



OFFICE USE ONLY

Application Date	
Desired Term/Year of Entry	

Applicants Name: Surname	First	Middle
Place of birth:	Date of birth:	Age:
Nationality	Religion (optional):	
Language(s) spoken at home	Ethnic Origin:	

APPLICANT INFORMATION

SCHOOL

Current/last attended school:	Reason for leaving:
School Address:	
School Contact Number:	Email Address:
Years attended:	Date of withdrawal:

CONTACT INFORMATION IN THE UK

Home address:		
Postal code:	Tel:	Email:
Father's Mobile:	Mother's Mobile:	

CONTACT INFORMATION PRIOR TO ARRIVAL IN THE UK
 If you currently reside outside of the UK, please fill out below

Date of arrival in the UK:	
Contact address:	
Tel:	Email:

PARENT/GUARDIAN/CARER DETAILS

Name: Surname	First	
Relationship to child:	Occupation:	
Work Address		
Tel:	Mobile:	
Email Address:		
Are you the child's parent/legal guardian (Please tick box)	Yes	No

Name: Surname	First	
Relationship to child:	Occupation:	
Work Address		
Tel:	Mobile:	
Email Address:		
Are you the child's parent/legal guardian (Please tick box)	Yes	No



EMERGENCY CONTACT

Name: Surname	First
Relationship to child:	
Tel:	Mobile:

IMPORTANT ADDITIONAL INFORMATION

If your child has any psychological or learning difficulties, or any form of disability or impairment, diagnosed or otherwise, please describe them on the [Confidential Information Form \(Page 3\)](#). Likewise, please describe previous enrollment in any advanced, remedial or learning disabilities programs.

MEDICAL HISTORY

Doctor's Name:	Tel:
Known allergies:	
Known Intolerances	
Medical History:	
Record of Immunization:	
Other Information (e.g. diet, sibling history etc.)	

I/We hereby give do not give* permission for my child to be photographed at Rainbow Montessori School (RMS) to be used for the purposes of school related activities or business. *If you have requested to opt out, your child will still be included in photos or videos of school activities solely for parental involvement purposes (i.e. class blogs etc)

I/We hereby give do not give permission for my child to be taken to hospital, admitted and treated if necessary. I understand that every attempt will be made to contact me first and that such measures would only apply if I am not available.

I/We give do not give permission for my child to go on school outings and public transport.

I agree that while at RMS to abide by the published School Policies & Parent Handbook available online via the school website www.rainbowmontessori.co.uk including any amendments / updates in force during my child's attendance at RMS.

I agree to give one full term's written notice before removing my child from RMS or to pay the term's fee in lieu thereof, the deposit paid on enrolment will be retained towards payment of fees in lieu of sufficient notice. This is in accordance with the Rainbow Montessori School Registration Agreement.

ALL FORMS MUST BE SIGNED BY BOTH PARENT(S) AND/ OR LEGAL GUARDIAN(S).

Parent 1 Full Name _____ Parent 1 Signature _____ Date _____

Parent 2 Full Name _____ Parent 2 Signature _____ Date _____



CONFIDENTIAL INFORMATION FORM

APPLICANT INFORMATION

Applicants Name: Surname	First	Middle
Date of birth:	Age:	

Has your child been referred for or had any Educational Assessment/Diagnostic Evaluation?	Yes		No	
If yes, please describe the circumstances and outcomes below.				

Has your child been enrolled on any special program?	Yes		No	
If yes, please tick one and describe below the circumstances below.	Advanced		Remedial	Learning difficulty Program

DECLARATION

I declare all the information given on and with this application form to be, to the best of my knowledge, the accurate description of the true circumstances of our child and our family.

Parent 1 Full Name _____ Parent 1 Signature _____ Date _____

Parent 2 Full Name _____ Parent 2 Signature _____ Date _____



RECORD RELEASE FORM

PARENT/GUARDIAN/CARER

Once a place offer is made by the school and accepted by the parents RMS will contact your child's current/previous school for reference and academic achievement information.

Please fill out details below:

Dear,
 (Name of Class Teacher/ Head Teacher)

..... is applying for a place at Rainbow Montessori Junior School, 13
 (Name of Applicant/Child)
 Woodchurch Road, London, NW6 3PL.

I hereby authorize and request to forward all school records
 (Name of current school)
 (complete transcripts) directly to:

Rainbow Montessori School Head Office: rms@rainbowmontessori.co.uk

Parent 1 Full Name _____ Parent 1 Signature _____ Date _____

Parent 2 Full Name _____ Parent 2 Signature _____ Date _____