text"/>
E-Mail	<input type="text"/>	Mobile No.	<input type="text"/>	Occupation	<input type="text"/>

Address

Area	<input type="text"/>	Street	<input type="text"/>	House No.	<input type="text"/>
Bus Service:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Return Trip	<input type="checkbox"/>	One Way <input type="checkbox"/>

Parents or guardians of students who have Learning Support needs or any kind of special needs assistance **MUST** answer the section regarding Learning Support requirements below truthfully, as the school needs to recruit Learning Support staff according to specified case-by-case student needs. **IF** the student is shown to require such needs without prior knowledge after acceptance then the school reserves the right to uphold required assistance until proper resources are acquired and a learning support contract is signed.

Has your child ever been enrolled in any learning support program or does require any learning support needs? Yes ☐ No ☐

If yes, please specify.

Has your child ever been diagnosed with any psychological and/ or behavioral problems? Yes ☐ No ☐ If yes, please specify.

I hereby authorize Mr. / Mrs. _____ Mobile: _____

To daily accompany my son / daughter from the school on the end of the school day unless you provide us otherwise in written.

For emergency medical attention, we hereby authorize the Modern Montessori School to take our son/daughter to the designated hospital and give consent for all necessary treatment.

Other person (s) and number (s) to call in case of an emergency:

Name	Mobile Number	Relation

I, the undersigned, acknowledge that I am the personal parent/guardian of the student _____

I attest that all the information provided in this application to the Modern Montessori School is correct and that the amount of **750 Jordanian Dinars** submitted with this letter is for admission fees. I understand that this amount is **non-refundable** in the event of withdrawal. I pledge to pay the full school tuition and all related fees for the current school year and for all subsequent school years (including any tuition modifications) that my child is enrolled at MMS.

I will provide the school with all the necessary documents in full to join the school as soon as I receive the Admission Notice. I declare that I have agreed on the value of school fees and the schedule of payment, and I agree to register my child for the full academic year with the school's approval.

I acknowledge that I am not entitled to ask the school to recover the premium and/or any part of it due to the student's absence, illness, withdrawal or dismissal by the school.

Parent's Name	Signature	Date

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	Notes		Grade
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Registrar	Signature	Date