

**LEICESTER MONTESSORI SCHOOL (LONDON ROAD) LIMITED**

**194 London Road, LEICESTER LE2 1ND**

**Tel: (0116) 2554442 or Admissions Office (0116) 255 4441**

**E-mail: [office@montessorigroup.com](mailto:office@montessorigroup.com) Website: [www.montessorigroup.com](http://www.montessorigroup.com)**

(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 .....

4 Any other person to contact in emergency:

a) Name ..... Tel: .....

b) Name ..... Tel: .....

5 Name of child's Doctor .....

Address of Practice .....

..... Tel: .....



Please tick the immunisations your child has received.

M.M.R

POLIO

D.T.P

Hib

Men

**Please specify**

Any known allergies, including food and drinks, which you do not wish your child to have either on medical or religious grounds. \_\_\_\_\_

Non Vegetarian

Vegetarian

Vegan

Organic

**Please specify**

Any operations, disabilities, special needs and, any further information. \_\_\_\_\_

How did you hear about us? (please specify) \_\_\_\_\_

Do you have siblings currently attending this or any of our Nurseries or Schools?

**Yes/No\***

If yes, your child's name is \_\_\_\_\_ and (campus) \_\_\_\_\_

Please indicate in the table below the sessions you require

Session A (4 hours)

Session B (5 hours)

Session C (6 hours)

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Mornings</b>					
<b>Afternoons</b>					
<b>Full days (please tick)</b>					

- I wish to apply for the admission of my child at the Leicester Montessori School (London Road) Ltd.
- I have received and read the regulations of the School and agree to abide with them or with any other conditions that may be required.
- I agree to give one month's written notice before removing my child from the Nursery School and I will receive a letter of confirmation in return.
- I give permission for my child to be taken on supervised outings.
- I give permission for my child to be assessed by a suitably qualified person.

I wish my child to commence on \_\_\_\_\_ (date). I enclose a £50.00 non-refundable deposit and a copy of my child's birth certificate in order to be placed on the Nursery waiting list.

Name of Mother / Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Father / Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Montessori Group**

Nursery 137 Loughborough Road, Leicester, LE4 5LQ  
 Nursery 291 Liberty Road, Leicester, LE3 6NP  
 Nursery Staker Lane, Derby, DE3 0DJ  
 Nursery 279 London Road, Leicester LE2 3ND

Nursery 1096 Melton Road, Leicester LE7 2HA  
 Nursery 84 Station Road, Wigston, LE18 2DJ  
 Nursery 190 London Road, Leicester, LE2 1ND



Preparatory School  
 Grammar School  
 Sixth Form College

194 London Road, Leicester, LE2 1ND  
 58 Stoneygate Road, Leicester LE2 2BN  
 140 Regent Road, Leicester, LE1 7PA