



JOHARI MONTESSORI SCHOOL
Where Curiosity Leads To Learning

+254 722 602 637

info@joharimontessori.co.ke

www.joharimontessori.co.ke

Convent Road Lavington Off
James Gichuru Road

Registration Form

Affix Recent

Passport photo

Section 1 (Child Information)

Child's Name: _____
(First Name) (Middle Name) (Surname)

Date of Birth: _____ Sex: _____ Nationality: _____

Language Spoken: _____ Proposed Year of Entry: _____

Term of Entry (Sept/Jan/April): _____

Section 2 (Parent Information)

Father's/Legal Guardian's Name:

Occupation: _____ Mobile Telephone: _____

Address (including postcode): _____

Email address: _____



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Mother's/Legal Guardian's Name: _____

Occupation: _____ Mobile Telephone: _____

Address (including postcode): _____

Email address: _____

Section 3 (Family Information)

Please write the names of any other person that is authorized to pick your child if needed to other than the parents: _____

Relationship _____ Mobile Telephone: _____

Child lives with both parents Only Mother Only Father Other

You are responsible for informing the school of any changes in contact details and changes in family status.



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Sibling Information

Name	Age	Current School

(Sibling's discount on tuition fee only is given in bills as) 2nd child-5% 3rd child-10% 4th-child-15% 5th child-20%

Section 4 (Emergency Contact Details)

Name of Person:	Relationship:
Contact Number:	Email Address:

Section 5 (Student Medical Details)

Any allergies? If yes, please list.	
Food allergies? If yes, please list.	
Blood group:	Long-term medication:
Family Doctor's Name and Contact Details:	
Please Attach a copy of your child's medical card.	



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Section 6 (Acknowledgement)

Once my child has been accepted:

I will pay each term's fees by the Friday of the first week of the said term.
I acknowledge that one term's notice of withdrawal of child (ren) is required in writing.
I understand that no reduction can be made for holidays, sickness or any other absence during the term.

I/We hereby enclose Kshs 5,000 non-refundable registration fee.

Please make cheque payable to: **Califreste Limited**

Parent's Signature

Date

Payment Information	
Account Name:	Califreste Limited
Account Number:	1275279872
Bank Name:	Kenya Commercial Bank (KCB)
Branch:	Kericho
Paybill No:	522 522 Account Number 1275279872

Please note your application will **NOT** be accepted without the following:

1. Completed Registration/ Application form that is signed
2. Copy of Immunization Records
3. Copy of Birth Certificate
4. Two passport size photographs of your child
5. Non-Refundable Registration Fee Kshs. 5,000
6. Copies of child's medical insurance cover.
7. Copy of a school leaving certificate/recommendation letter from the previous school (where applicable).
8. Copies of parents/guardian's identification cards/passports.

Upon acceptance of offer, fees are due on or before beginning of each term.

There are 3 Terms per academic year.



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FOR OFFICIAL USE ONLY

Accepted Term of Entry _____

Class _____ Student No _____

Director's Signature _____ Date _____

Head Teacher _____ Date _____



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