

Benin Casa Student Application Form

Students Name: _____

Students Sex: _____

Address: _____

Date of Birth: _____

Toilet Trained: Yes No (circle Please)

Fathers Name: _____

Mothers Name: _____

PPS Number: _____

Name and date of birth of sisters and brothers:

Name and Number of other person who may collect child:

Name and Number of family Doctor:

I give permission for my child to go on field trips with Benin Casa Montessori:

Yes No (circle Please)

I give permission for Benin Casa Montessori to use photographic and video material for school purpose:

Yes No (circle Please)

I understand fully the schedule of tuition fees for Benin Casa Montessori School, and enclose deposit fee which is non-refundable but deductible from fees:

Yes No (circle Please)

Signed: _____

Date: _____

Relationship to Child: _____

For Office Use ONLY

Morning Group	Term	Date
0900 - 1200	Term 1 Deposit Paid: _____	_____
0900 - 13:30	Term 1 Fees received: _____	_____
0900 - 1200	Term 2 Fees received: _____	_____
0900 - 13:30	Term 2 Fees received: _____	_____
0900 - 1200	Term 3 Fees received: _____	_____
0900 - 13:30	Term 3 Fees received: _____	_____

Signed: _____