



| For Administration Use Only | | | |
|-----------------------------|---------------|------------------|-----------------|
| Registration Dept. | Student's No. | Accounting Dept. | LEAD/ Intensive |
| | | | |

Recent Photo of Child

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 | | Father's Name | |
| Middle Name | | Family Name | |
| Full Name As In Passport | | | |
| Date Of Birth | | Place | |
| | | Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Nationality | | Mother Tongue | |
| | | Religion | |
| Grade Applying For | | Academic Year | |

Last Two Schools Attended

| Name | Country | Grade | Year |
|------|---------|-------|------|
| | | | |
| | | | |

Brothers and Sisters in the MMS

| Name | Grade | Year |
|------|-------|------|
| | | |
| | | |

Parents

| | | | |
|----------------------|--|--|--|
| Father's Name | | | |
| Nationality | | National No. Or Passport No. for Non-Jordanian | |
| Occupation | | Place of Work | |
| Telephone No. | | P.O. Box | |
| | | Area Code No. | |
| Mobile No. | | Fax No. | |
| Email | | | |

| | | | |
|----------------------|--|--|--|
| Mother's Name | | | |
| Nationality | | National No. Or Passport No. For Non-Jordanian | |
| Occupation | | Place of Work | |
| Telephone No. | | P.O. Box | |
| | | Area Code No. | |
| Mobile No. | | Fax No. | |
| Email | | | |

Home Address

Area

Street

House No.

Tel. No.

Has your child ever been enrolled in any learning support program or requires 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 | Telephone No. | Relation |
|------|---------------|----------|
| | | |
| | | |

Bus Service Yes No One Way Return Trip

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 |
|---------------|-----------|------|
| | | |

For Administration Use Only

Grade

Admitted

| Registrar | Signature | Date |
|-----------|-----------|------|
| | | |