



CECIL RHODES

MONTESSORI SCHOOL

Motto: Consistent Practice & Excellence

Plot 51, Federal Housing Estate, Off Peter Odili Road, GRA, Port Harcourt.

ADMISSION FORM

Date:

Learner's Personal Details:

SURNAME

FIRST NAME

OTHERS

Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Years
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**Passport
Photograph**

Home Town: _____

L.G.A: _____

State: _____

Nationality: _____

Religion: _____

Residential Address: _____

Learner's Family Details:

Names of Parents/Guardian (Mr. Mrs) _____

Contacts: _____ **WhatsApp:** _____

Email: _____

Job Title: _____

Learner's Academic Details:

Previous school: _____

Previous class: _____

Academic challenge: _____

Learner's unique features: _____

Any health issue? YES **NO**

If yes, please specify: _____

I/we, Mr and Mr _____

, haven read and understood the school policy with my child/ward and have accepted to do according to all therein, seek for the admission of my/our child (ren) into Cecil Rhodes Montessori School.

Parent's Signature

For Office Use Only

Class Admitted Into: _____

Statement of Clearance: _____

School Stamp and Signature _____