

APPLICATION FORM

Please note this form must be signed and completed in full by both parents/legal guardian, prior to admission. All application documentation appears in the checklist below. Documents 1 – 5 must be submitted by all applicants and documents 6 and 7 must be submitted by primary school applicants only. Please fill in the checklist accordingly.

Documentation Checklist	(✓) or n/a	For Office Use Only
1. Application Form signed by both parents/legal guardian		
2. ID document/passport of both parents/legal guardian, in addition the ID of the person responsible for payment (if other than parent/legal guardian)		
3. Birth certificate or ID document or passport of pupil		
4. Copy of inoculation records		
5. Proof of payment of admission fees		
6. Primary School Pupils: Copy of pupil's <u>most recent report</u> , <u>transfer card</u> from previous school and any other relevant documentation pertaining to pupil's development		
7. Primary School Pupils Code of Conduct Agreement.		

Please note that completion of this form and an interview does not imply automatic acceptance.

Please indicate how you heard about the school:

1. Pupil's Details

Applicable Class: (✓)	Nursery (3 mnths – 2 yrs)	Toddler (2 – 3 yrs)	Early Childhood (3 – 6 yrs)	Junior Primary (6 – 9 yrs)	Senior Primary (9 – 13 yrs)
Attendance Option: (✓)	Half Day	Full Day	Start Date (dd/mm/yy):		
Surname:					
First Names:					
ID/Passport No:			Date of Birth:		Age:
Gender: (✓)	Male	Female	Home Language:		
SA Resident: (✓)	Yes	No	Study Permit: (✓)	Yes	No
Nationality:			Race:		Religion:
Previous care facility/school attended by pupil:					

2. Medical and Emergency Information

Emergency Contact Person:			
Telephone Number:		Cell Phone Number:	
Family Doctor:		Telephone Number:	
Medical Aid Company:		Membership No:	
Has the pupil received all the necessary inoculations? If no, give details.			Yes No
Does the pupil have any allergies? If yes (✓), give details.			Yes No
Does/has the pupil suffer/suffered from any illness or disability? If yes (✓), give details.			Yes No
Is the pupil receiving any medical treatment or chronic medication for any condition? If yes (✓), give details.			Yes No
Has the pupil suffered, or been treated for, any psychological or emotional upset? If yes (✓), give details.			Yes No
Has the pupil had any operations? If yes (✓), give details.			Yes No
Please specify any other relevant information pertaining to the pupil's health and well-being.			

2.1 Consent

I, _____, being the parent/legal guardian of _____ hereby cede my power as parent/guardian to act as in *loco parentis* to the principal of the school or his/her representatives, should medical treatment/surgery to my child be deemed necessary. As far as I know, my child is physically capable of participating in the various activities and he/she is in good health and all relevant medical information is detailed in the form above.

_____	_____	_____	_____
Signature of Mother/Guardian	Date	Signature of Father/Guardian	Date



3. Indemnity Form

I, _____, acknowledge that whilst my son/daughter is attending The School of Modern Montessori; the school cannot accept any liability for mishap, loss or injury which may be suffered during attendance at the school or during participation in any pre-arranged school excursions, or extra-curricular activities.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of our/my child and that I shall be held responsible for the payment of medical and/or hospital accounts where applicable, should any injury or loss be sustained by my child. I specifically indemnify and hold the School and its staff blameless against any claims of any nature arising out of any injury, damage or loss sustained in pursuance of the aforesaid participation.

I hereby indemnify The School of Modern Montessori in respect of all occurrences relating to the above.

_____		_____	
Signature of Mother/Guardian		Signature of Father/Guardian	
Print Name:		Print Name:	
Date (dd/mm/yy):		Date (dd/mm/yy):	

4. General Details

Pupil resides with: (✓)	Parents	Mother	Father	Other
Next of kin/alternative contact:			Telephone:	
No. of children in family:				

	Mother/Legal Guardian				Father/Legal Guardian			
Full Name:								
Relationship to Pupil:								
Marital Status: (✓)	Married	Divorced	Single	Widowed	Married	Divorced	Single	Widowed
If Divorced or Single Parent:	Access rights to child? (✓)		Yes	No	Access rights to child? (✓)		Yes	No
	Is child living with you? (✓)		Yes	No	Is child living with you? (✓)		Yes	No
	Are you the legal guardian? (✓)		Yes	No	Are you the legal guardian? (✓)		Yes	No
ID Number:								
Work Telephone:								
Home Telephone:								
Cell Phone:								
Email Address:								
Residential Address:								
Postal Address:								
Occupation:								
Name of Employer:								
Employer's Address:								
Employer's Telephone:								
Email Address (w):								
If there is any background information or family history of which we should be aware, please specify below.								

