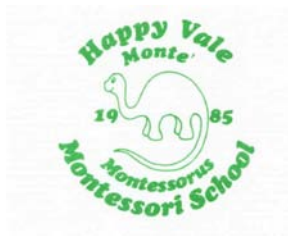


Reg. #



Date of Registration

Pupil Registration & Parental Agreement

Child's Name: _____

Date of Birth: _____ Nationality: _____
 D M Y

Postal Address: _____ Home Tel: _____

Residential Address: _____

Child's position in family: (e.g. 1st of 2) _____

Father's Name: _____ Nationality: _____

Occupation & Business Address: _____

Father's Daytime Contact# _____

Father's Email Address: _____

Mother's Name: _____ Nationality: _____

Occupation & Business Address: _____

Mother's Daytime Contact # _____

Mother's Email Address: _____

Religion: _____ State specific needs or restrictions if any,

Name & Telephone # of an additional emergency contact person:

Name & Telephone # of child's doctor: _____

Medical information e.g. Allergies/Dietary Restrictions/ Conditions:

Is left-handedness in child's family? YES NO (Circle as appropriate)

Preference for next school: _____

Prospective date of child's entry into Happy Vale Montessori School: ____/____/20____
Month Year

Parental Agreement

I / We the undersigned being the Parent (s) and/or Guardian (s) of _____

Agree to the following:

1. To pay the prescribed Registration Fee of EC\$ 100. This fee guarantees my child's place at **Happy Vale** and is non-refundable.
2. To undertake payment of school fees in full within the first week of term or to make three equal payments. The 1st on the first day of school and the 2nd & 3rd on the dates specified on my/our bill. I/we understand that three payments will only be considered on an individual basis. I/we understand that fees must be paid in full regardless of absences.
3. Tuition Fees may be subject to an annual review as rising costs demand.
4. The school administration will, in the event of an emergency (if I am not immediately available) transport my child to the nearest medical centre for treatment without prejudice to the driver or staff of **Happy Vale School**.
5. I will give written authorization to the person who will collect my child from school, if different from the usual person or notify the school administration by telephone. I understand that no child will be allowed to leave the school premises with anyone who cannot provide adequate identification or authorization.

Signature: _____

Relationship: _____

(For office use) Date of Admission: _____ Date of Leaving: _____

Age on September 1st of entry year: _____ yrs _____ month/s

Next School: _____ Grade: _____