



Saigon Montessori Kindergarten Application for Admission

Photograph
3×4

GENERAL INFORMATION

Family name (Họ) _____ First name (Tên) _____ (Nick name) _____ Gender (Giới tính) _____
Date of birth (Ngày sinh) _____ Place of birth (Nơi sinh) _____
Nationality (Quốc tịch) _____ Passport Number (Số hộ chiếu) _____
Address (Địa chỉ) _____

Languages spoken (Ngôn ngữ chính) _____ Other language (Ngôn ngữ khác) _____
Child's previous school (Tên trường đã học): _____
Intended start day (Ngày nhập học): _____

CONTACT INFORMATION

Father's name (Họ Tên bố) _____ Nationality (Quốc tịch) _____
Occupation (Nghề nghiệp) _____ Name of company (Tên công ty) _____
Cell phone (ĐTDD) _____ Email _____
Mother's name (Họ tên mẹ) _____ Nationality (Quốc tịch) _____
Occupation (Nghề nghiệp) _____ Name of company (Tên công ty) _____
Cell phone (ĐTDD) _____ Email _____
Child lives with (Bé sống cùng): Parents together (Bố và mẹ) Father (Bố) Mother (Mẹ)
 Legal guardian (Người giám hộ hợp pháp) Other (Người khác)
Legal guardian's name (Tên người giám hộ) _____ Cell phone (ĐTDD) _____
(Complete Guardian line if student is not living with one or both parents)

Emergency contact (Thông tin liên hệ trong trường hợp khẩn cấp):

1. Name (Họ và tên) _____ Cell phone (ĐTDD) _____ Relationship to child (Mối quan hệ với trẻ) _____
2. Name (Họ và tên) _____ Cell phone (ĐTDD) _____ Relationship to child (Mối quan hệ với trẻ) _____

Sibling information (Thông tin anh, chị, em ruột)

1. Name (Họ tên) _____ D.O.B (Ngày sinh) _____ Gender (Giới tính) _____
2. Name (Họ tên) _____ D.O.B (Ngày sinh) _____ Gender (Giới tính) _____

CHILD'S MEDICAL HISTORY

(Please attach the details of medical report if your child has serious medical condition)

Has your child been involved in any development support program? Yes No

(If yes, specify) e.g. speech therapy _____

Does your child have a formal or informal diagnosis of some type (Learning Disability, PDD, ADHD, etc.)? _____

(If yes, please describe history of who conducted testing, concluded diagnosis, approximate date of diagnosis, and enclose report) _____

Has child ever had any difficulty with hearing, seeing or other bodily function? _____

Describe any special help which was given to correct it _____

Does your child have any medical diagnosis, health, asthma, allergy issues? Yes No

(If yes, please indicate the substance(s) to which your child is allergic) _____

Is your child taking any medication? If so, name and dosage _____

Serious medical condition(s) _____

Food allergy _____

Other medical information the school should be aware of _____

What foods are particularly liked? _____

What foods are refused? _____

What time does child go to bed at night? _____

What time does child arise in morning? _____

Are there any sleeping problems? _____

Words she/he uses when needing to go to bathroom _____

Is your child completely potty trained, including dry at night? _____

Does your child dress and undress him/herself? _____

FAMILY AND CHILD INTERACTION

Are there adults, other than parents, now living at home? _____

List child's favorite toys and activities _____

How much (TV, computer, smart phone...) does he / she watch? _____

What are his / her favorite programs? _____

Do you have any special concerns about your child? (*i.e. anxiety, fears, separation*) _____

What seems to help the problem? _____

How much does he / she get along with other children? _____

Describe any recurring fears your child exhibits _____

What is done to deal with these fears? _____

DISCIPLINE

What methods of directing his / her behavior do you most often use?

- | | |
|--|--|
| <input type="checkbox"/> Redirection of interest | <input type="checkbox"/> Reasoning |
| <input type="checkbox"/> Prevention of undesirable behavior before it occurs | <input type="checkbox"/> Threatening, if "you don't..., I will...." |
| <input type="checkbox"/> Ignoring the behavior | <input type="checkbox"/> Comparing child with another |
| <input type="checkbox"/> Scolding | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Spanking | <input type="checkbox"/> Listening feedback to help child solve his own problem |
| <input type="checkbox"/> Depriving of some fun | <input type="checkbox"/> Substitution of one activity now until the desired activity can be done later |
| <input type="checkbox"/> Problem-solving to focus on real needs | |

Other methods: _____

OTHER INFORMATION

What do you expect your child to get from our school as compared to another school? _____

- How did you hear about us?
- | | |
|---|---|
| <input type="checkbox"/> Friends / family | <input type="checkbox"/> Online community |
| <input type="checkbox"/> School sign | <input type="checkbox"/> Others _____ |

Required additional documentation

The following documentation is required to complete your child application. Please bring a copy of all documentation and submit to the School by the time of enrollment.

- Passport or birth certificate
- 4 photographs size 3×4
- Hospital record or immunization record - must include an official signature (doctor, nurse etc.)

CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

I hereby grant permission to Saigon Montessori staff to administer first aid and CPR and/or seek medical attention for my child, _____ in the event such treatment is deemed necessary, and I am unable to be contacted. I further consent to medical or surgical treatment by any licensed physician and/or hospital and further consent to administration of necessary anesthetics, medical treatment, tests, transfusion, injection, or drugs, and the performing of whatever operations may be deemed necessary or advisable during his/her stay in the hospital. I will pay for ambulance services if the staff deems it necessary to call them in case of an emergency.

I declare that the information supplied on this form is correct and complete. I acknowledge that the provision of incorrect information may delay the assessing of my application.

Further, I recognize that it is my responsibility to notify my child’s school should the above information change.

Signature _____

Date _____