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	sumentation 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			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		Toddler 2 – 3 yrs)	Early Childh (3 – 6 yı				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 La	anguage:						
SA Resident: (✓)	Yes	No	Study Pe	ermit: (✔)	Yes	s No		N/A		
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	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 a	any illness or disabil	ity? If yes (✓), give details.		Yes	No
Is the pupil receiving any me details.	edical treatm	nent or chronic medi	cation for any condition? If ye	es (√), give	Yes	No
Has the pupil suffered, or be	en treated f	or, any psychologica	al or emotional upset? If yes	(✓), give details.	Yes	No
Has the pupil had any opera	tions? If ye	es (√), give details.			Yes	No
Please specify any other rele	evant inform	ation pertaining to t	he pupil's health and well-beir	ıg.		
2.1 Consent						
I,	, b	eing the parent/le	gal guardian of		he	reby
cede my power as parent/guard		•		•		
medical treatment/surgery to participating in the various act	•		•			
form above.						
Signature of Mother/Gua	ardian	Date	Signature of Father/Guar	 dian	Date	
Signature of Motifol/ auc		2410	Signature of Father/ addit		_ 4.0	



3. Indemnity Form

I		acknowledge th	nat whilst my son/daughter is attending
	•	pt any liability for misha	o, loss or injury which may be suffered
during attendance at	the school or during participation in any	r pre-arranged school ex	cursions, or extra-curricular activities.
·	•	·	fare of our/my child and that I shall be
•		·	plicable, should any injury or loss be
	d. I specifically indemnify and hold the sury, damage or loss sustained in pursi		neless against any claims of any nature
ansing out or any inj	ary, damage or loss sustained in pursi	dance of the aloresald p	variicipation.
I hereby indemnify T	he School of Modern Montessori in res	pect of all occurrences r	elating to the above.
Sign	ature of Mother/Guardian	Signa	ture of Father/Guardian
Print Name:	ture of motifici/addition	Print Name:	ure of Father/addition
Date (dd/mm/yy):		Date (dd/mm/yy):	

2025 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			i	-ather/Legal	Guardiar	1	
Full Name:								
Relationship to Pupil:								
Marital Status: (✓)	Married	Divorced	Single	Widowed	Married	Divorced	Single	Widowed
	Access right child? (✓)		Yes	No	Access rig		Yes	No
If Divorced or Single Parent:	Is child livir you? (✓)		Yes	No	Is child liv you? (✓)		Yes	No
	Are you the guardian'		Yes	No	Are you th guardiar		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	formation or	family history	y of which	we should	be aware,	please speci	fy below.	



5. Fees

5.1 Details of Person Responsible for Payment

Person responsible for pay	yment of school fees: (✓)	Father	Mother	Other
If othe	r, please supply the following	g 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

Adminston Faces 0005	Infant & Toddle	er & Preschool	Primary School		
Admission Fees: 2025	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 Da Presch	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 Dep	oosit	EFT	Post-date	d Cheques	Future Da	ited 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):	

Date (dd/mm/yy):



7. Primary School and High 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:	
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Date (dd/mm/yy):