



Montessori Application Form

(Academic Year

20____ - 20____)

Valiants Academy

114/3 & 114/4 of BM Kaval Village,
Kengeri Hobli, off Kanakapura Main Road, Bangalore-82
Ph : 78991 28787 / 72595 90409
Email : office@valiantsacademy.org

Kindly affix a recent
passport size photograph
of the student here.

We would like to take this opportunity to thank you for choosing Valiants Academy to be a part of your child's life. Our efforts will be to provide a complete learning environment where the child will feel secure and develop a love towards all his/her activities. Nurturing every child and allowing his/her inner potential to manifest will be our sole endeavor, thereby creating an integrated personality. Your support and understanding in the philosophy of Valiants Academy will be the key to our success.

Please Note:

- (a) This form should be filled and submitted to the PRINCIPAL - VALIANTS ACADEMY, BANGALORE.
- (b) All information sought for, along with the photographs and documents required are to be submitted. Incomplete forms shall not be considered.
- (c) Submission of this form does not guarantee an interview call / admission.
- (d) Montessori Method of education will be strictly followed till 5th Standard, the philosophy will be continued at higher grades also. Seeking for admission at Valiants Academy, implies that the parents are well informed of the approach to education and are in total acceptance to the processes and principles laid down by the management.

FOR OFFICE USE ONLY

Date _____

Gender

☐ M ☐ F

Class of Admission

Application/ Registration Number:

I. STUDENT INFORMATION

1. Name (in full capital letters)

Student's First Name

Middle Name

Last Name

2. Mother Tongue

3. Familiar Languages

4. Date of Birth

5. Age

6. Gender

☐ M ☐ F

7. Nationality

8. Home Telephone #

9. Class of Entry

10. Age (Please specify age as on 1st June in terms of years & months)

11. Any physical or learning disability:

Information about Sibling/s (If applicable)

Name	Age	Gender	School
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
Name	Age	Gender	School
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>

II. STUDENT'S ACADEMIC HISTORY

Particulars of previous schooling:

Has your child been a part of Montessori Education?

YES

☐

No

☐

Name of the School

Place

Standard

Date of Joining

Date of Leaving

How has Montessori education contributed to the development of your child?

1. _____

2. _____

3. _____

III. STUDENT'S DETAILED INFORMATION

1. Could you provide details if your child has received any recognition based on his/her excellent performance or talent? If yes, please provide details.

Subject(s)/Talent(s): _____

2. Has your child ever skipped a grade? If yes, please provide details.

3. Kindly indicate which of the following are applicable to your child.

☐ is self motivated/ independent

☐ follows directions accurately

☐ completes tasks with little assistance

☐ uses time efficiently

☐ accepts responsibility

☐ accepts limits and rules

☐ accepts consequences for his/her choice made

☐ follows group norms and social rules

☐ is athletic in special areas (Please specify the areas): _____

☐ is artistic in special areas (Please specify the areas): _____

IV. STUDENT'S HEALTH AND FOOD HABITS

1. Please provide information about any medical issues, which may have affected your child in the past.

Is your child under any medication?

YES

☐

NO

☐

If Yes, Please mention the name and dosage of the medication.

Name

Dosage

Is the child a vegetarian?

YES

☐

NO

☐

V. PARENTS/GUARDIAN INFORMATION

Father's First Name

Middle Name

Last Name

Home Street Address

City

State

Zip

Email address

Home Phone #

Cell Phone #

Education/ Professional Qualifications:

Details of Colleges and Universities attended:

Organization/Company

Designation

Work Phone #

Office Address

City

State

Zip

Mother's First Name

Middle Name

Last Name

Home Street Address

City

State

Zip

Email Address

Home Phone #

Cell Phone #

Education/ Professional Qualifications: _____

Details of Colleges and Universities attended:

Organization/Company

Designation

Work Phone #

Office Address

City

State

Zip

Guardian's First Name

Middle Name

Last Name

Home Street Address

City

State

Zip

Email Address

Home Phone #

Cell Phone #

Education/ Professional Qualifications: _____

Details of Colleges and Universities attended:

Organization/Company

Designation

Work Phone #

Office Address

City

State

Zip

Gross Income

Father:

Mother:

Guardian (if applicable):

Applicant lives with: Mother and Father
(Please tick)

☐

Mother

☐

Father

☐

Guardian

☐

For any reason, if the parents are separated or divorced, please mention, which parent currently has the legal custody of the child.

Father

☐

Mother

☐

If the parents are separated or divorced, request you to provide details with regards to visitation rights or any other rights according to the law.

(It is mandatory that both the parents sign the application form in case of divorce or separation)

VI. KNOWING THE PARENT

(If required, use additional sheets for any of the questions)

What are the qualities do you think are required for the child of tomorrow?

What do you think is the role of parents in ensuring that the above qualities are developed in the child?

What role do you think the school should play in nurturing the child?

How do you think Valiants Academy will contribute to your child's future?

Please share any additional information you feel might be useful for us.

Parents's involvement and participation will help in alignment to the philosophy of Valiants and appreciate the method of education, ensuring a consistent environment to the child at home and at school.

(Please note: This will not have any bearing on the admission of the child and is only for the purpose of information)

Will you be able to participate in the school activities? Father(F) ☐ YES ☐ NO Mother(M) ☐ YES ☐ NO

If yes, please fill in the required information below:

1. Time that can be given per week: 2-5hrs ☐ F ☐ M 5-8hrs ☐ F ☐ M 8-12hrs ☐ F ☐ M More than 12hrs ☐ F ☐ M

2. Preferred days to work: Monday ☐ F ☐ M Tuesday ☐ F ☐ M Wednesday ☐ F ☐ M Thursday ☐ F ☐ M Friday ☐ F ☐ M

Preferred time slots: 8.30AM - 11.30AM ☐ F ☐ M 12.30PM - 3.30PM ☐ F ☐ M

3. Area of academic expertise:

Father

Mother

4. Area of professional expertise:

Father

Mother

5. Area of interest to contribute:

Father

Mother

VII. KNOWING YOUR CHILD

Mention at least 5 qualities that describe your child the best.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

What are your child's interests and how is it being encouraged?

Your evaluation of the child's academic performance:

VIII. DOCUMENTS TO BE ENCLOSED ALONG WITH THE APPLICATION

- ☐ Copy of the birth certificate of the applicant
 - ☐ Copy of the transfer certificate issued by the previous school (If applicable)
 - ☐ Copy of the latest transcripts/report cards issued by the previous school
 - ☐ 3 Passport size photographs of the student
-

Name (Father)

Name (Mother)

Signature (Father)

Signature (Mother)

Date : _____

Date : _____

Place: _____

Place: _____

Name (Guardian, if applicable)

Signature (Guardian, if applicable)

Date : _____

Place: _____