

Form No: _____

Lines House, ST-12, Wasim Bagh, Block 13/D-2,
Gulshan-e-Iqbal, Karachi-75300.
T: 34961450 / 34964038
E: info@greenhousemont.com
W: www.ghm.edu.pk

Photo
1.5 x 1.5
White background

Student No: _____

Application For Admission

START FROM HERE

Student Full Name –First–Middle –Last

Male –Female

Home Address

State Area, Block, Street, Postal code

Landline:

*Father's Cell Phone:

**Mother's Cell Phone:

State residential or Office

Birth Date:

Name of Previous Montessori School (if any):

Parent/ Guardian –Full Name

Home Address/ If Different from Student

Owned Rented

Landline No:

Cell Phone No:

Email:

Name of Business

Position

Phone:

Address

How did you get to know about Greenhouse Montessori?

Who of Named Parent/Guardian is responsible for child s Support?

To Whom Should Billing be sent if other than above?

Full Name & Address

*Father's cellphone number is used for WhatsApp.

**Mother's cellphone number is used for SMS alert.

The following information will enable us to get to know your Child better.

What are your educational Goals for your child? How do you see Green House Montessori facilitating these Goals? _____

Does your Child have any Hobbies, Sports, Special Interests, Talent or unusual Capabilities? _____

How do you see your child in his/her Social/Emotional development? _____

Has your Child had any remedial work, special tutoring, or enrichment classes during past two years? If so, in what academic area? _____

Is there any Significant **Medical history** of your Child which we should be aware of or have any diagnostic evaluations (Educational or Psychological) ever been completed of your child? Please give details and request a copy of educational test or evaluations be sent to us. _____

Are you aware of any areas in which we might be able to give special help & encouragement to your child? _____

I HEREBY AFFIRM THE VALIDITY OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION. FAILURE TO PROVIDE ACCURATE INFORMATION IS GROUNDS FOR NON-ACCEPTANCE OR FUTURE DISMISAL FROM GREENHOUSE MONTESSORI.

Parent / Guardian Signature: _____ Date: _____

C.N.I.C No: _____

----- **For Office Use Only** -----

Documents Submitted:

Birth Certificate 2 Student pictures CNIC of Father/Mother Vaccination Card Family Photograph

Program Enrolled:

Playgroup-I Playgroup-II Junior I Junior II Senior

Program Starting Date: _____ Student Timings: _____

Remarks: _____

Signature: _____

Date: _____