



ABACUS MONTESSORI & PRIVATE SCHOOL

2723 St. Clair Ave. E, East York, Ont. M4B 1M8

Tel: 416-285-0110 - www.abacusmontessori.ca

ADMISSION FORM

Name of the child _____

Date of birth _____

Home address: _____

Telephone: _____

Parent's name _____

Work Address _____

Work number _____

Cell number _____

Parent's name _____

Work address _____

Work number _____

Cell number _____

Email address _____

Birth order of your child: Only child, oldest, youngest, middle child

Does your child have any special needs? Yes/No

Is your child fluent in English? Yes/No

Intended start for the child: _____

Grade to which the child is to be admitted: _____

Name of the school and grade last attended: _____

Address and phone number of the previous school: _____

Start Date: _____ Discharge date: _____

List some activities that the family does together:

Describe some personality traits of your child:

EMERGENCY INFORMATION

Name of family physician _____

Address and Telephone _____

Health Card number _____

Food allergies/restrictions _____

Please list any prevailing medical condition: _____

Is the child on any medication? Yes/No

Has the child undergone any assessment from a specialist? If yes, please attach detailed report

Name of emergency contact person _____

Relationship to the child _____

Telephone: _____ Cell number: _____

Name of emergency contact person _____

Relationship to the child _____

Telephone _____ Cell number _____

I hereby declare that all the information regarding my child is correct. I have read and understood the Parent's handbook particularly the school's policies towards persons responsible for the child's pick-up and drop-off. I understand that such persons must show a photo ID to the staff and that I must submit a letter authorizing such an individual to drop-off or pick up my child. I understand that the responsibility for making such arrangements is solely mine.

Signature of parent _____ Date _____