

FOR EMERGENCY MEDICAL ATTENTION, WE HEREBY AUTHORISE THE MODERN MONTESSORI SCHOOL TO TAKE OUR SON/DAUGHTER TO, BUT NOT LIMITED TO, THE FOLLOWING HOSPITAL AND PHYSICIAN, AND GIVE CONSENT FOR ALL NECESSARY TREATMENT:

NAME OF HOSPITAL	TELEPHONE NUMBER

NAME OF PHYSICIAN	TELEPHONE NUMBER

OTHER PERSON/S AND NUMBER/S TO CALL IN CASE OF AN EMERGENCY:

NAME	TELEPHONE NO.	RELATIONSHIP

OTHER PERSONS AUTHORISED TO PICK UP OUR SON/DAUGHTER FROM THE MODERN MONTESSORI SCHOOL:

NAME	TELEPHONE NO.	RELATIONSHIP

BUS SERVICE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	ONE WAY	<input type="checkbox"/>	RETURN TRIP	<input type="checkbox"/>

WE HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREWITH ENCLOSE THE AMOUNT OF **JD 250.00** IN THE FORM OF CASH CHEQUE NO. _____ DRAWN ON _____, AND PAYABLE TO THE MODERN MONTESSORI SCHOOL AS AN ENROLMENT FEE, WHICH IS **NON-REFUNDABLE** IN THE EVENT OF OUR WITHDRAWAL.

WE ALSO AGREE TO PAY THE TUITION FEES FOR THE SCHOOL YEAR, AS PER THE ATTACHED PAYMENT SCHEDULE, AND SUPPLY THE MODERN MONTESSORI SCHOOL WITH ALL THE NECESSARY DOCUMENTS REQUIRED FOR ADMISSION, IMMEDIATELY UPON BEING NOTIFIED OF THE PROVISIONAL ACCEPTANCE.

WE HAVE READ, UNDERSTAND AND AGREE TO THE TUITION ACCOUNTS AND THEIR PAYMENT SCHEDULE. IT IS AGREED THAT THE STUDENTS ARE ADMITTED FOR THE FULL ACADEMIC YEAR, THAT TUITION FEES ARE NOT ADJUSTED DUE TO ABSENCE, ILLNESS, REMOVAL BY PARENTS, OR EXCLUSION BY THE SCHOOL, AND THAT THE **M.M.S** RESERVES THE RIGHT TO WITHHOLD RECORDS OF WITHDRAWING STUDENTS UNTIL ALL THE DUE ACCOUNTS ARE PAID IN FULL.

PARENT'S NAME	SIGNATURE	DATE

FOR ADMINISTRATION USE ONLY

<input type="checkbox"/>	ADMITTED	APPLICATION DATE	<input type="checkbox"/>
<input type="checkbox"/>	WITHDRAWN	GRADE	<input type="checkbox"/>

NOTES:	

REGISTRAR'S SIGNATURE	DATE