



LEICESTER MONTESSORI PREPARATORY & GRAMMAR SCHOOL LIMITED

58 Stoneygate Road, Leicester LE2 2BN

Tel: (0116) 270 6667 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: .....

6. Favourite Subject and Interest .....
7. Any Food or drink which you do not wish you child to have – please specify.  
.....
8. Any operations, disabilities, special needs and, any further information – please specify.  
.....
9. Has your child, at any time throughout their education, been assessed by an Education Psychologist or been given a Statement of Special Education Needs?  
Please tick                      Yes                       No
10. Please supply the school with your child’s current school address and the Head Teachers name (you will be notified if a reference is taken up)  
.....
11. Where did you hear about the school? .....
12. 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) .....

**I wish to apply for registration at the Leicester Montessori Preparatory and Grammar School.**

**I have received and read the Terms and Condition of the School and agree to abide with them or with any other conditions 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 term written notice before leaving the School and will receive a letter of confirmation on return.**

Name of Father / Guardian .....Signature .....Date.....

Name of Mother / Guardian .....Signature ..... Date .....

I Wish my child to commence on ..... and I enclose a £50.00 non refundable deposit

Date: .....

**The Montessori Group**

**Nursery** 190 London Road, Leicester LE2 1ND  
**Nursery** 279 London Road, Leicester LE2 3ND

**Nursery** 137 Loughborough Road, Leicester LE4 5LQ  
**Nursery** 1096 Melton Road, Syston, Leicester LE7 2HA

**Preparatory & Grammar School** 58 Stoneygate Road, Leicester LE2 2BN  
**Sixth Form College** 140 Regent Road, Leicester LE1 7PA