**OJAL MONTESSORI SCHOOL (est. 1971)**

Address: All Hallows Church Hall, Horsenden Lane North, Greenford, Middlesex, UB6 0PD

[www.ojalmontessori.com](http://www.ojalmontessori.com) | [info@ojalmontessori.com](mailto:info@ojalmontessori.com) | 020 3488 2877, 07813 493117

**Admission Form**

Thank you for registering your interest in enrolling your child at Ojal Montessori School. We look forward to supporting your child as they blossom and develop in the Montessori environment prepared for your child.

Please could you complete this form electronically on Microsoft Word (instructions are detailed below) ensuring all relevant fields are entered accurately.

Instructions to complete this form:

This is an electronic form to be completed on Microsoft Word. When completing this form, please ensure it remains in the ‘Protected’ mode for ease of completion. You would have received this form already in ‘Protected’ mode and so it will remain ‘Protected’ unless if clicked otherwise in the Developer tab of Microsoft Word. Please note, in completing this form, you should not need to change anything in the Developer tab. You should only need to type in the requested information or mark the square-shaped check box where appropriate.

In all areas where you are requested to type the relevant information, please click within the grey coloured boxes and begin typing. The grey box will expand as large as is required to fit in the information you type in. In all sections where a ‘Yes’/’No’ response is required, please simply click on the square-shaped check box next to ‘Yes’ or ‘No’ as appropriate and the system will insert an X mark. If you would like to change your response, please re-click the square-shaped check box to remove the X mark and click the correct check box as appropriate. When selecting the gender of your child, please click the ‘Select Gender’ drop-down box and choose the necessary gender.

***For any italicised text in blue font, please leave this for the Montessori Directresses at Ojal Montessori School to complete upon the receipt of this form and the relevant information.***

Please note, we will require hand signatures to be made on a hard copy of this form. Therefore, after completing this form (Ojal Montessori School 2020-2021 Admission Form), please email us a digitally-completed (typed up) version of this form and simply type in the signer’s name in BLOCK CAPITALS in the designated areas for signatures. Following this, before your child is officially enrolled at Ojal Montessori School, please also bring a printed (hard) copy of this form with the designated boxes for the hand signature remaining empty. We will then kindly request you to hand-sign the forms with us at Ojal Montessori School. During this visit, please also bring along with you the 2020-2021 Registration Form, your child’s birth certificate and any other requested information to complete the enrolment process.

Upon completion, please save the form with the name/title “***YOUR CHILD’S FULL NAME* ADMISSION FORM**” and email this completed **Admission Form** to [info@ojalmontessori.com](mailto:info@ojalmontessori.com). Thank you.

If you have any questions, please reach out to us at [info@ojalmontessori.com](mailto:info@ojalmontessori.com) or on 020 3488 2877 or 07813 493117.

**Child’s Information:**

Full Name of Child:       Gender:

Child’s Date of Birth:

Position of Child in terms of Siblings (e.g. eldest of 3 children, 2nd eldest of 3 children):

Proposed Date of Leaving the School:

***To be filled in by Ojal Montessori School: Child’s Date of Admission:***

Special Education Need:

English the first language:

Languages are spoken at home:

The child’s and family’s ethnic background:

**Parent/Guardian Information:**

***Mother/Partner:***

Full Name:       Occupation:

Street Address:

Town:       Postcode:

Home Number:       Work Number:

Mobile Number:

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

***Father/Partner:***

Full Name:       Occupation:

Street Address:

Town:       Postcode:

Home Number:       Work Number:

Mobile Number:

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

Which of the above contacts does the child currently live with:

