



ST. GERARD'S MONTESSORI SCHOOL APPLICATION FORM

Name of Child _____
(Block Capitals please)

Date of Birth _____ Male/Female _____

Proposed Year of Enrolment _____ (School commences in September each year)

Parent's Names _____

Address _____

Telephone (Home) _____ Work _____

Mobile No(s) _____

Name of Family Doctor _____ Phone _____

Allergies or any other medical condition we should be aware of:

Collection Times – Please tick your preference:

12.30 p.m. _____ 2.45 p.m. _____ 4.45 p.m. _____

- | | |
|----------------------------------------------------|----------|
| 1. Have you applied to St. Gerard's Junior School? | Yes / No |
| 2. Do you already have a Child in St. Gerard's? | Yes / No |
| 3. Are you a past-pupil of St. Gerard's? | Yes / No |

If yes, please confirm your name and date of leaving _____

**WE HEREBY APPLY FOR A CHILD TO BE ADMITTED TO ST. GERARD'S
MONTESSORI SCHOOL AND WE ACCEPT THE FOLLOWING CONDITIONS:**

1. Fees are payable on or before the first day of term.
2. A term's notice is required before a child is removed from the school, or a term's fees in lieu thereof.
3. The Directress reserves the right to relinquish the responsibility for the further education of a child if, in her opinion, the best interest of the school, or the child, demands it.

SIGNED _____ DATE _____

Completed forms should be returned to "The Directress", St. Gerard's Montessori School, Thornhill Road, Bray, Co. Wicklow.