Pacesetters Montessori School (PMS)
pacesettersmontessori@gmail.com Tel: 0245125077/0207184563/0544278883
Digital Address: NE-0025-9611 (500 Meters Adjacent the New Municipal Assembly, Gambaga -NER)

Form No:

# ADMISSION APPLICATION FORM

Photo

Please note that completing this form is not an automatic admission. Admission is confirmed after the applicant has been assessed and full appropriate fees paid

PLEASE COMPLETE FORM IN BLOCK LETTERS

## APPLICANT'S PERSONAL INFORMATION

| | | | |
|---|---|---|---|
| First Name: | Middle Name: | Surname: | |
| Date of Birth: | No. of siblings in PMS: | Sex: | Religion: |

## Parent/Guardian Information

| | |
|---|---|
| **Father's Information** | |
| Name: | Occupation/Employer: |
| Phone/Whatsapp number: | Employer: |
| Address: | |
| **Mother's Information** | |
| Name: | Occupation/Employer: |
| Phone/Whatsapp number: | Employer: |
| Address: | |

**Health Condition if Any:** ……

……

**Applicant's Previous Schooling**

| Name of School | Date attended | | Class/Grade/Form | |
|---|---|---|---|---|
| | From | To | From | To |
| | | | | |
| **School Contact Number** | | | | |

## Office Use Only

| | | |
|---|---|---|
| Date of Admission: | Admission No: | Class Admitted to: |
| Name of Officer: | Designation: | |
| Signature & Stamp: | Date: | |

**PLEASE ATTACH A COPY OF APPLICANT'S BIRTH CERTIFICATE/WEIGHING CARD AND RETURN COMPLETED FORM WITHIN 72 HRS**