BLOOMING TULIPS MONTESSORI SCHOOL
PRIMARY DIVISION

ADMISSION FORM

Application for admission into 20_____ / 20 _____ Academic year

A. CHILD'S INFORMATION

Child's name: _____

Birth Date:_____ _____ _____   Birth Place / Town:_____Gender: _____
           DD   MM   YY

Grade applying for: _____

B. PARENT'S INFORMATION

Father's name:_____

Tel. Nos. _____

Mother's name:_____

Tel. Nos. _____

ADMISSIONS OFFICE ONLY

Admission approved   ☐ Yes   ☐ No   Grade approved for: _____

If no, reasons? _____

_____

_____   _____
Admissions Officer Signature   Date