DANEM ROYAL MONTESSORI SCHOOL



P.O. BOX DS 66 Dansoman - Est. A / Accra Tel: (021) 331 271 / 020 81 22646

MOTTO: TOP BRAINS

The goal of D.R.M. school program is to achieve the highest potential possible for each child in terms of academic achievement, spiritual growth, social skill, healthy emotional development and physical performance.

Our staff are experienced, well trained and dedicated to the proper growth and development of your child.

At D.R.M. we view each child as special and unique in their talents and abilities. In order to accomplish this goal, our school uses many interesting and educational activities in the classroom The Montessori techniques are used to achieve academic excellence.

WE OFFER:

- Creative curriculum
- Bright cheerful classrooms
- Indoor / Outdoor play
- Christian environment
- Loving teachers
- Field trips
- Open all year for creche

"Integrity without knowledge is weak and useless
And knowledge without integrity is Dangerous and dreadful"
-Rasselas-









This is why:

believes that, EDUCATION
is worth the MOST, but often valued the LEAST
and if one GRASPS at it's SHADOW

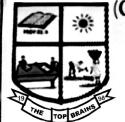
and if one GRASPS at it's SHADOW, one may lose it's SUBSTANCE

next in importance to FREEDOM and JUSTICE

is QUALITY EDUCATION,

without which neither FREEDOM nor JUSTICE can be PERMANENTLY MAINTAINED.

DANEM ROYAL MONTESSORI SCHOOL



(Creche, Nursery, Primary and Junior High School)
(3 months through to 9th Grade)

Affix one
Passport
Sized
Picture
Here

APPLICATION FOR ADMISSION

PERSONAL DETAILS

.59						
Child's Full Name:			(Middle Name)			
Date of Birth: Place of Birth:						
Religion:						
Is there any sibling(s) attending this school?						
Name(s):						
Any younger brother(s) / sister(s)? Yes No If yes, how many?						
Marital Status of parents:						
The child lives with: (Tick one)						
Both Parents	Mother 🗌	Father	Guardian			
Main language spoken at home:						
Expected Date of Ent	ry:					
Last school attended.						
Name of school	Address	Year	Last Class completed			

FAMILY DETAILS

<u>FATHER</u>		<u>MOTHER</u>	
Name:(Surname)		Maiden Name:	
Is he living: Yes No		Is she living: Yes	No
College / University attended (if any)		College / University attended (if any)	
Degree:		Degree:	Year
Occupation:			
Profession:			
Name of Business / Organization:			
Residential Address:		If different:	
Postal Address:		If different:	
Tel. Nos: Office:			
Residence:			
Mobile:			
E-mail Address:			
If you a guardian, please fill in Thank You.	n your details in the	e section of the parent you a	re surrogating for.
* Would like your child	/ ward to partici	pate in the following?	
► Homework Hour	Yes	No 🗆	
► Daily Hot Lunches	Yes	No 🗌	

RECORD OF IMMUNIZATION	REQUIREMENT FOR CRECHE DEPT. ONLY
Date:	► 1 Small towel
Anti tuberculosis:	6 cakes of toilet soap (termly)
(BCG)	4 t/rolls termly
Poliomyelitis: (I)	► 1 bottle antiseptic
" (ii)	1 Packet of powdered soap
" (iii)	▶ 1 bottle Vaseline
	▶ 1 tin powder, comb
Whooping Cough, Tetanus	Diapers
& Diphtheria: (I)	▶ 1 box facial tissues
" (ii)	
" (iii)	
Measles:	
Others (specify)	
RECORD OF ILLNESS (Please tick one)	
Asthma Yes/No	
Sickle Cell Yes/No	
Eczema Yes/No	
Mumps Yes/No	
Chicken pox Yes/No	
Other information e.g. Allergy:	
FOR OFFICIAL USE ONLY	
	Registration fee received:
Application & other forms acknowledged:	Place accepted: Yes No
Place to be offered: Yes No No	Class admitted to:
Admission Date	
Admission No:	

FINANCE

FEES:
Admission Fees:
School Fees (per term):
Uniform: (4):
Books:
OPTIONAL: Feeding Fees (per term):
Transport (per term):
Upgrading:
Note:- Fees paid are not refundable Note:- We do not cane children, however we do not hesitate to smack or apply other similar corrective measures as a deterrent for gross misconduct or bad bahaviour.
I certify that information given here is true and I promise to abide by all rules and regulations of the school.
Date:Signature: