DELA MONTESSORI SCHOOL

APPLICATION FORM

Dela Montessori School – Ghana

1. Child's Information Child's Full Name (as on Birth Certificate)

Date of Birth.....

Gender Nationality .....

Intended Class Level.....

Proposed Start Date.....

Previous School .....

2. Parent / Guardian Information Parent/Guardian 1

Full Name Relationship to Child .....

Phone Number (WhatsApp enabled) .....

Email Address.....

Residential Address .....

Occupation .....

Employer / Business Name .....

Work Address .....

Length of Employment / Business Operation .....

Parent/Guardian 2

Full Name .....

Relationship to Child .....

Phone Number (WhatsApp enabled) .....

Email Address .....

Residential Address .....

Occupation Employer / Business Name .....

Work Address .....

Length of Employment / Business Operation .....

3. Family & Household Profile

Marital Status of Parents/Guardians .....

Number of Children .....

Number of Children Currently Attending Fee-Paying Schools .....

Any Other Dependents (e.g. relatives under care).....

4. Financial Responsibility & Payment Capacity (This section is mandatory)

a. Fee Responsibility Person Responsible for School Fees:

☐ Father ☐ Mother ☐ Both Parents ☐ Guardian ☐ Sponsor

b. Preferred Mode of Payment

☐ Full Term Payment ☐ Monthly Installment Plan (subject to approval)

☐ Corporate / Institutional Sponsorship

5. Proof of Financial Capacity

Parents/guardians are required to submit any **ONE** of the following:

For Salaried Workers Recent pay slip (last 3 months)

Employment confirmation letter Staff ID card (optional)

For Self-Employed / Business Owners:

Business Registration Certificate (Registrar General's Department)

Business operating permit (MMDA)

Recent bank statement (last 3 months – balances may be masked)

For Sponsors

Sponsorship letter stating duration of support

Sponsor's proof of employment or business

Confidentiality Notice:

All financial documents are handled with strict confidentiality and used solely for admission assessment purposes.

6. Financial Declaration (Mandatory)

I/We confirm that we understand the school's fee structure and policies and accept full responsibility for timely payment of tuition and related fees throughout the academic year.

Name of Parent/Guardian .....

Signature .....

Date .....

7. Emergency & Support Information

Emergency Contact Name.....

Relationship to Child .....

Phone Number .....

Authorized Person for Child Pick-Up (if different from parent)

Name .....

Relationship .....

Contact .....

8. Child Development & Health Information Any known medical conditions?

Allergies (food, medication, environmental)?

Developmental or learning support needs?

Special care instructions (if any)

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I..... confirm that the information provided in this application is complete and accurate to the best of my knowledge.

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Sign Date