Mother/Partner:  Father/Partner:  Both:

|  |  |
| --- | --- |
| Please select the days and sessions you would like your child to attend Ojal Montessori School:  *Morning Session: 9am to 12pm (Healthy snack lunch provided)*  *Afternoon Session: 12pm to 3pm (Lunch time)*  *Full Day: 9am to 3pm*  *\*We are currently making provisions to be open****UNTIL 6PM MONDAY TO FRIDAY****from September. Please confirm your interest for these extended hours\**  Please note: If you are eligible for the 15 hours a week of NEG funding, Ojal Montessori School will make every effort to offer the days and times you request for your child. Please note, however this may not always be possible given the register at the School at the time.  If you are eligible for the 30 hours a week NEG scheme, this would entitle your child to attend Ojal Montessori School at subsidised fees for 5 full days a week.  Note: These NEG schemes (together with Childcare Vouchers or Tax-Free Childcare) can be used to contribute towards the School fees.  Dates and Times of Attendance  **Morning Session: Afternoon Session: Full Day:**  Monday:  Tuesday:  Wednesday:  Thursday:  Friday: | |
| This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child.**  Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child’s birth certificate is required at this point with a copy made for our file.  If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice). | |

Please could you let us know how you became aware of Ojal Montessori (e.g. word of mouth/referral from friends and family, viewing the School banner, Google search):

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| --- |
|  |
|  |

**Parent(s)/Guardian(s) Signature: (Please sign the form by hand once printed)**

Parent/Carer 1:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed |  | | Date |  |
| Printed name | |  | | |

Parent/Carer 2:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed |  | | Date |  |
| Printed name | |  | | |

Thank you very much for filling in this form.

Please ensure that you email this digitally completed form with the subject: ‘***YOUR CHILD’S FULL NAME 2020-2021* ADMISSION FORM’** and also the digitally completed Registration Form 2020-2021 with the subject ‘***YOUR CHILD’S FULL NAME 2020-2021* REGISTRATION FORM’** to ***info@ojalmontessori.com***.

Please also bring along **printed copies** of this digitally completed Admission Form together with the Registration Form **with hand signatures**, **your child’s original birth certificate**, the red book and any other requested information before he/she starts School.

We look forward to welcoming your child to Ojal Montessori School soon.

Warm Regards,

Ojal Montessori School Team

***For the use of Ojal Montessori only:***

***Date Application Received:***

***Digital Admission Form:***  ***Printed Admission Form:***  ***Birth Certificate Seen:***

***Place confirmed and registration form sent:***

***Waiting list No. (if applicable):***

***Additional Comments:***

**Ojal Montessori School Admissions: Policy Statement**

It is our intention to make our setting accessible to children and families from all sections of the local community. We aim to ensure that all sections of our community have access to the setting through open, fair and clearly communicated procedures.

**Procedures:**

* We ensure that the existence of our setting is widely advertised in places accessible to all sections of the community.
* We ensure that information about our setting is accessible and provided in written and spoken form.
* We arrange our waiting list in birth order. In addition, our policy may take into account the following: the vicinity of the home to the setting; and siblings already attending the setting.
* We keep a place vacant, if this is financially viable, to accommodate an emergency admission.
* We describe our setting and its practices in terms that make it clear that it welcomes fathers and mothers, other relations and other carers, including child-minders.
* We describe how our practices treat each child and their family, having regard to their needs arising from their gender, special educational needs, disabilities, social background, religion and ethnicity or from English being a newly acquired additional language.
* We describe how our practices enable children and/or parents with disabilities to take part in the life of the setting.
* We monitor the gender and ethnic background of children joining the group to ensure that our intake is representative of social diversity.
* We make our Valuing Diversity and Promoting Equality Policy widely known.
* We consult with families about the opening times of the setting to ensure we accommodate a broad range of families' needs and our availability.
* We are flexible about attendance patterns to accommodate the needs of individual children and families, providing these do not disrupt the pattern of continuity in the setting that provides stability for all the children.

This policy was adopted at a Montessori Directress team meeting of Summer Term.

Date of Meeting: 7 July 2020

Date of next review: August 2021, or any time as required

Signed on behalf of the provider: *Navjyot*

Name of Signatory: Navjyot NR Grover

Role of Signatory: Head of the School