119 1st Road, Linbro Park, Sandton, Gauteng, SOUTH AFRICA P.O. Box 119, Linbro Park, 2065, Gauteng, SOUTH AFRICA

Telephone: (+27) 11-608-1584 / 2206

Fax: (+27) 86-671-7281 e-mail: modmont@global.co.za web site: http://www.montessoriint.com



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.

Doo	cumentation 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		e Use	
5.	Proof of payment of admission fees		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		For	
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			oddler - 3 yrs)	Early Childhood (3 – 6 yrs)			or Primar – 9 yrs)	у	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:		irth:			Age:		
Gender: (✓)	Male	Fema	ale	Home La	nguage:					
SA Resident: (✓)	Yes	No	١	Study Pe	rmit: (✔)	Ye	s	No		N/A
Nationality:				Race:		Religio	n:			
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	es (✓), give details.			Yes	No
Does/has the pupil suffer/suf	ffered from	any illness or disab	ility? If yes (✓), give details.		Yes	No
Is the pupil receiving any medetails.	edical treatn	nent or chronic med	ication for any condition? If y	es (✓), give	Yes	No
						•
Has the pupil suffered, or be	en treated t	for, any psychologic	al or emotional upset? If yes	(✓), give details.	Yes	No
Has the pupil had any opera	itions? If ye	es (✓), give details.			Yes	No
Please specify any other rele	evant inform	nation pertaining to	the pupil's health and well-bei	ng.		
2.1 Consent						
	, b	eing the parent/leg	al guardian of		he	reby
cede my power as parent/guard	dian to act a	s in <i>loco parentis</i> to	the principal of the school or h		ves, sh	ould
nedical treatment/surgery to participating in the various acti	•		•		-	
orm above.	ivitioo ana i	10/0/10 10 111 9000 110	dia an roiovant modioai	inormation to do	unou n	1 1110
Signature of Mother/Gua	I' -	Date	Signature of Father/Guar		Date	



3. Indemnity Form

l,		, acknowledge th	nat whilst my son/daughter is attending
The School of Mode	rn Montessori; the school cannot accept	any liability for misha	o, loss or injury which may be suffered
during attendance a	the school or during participation in any	pre-arranged school e	excursions, or extra-curricular activities.
I accept that all reas	sonable precautions will be taken to ensi	ure the safety and wel	fare of our/my child and that I shall be
held responsible for	the payment of medical and/or hospital	al accounts where ap	plicable, should any injury or loss be
sustained by my chil	d. I specifically indemnify and hold the So	chool and its staff blam	neless against any claims of any nature
arising out of any inj	ury, damage or loss sustained in pursual	nce of the aforesaid pa	articipation.
I hereby indemnify T	he School of Modern Montessori in resp	ect of all occurrences	relating 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):	



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
	Access rights to child? (✓)		Yes	No	Access rig		Yes	No
If Divorced or Single Parent:	Is child livin	ng with	Yes	No	Is child liv you? (✓)		Yes	No
	Are you the guardian?		Yes	No	Are you the 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 in	formation or	family histor	ry of which	we should	be aware,	please spec	cify below.	



5. Fees

5.1 Details of Person Responsible for Payment

Person responsible for pa	yment of school fees: (✓)	Father	Mother	Other
If other	r, 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: 2020	Infant & Toddl	er & Preschool	Primary School		
Admission rees. 2020	Half Day	Full Day	Half Day	Full Day	
Registration Fee (non-refundable):	R 2,000.00	R 2,000.00	R 2,000.00	R 2,000.00	
Deposit (refundable):	R 10,000.00	R 10,000.00	R 10,000.00	R 10,000.00	
Admission Fees Payable:	R 12,000.00	R 12,000.00	R 12,000.00	R 12,000.00	

Amount Paid:	Payment Date:	Payment Method:	
	,	,	

5.3 School Fees

Select Applicable Attendance Option: (✓)	½ Day 3 Months – 2 Years	½ Day 3 Months – 2 Years + Lunch	Full Day 3 Months – 2 Years	½ Day Preschoo	I Prascononi	Full Day Preschool	½ Day Primary	½ Day Primary + Lunch	Full Day Primary
Select 1 of the following payment options: (✓)		otion 1: Il Payment	Option 2: Termly Payments				on 3: Payments		
Select 1 of the following payment methods: (✓)	Cheque	Credit Card	Direct Dep	oosit	EFT	Post-date	d Cheques	Future Da	ated 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.

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



7. Primary School and High School Code Of Conduct Agreement

Signature of Pupil

Print Name:

Date (dd/mm/yy):

This	agreement must b	oe signed b	y all p	rimary	school	pupils	and	their	parents	and	returned	to th	e school,	together
with	the application for	m.												

agree to abide by the following rules: Name of Pupil								
I will be prepared for school.								
• •								
I will do my work to the best of my ability.								
I will treat others with respect and dignity.								
I will look after my belongings.								
I will respect the property of others.								
I will not play in areas that are out of bounds.								
I will ensure the toilet is clean and tidy after I have used it.								
I will make sure that I keep my classroom neat and clean.								
I will make sure that I throw away my rubbish in the dustbin.								
I will ensure that I do not misuse any of the equipment.								
I will not use insulting or offensive language.								
I will not bully, intimidate or behave in a violent manner.								
I will not take property that does not belong to me.								
I will follow school rules to the best of my ability.								
I will respect my teacher and the teachers on duty aftercare duty.								
I will treat the school property with respect and replace anything I break.								
I will report anything that makes me unhappy to my teacher.								
I will complete my homework every day.								
I will not disturb another person working in my classroom.								
I will give my parents notices to sign and bring them back to school.								
I have read the code of conduct and understand it.								

Print Name:

Date (dd/mm/yy):

Signature of Parent