9 Anthony Drive, Chemsfordville, Gillitts, Kwa-Zulu Natal, SOUTH AFRICA

PO Box 273, Link Hills, 3652, Kwa-Zulu Natal

Telephone: (+27) 31-767-4627

Telephone: (+27) 11-608-1584/2206 (Linbro Park Head Office)

e-mail: modmontdbn@global.co.za
web site: http://www.montessoriint.com



2024 APPLICATION FORM

Please note this form must be signed and completed in full by <u>both</u> 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.

Doc	umentation Checklist	(✓) or n/a		
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		Only	
4.	Copy of inoculation records		Use	
5.	Proof of payment of admission fees		For Office	
6.	Primary School Pupils: Copy of pupil's most recent report, transfer card from previous school and any other relevant documentation pertaining to pupil's development		Ĕ	
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 yr	rs)	Toddler (2 – 3 yrs)		, ,			or Primary – 9 yrs)	or Primary - 13 yrs)
Attendance Option: (✓)	Half Day		Full	Day Start Date (d		e (dd/mr	n/yy):		
Surname:									
First Names:									
ID/Passport No:				Date of I	Birth:			Age:	
Gender: (✓)	Male	Fer	male	Home Language:					
SA Resident: (✓)	Yes	١	No	Study Po	ermit: (✓)	Ye	es	No	N/A
Nationality:				Race:		Religio	on:		
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	e necessary	inoculations? If no	, give details.		Yes	No
Does the pupil have any alle	ergies? If ye	s (✓), give details.			Yes	No
Does/has the pupil suffer/su	iffered from a	any illness or disabi	ility? If yes (✓), give details.		Yes	No
						1
Is the pupil receiving any medetails.	edical treatm	ent or chronic med	ication for any condition? If y	es (✓), give	Yes	No
Has the pupil suffered, or be	een treated f	or, any psychologic	al or emotional upset? If yes	(✓), give details.	Yes	No
						_
Has the pupil had any opera	ations? If ye	s (✓), give details.			Yes	No
Please specify any other rele	evant inform	ation pertaining to	the pupil's health and well-bei	ng.		
2.1 Consent						
			gal guardian of			nereby
cede my power as parent/guar medical treatment/surgery to m		-	-	•		
in the various activities and he/	•	•				
Signature of Mother/Gu	ardian	Date	Signature of Father/Gua	rdian	Date	

2024 APPLICATION FORM



3.	Indemr	nity	Form
----	--------	------	-------------

l,		, acknowledge th	nat whilst my son/daughter is attending
The School of Mode	rn Montessori; the school cannot accep	ot any liability for misha	p, loss or injury which may be suffered
during attendance at	the school or during participation in any	y pre-arranged school e	xcursions, or extra-curricular activities.
I accept that all reason	onable precautions will be taken to ensu	re the safety and welfar	e of our/my child and that I shall be held
responsible for the pa	ayment of medical and/or hospital accou	unts where applicable, s	hould any injury or loss be sustained by
my child. I specificall	y indemnify and hold the School and its	s staff blameless agains	t any claims of any nature arising out of
any injury, damage o	or loss sustained in pursuance of the afo	oresaid participation.	
I hereby indemnify T	he School of Modern Montessori in resp	pect of all occurrences r	elating to the above.
Sign	ature of Mother/Guardian	Signa	ture of Father/Guardian
Print Name:		Print Name:	
Date (dd/mm/yy):		Date (dd/mm/yy):	

2024 APPLICATION FORM



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	I Guardian	
Full Name:								
Relationship to Pupil:								
Marital Status: (✓)	Married	Divorced	Single	Widowed	Married	Divorced	Single	Widowed
	Access right child? (✓)	nts to	Yes	No	Access rig		Yes	No
If Divorced or Single Parent:	Is child livir you? (✓)	ng with	Yes	No	Is child liv you? (✓)		Yes	No
	Are you the guardian?		Yes	No	Are you the		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 inf	ormation or	family history	y of which	we should	be aware, լ	olease speci	fy below.	



5. Fees

5.1 Details of Person Responsible for Payment

Person responsible for payment of school fees: (✓)		Father	Mother	Other			
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	Pres	chool	Primary School			
FEES Admission Fees = Reg. Fee + Deposit	Half Day	Full Day	Half Day	Full Day		
Registration Fee	R2,000.00	R2,000.00	R2,000.00	R2,000.00		
Deposit	R3,670.00	R5,040.00	R4,660.00	R6,080.00		
TOTAL	R5,670.00	R7,040.00	R6,660.00	R8,080.00		

5.3 School Fees

Select Applicable Attendance Option: (✓)	½ Day Preso	chool Full D		ay Preschool		Day Primary School		Full Day Primary School	
Select 1 of the following payment options: (✓)	Option 1: Annual Payment			Optio Termly P	Option 3: Monthly Payments				
Select 1 of the following payment methods: (✓)	Cheque	Credit Card		Direct Deposit	EFT	Post-o		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 twelve 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 half hour 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.

Signa	ture of Mother/Guardian	Signa	uture of Father/Guardian
Print Name:		Print Name:	
Date (dd/mm/yy):		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	e 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.	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):