



LEARNING TREE

Montessori School

No 7 Venkateshwara Nagar 2nd Street, Adyar, Chennai 600041. Phone: 24461470
Email: mail@learningtreechennai.com. Website: www.learningtreechennai.com

APPLICATION FORM FOR ADMISSION

STUDENT INFORMATION:

NAME IN FULL : _____

GENDER (please tick) : MALE FEMALE

DATE OF BIRTH : DATE ____ MONTH ____ YEAR ____

ADDRESS : _____

PHONE : _____ BLOOD GROUP : _____

PARENT/GUARDIAN INFORMATION:

FATHER/GUARDIAN NAME IN FULL : _____

OCCUPATION & DESIGNATION : _____

OFFICE ADDRESS : _____

PHONE : _____ MOBILE : _____ E-MAIL : _____

MOTHER/GUARDIAN NAME IN FULL : _____

OCCUPATION & DESIGNATION : _____

OFFICE ADDRESS : _____

PHONE : _____ MOBILE : _____ E-MAIL : _____

How did you first hear of this school? _____

GENERAL CONSENT FOR PHYSICAL ACTIVITIES:

I understand that the school provides physical programs such as Sports, Dance, etc. as applicable for my child's class. I hereby give my consent for my child to participate in such activities. (Please strike out this clause and furnish a separate letter giving reasons if you do not want your child to participate on medical grounds.)

DECLARATION:

I declare that all the particulars given above are correct to the best of my knowledge.

Signature of Parent/Guardian

Name: _____

Signature of Parent/Guardian

Date: _____