

# 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:

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Name and Number of other person who may collect child:

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Name and Number of family Doctor:

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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: \_\_\_\_\_