



Waterford

Montessori School

St. Benildus Hall, Newtown,

051873354 0857290222

Waterfordmontessorischool@gmail.com

APPLICATION FOR ADMISSION

APPLICATION BEING SUBMITTED FOR THE SCHOOL YEAR OF: _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____

CLASS BEING APPLIED FOR

Please circle the class or classes you are applying for;

Pre-Montessori (ages 2.5 to 3yrs.)

Montessori Class (ages 3 to 4yrs.)

Advanced Montessori (ages 4 to 5yrs.)

After school; Name of the primary School the child attends; _____

PARENT'S DETAILS:

MOTHER'S/FATHER'S NAME; _____

ADDRESS: _____

PHONE NUMBERS; _____

EMAIL ADDRESS; _____

Holding Deposit

I ENCLOSE A HOLDING DEPOSIT OF €50, TO BE RETURNED AT THE END OF OCT IF THE CHILD HAS ATTENDED AND ALL FEES ARE UP TO DATE.

SIGNATURE: _____

DATE; _____