5. Fees

5.1 Details of Person Responsible for Payment

Person responsible for payment of school fees: (✓)	Father	Mother	Other
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If other, please supply the following details and attach a copy of ID document:

Surname:		First Name:	
ID Number:			
Relationship to Pupil:		Home Tel:	
Cell Phone Number:		Work Tel:	
Email Address:			
Residential Address:			
Postal Address:			
Occupation:			
Name of Employer:			
Employers Address:			
Employers Telephone:		Email (w):	

5.2 Admission Fees

Admission Fees: 2016	Preschool		Primary School	
	Half Day	Full Day	Half Day	Full Day
Registration Fee (non refundable):	R 1,700.00	R 1,700.00	R 1,700.00	R 1,700.00
Deposit (refundable):	R 10,000.00	R 10,000.00	R 10,000.00	R 10,000.00
Admission Fees Payable:	R 11,700.00	R 11,700.00	R 11,700.00	R 11,700.00

Amount Paid:		Payment Date:		Payment Method:	
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5.3 School Fees

Select Applicable Attendance Option: (✓)	½ Day Preschool	½ Day Preschool + Lunch	Full Day Preschool	½ Day Primary	½ Day Primary + Lunch	Full Day Primary
Select 1 of the following payment options: (✓)	Option 1: Annual Payment		Option 2: Termly Payments		Option 3: Monthly Payments	
Select 1 of the following payment methods: (✓)	Cheque	Credit Card	Direct Deposit	EFT	Post-dated Cheques	Future Dated EFT



6. Terms and Conditions

In terms of family law, parents are jointly and severally liable for the payment of school fees irrespective of their marital status, and irrespective of maintenance and court order which may exist between the parties. By signing this Application, I/we acknowledge liability for payment of all fees and that if this application has been signed by more than one parent, the liability of signatories will be joint and several. I/we choose *domicilium citandi et executandi* for any correspondence or the service of any court processes at the residential address recorded on the application form and acknowledge liability for all attorney and own client costs, plus collection commission in the event of any outstanding accounts being handed over to the school’s attorneys for collection.

I/We, the undersigned:

- Hereby certify that the information provided by us on this application form is true, complete and accurate.
- Have read The School of Modern Montessori Prospectus and accept enrolment of our child at the school according to the philosophies, policies and conditions laid down therein.
- Understand that the School reserves the right in its sole discretion to amend and/or alter any of the provisions of The School of Modern Montessori Prospectus.
- Are aware that annual fees are payable in advance, on or before the first day of the first term.
- Are aware that termly fees are payable in advance, on or before the first day of each term.
- Are aware that monthly fees are payable in advance, on or before the first day of each month and are payable over eleven months (1st January – 1st November).
- Accept that a late payment penalty fee of 10% is charged on monthly overdue accounts.
- Hold ourselves accountable for the prompt payment of school fees and for any late payment penalties added onto overdue accounts.
- Understand that the School reserves the right to refuse admission to a child with outstanding fees.
- Understand that school fees are due irrespective of absenteeism due to illness, vacation or for any other reason whatsoever.
- Understand that in the event that I/we wish to remove my/our child from the school, one full term’s written notice must be submitted to the office and to my/our child’s class teacher(s), on or prior to the final day of the penultimate term of attendance.
- We understand that failure to do so will result in the forfeiture of the deposit, in addition to being liable for one full term’s fees and in lieu of notice.
- Undertake to ensure that the pupil is punctual at the beginning of each school day and is collected on time at the end of each school day. Furthermore I/we accept that the late collection of my/our child is subject to a late collection charge of R100 per 15 minutes or part thereof, which is payable immediately to the teacher on duty.
- Undertake to reimburse the school for any damage to school property that may be caused by the pupil.
- Understand that while every reasonable effort will be made to prevent losses or damage to the pupil’s clothing and equipment, the school cannot be held liable.
- Understand and have discussed the school’s rules and code of conduct with my/our child.

_____ Signature of Mother/Guardian	_____ Signature of Father/Guardian		
Print Name:		Print Name:	
Date (dd/mm/yy):		Date (dd/mm/yy):	

7. Primary School Code Of Conduct Agreement

This agreement must be signed by all primary school pupils and their parents and returned to the school, together with the application form.

I _____ agree to abide by the following rules:
Name of Pupil

1. I will not be late for school.
2. I will be prepared for school.
3. I will do my work to the best of my ability.
4. I will treat others with respect and dignity.
5. I will look after my belongings.
6. I will respect the property of others.
7. I will not play in areas that are out of bounds.
8. I will ensure the toilet is clean and tidy after I have used it.
9. I will make sure that I keep my classroom neat and clean.
10. I will make sure that I throw away my rubbish in the dustbin.
11. I will ensure that I do not misuse any of the equipment.
12. I will not use insulting or offensive language.
13. I will not bully, intimidate or behave in a violent manner.
14. I will not take property that does not belong to me.
15. I will follow school rules to the best of my ability.
16. I will respect my teacher and the teachers on duty aftercare duty.
17. I will treat the school property with respect and replace anything I break.
18. I will report anything that makes me unhappy to my teacher.
19. I will complete my homework every day.
20. I will not disturb another person working in my classroom.
21. I will give my parents notices to sign and bring them back to school.
22. I have read the code of conduct and understand it.

_____ Signature of Pupil		_____ Signature of Parent	
Print Name:		Print Name:	
Date (dd/mm/yy):		Date (dd/mm/yy):	