



THE PAVILION MONTESSORI SCHOOL

pavilionmontessori@gmail.com
www.pavilionmontessori.co.uk
020 8943 5476



REGISTRATION FORM

Child's Details

Full Name: _____ Date of Birth: _____

Gender: _____ Home Language(s): _____

Nationality: _____ Religion: _____

Siblings: _____ Date of Birth: _____ School: _____

_____ Date of Birth: _____ School: _____

Parent 1 Details

Parent 2 Details

Title: (Mr, Mrs, Ms, Miss etc) _____

Title: (Mr, Mrs, Ms, Miss etc) _____

Name: _____

Name: _____

Home Address: _____

Telephone (home): _____

Occupation: _____

Occupation: _____

Telephone (mobile): _____

Telephone (mobile): _____

Declaration:

I wish to register my child on the waiting list for entry in the September/January/April Term 20_____
(children start at 2½ years old).

I understand that completion of this Registration Form and payment of the non-refundable £45 fee does not guarantee that a place will be available.

Signature: _____

Date: _____

Please return your completed form to pavilionmontessori@gmail.com or to the address below and transfer the £45 Registration Fee to The Pavilion Montessori School, Sort Code 20-46-73 A/c No. 83491617. Please use your child's name as the reference.

To receive an email confirming receipt of your Registration Form and Fee, please provide your email address:
