

LEICESTER MONTESSORI SCHOOL

ASSESSMENT DAY APPLICATION

I would like my child to attend the Assessment Day *(please tick which campus)*

at: The Preparatory School Grammar School Sixth Form College

on: _____ *(please specify date)*

(Please use block capitals)

Student's surname..... First name(s).....

Date of Birth Religion.....

Intended commencement date

Address of parent(s) or guardian(s)

.....

Postcode..... Telephone.....

Occupation of father..... Occupation of mother

Contact name and number in case of any emergency

Any food or drinks that you do not wish your child to have – *Please specify*

.....

Any medical information (i.e. allergies, regular medicines etc.) that is relevant:

.....

Has your child, at any time throughout their education, been assessed by an Educational Psychologist, or been given a

Statement of Special Educational needs? *Please circle:* Yes / No

Name and address of school(s) attended during the last two years (with dates):

.....

.....

If your child joins the school will you require school transport? *Please circle:* Yes / No

If transport required, from which destination? *(please state preferred area)*

I enclose an assessment fee of £25 (cheques payable to Leicester Montessori Grammar School).

Signature of Parent/Guardian: Date:

If you have any queries, please do not hesitate to contact the Admissions Office on 0116 2554441

For Preparatory and Grammar Schools please return this form to:

Leicester Montessori Grammar School, 58 Stoneygate Road, Leicester, LE2 2BN

For the Sixth Form College please return to: Sixth Form College, 140 Regent Road, Leicester, LE1 7PA