



LEICESTER MONTESSORI SIXTH FORM COLLEGE
162 LONDON ROAD, LEICESTER, LE2 1ND
Tel: (0116) 255 4441
E-mail:Office@montessorigroup.com

OVERSEAS STUDENTS

Enrolment Sixth Form College Overseas 2008/9

(Please use block capitals)

1. Child's Surname Date of Birth..... Sex M / F.....

Forename(s) in full Religion

Address

.....

Post Code Tel:

2. Mother's Name

Occupation
.....

Work Address
.....

Work Tel: Mobile Tel:

E-mail:

3. Father's Name

Occupation
.....

Work Address
.....

Work Tel: Mobile Tel:

E-mail:

10. Please supply the school with your child's current school address and the Head Teacher's name.
(You will be notified if a reference is taken up.)

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.....

11. Where did you hear about the School?

.....

12. Do you have any siblings at any other campus? Yes / No

If yes, your child's name is

13. I wish my child to have available - accommodation for the Christmas holiday period.

Please circle: Yes No

I wish to apply for registration of my child at the Leicester Montessori Sixth Form College Limited.

I have received and read the Terms and Conditions of the School and agree to abide with them or with any other condition that may be required.

I give permission for my child to be taken on supervised School outings. I give permission for my child to be assessed by a suitably qualified person.

I agree to give a full terms written notice before removing my child from the School and will receive a letter of confirmation in return.

VISA CONDITIONS – The Embassy have to disclose the conditions attached to the issue of the VISA.

Name of Father / Guardian Signature of Father / Guardian

Date.....

Name of Mother / Guardian Signature of Mother / Guardian

Date

I wish my child to commence on and I enclose a deposit of