

Student Number:

## DISTANCE LEARNING COURSE APPLICATION FORM

- The applicant and the applicant's parent/guardian (when the applicant is under 21 years old) is/are required to complete the application form and submit it to The College, together with the admission documentation detailed in the checklist to follow.
- In order to facilitate the efficient processing of applications, applicants may email a scanned copy of the application form and admission documentation to [modmont@global.co.za](mailto:modmont@global.co.za) and [olivia.darby@hotmail.com](mailto:olivia.darby@hotmail.com)
- Please print clearly.
- Please do not leave any of the fields blank. If there are any fields that do not apply to you, please enter 'n/a'.
- In the event that there is insufficient space for you enter the relevant details, please add the remaining information to the admission documentation.
- Please ensure that the bottom right hand side of each page is initialled by the applicant and the applicant's parent/guardian (when the applicant is under 21 years old) in the space provided.

Please enter your full name in the space below.

How did you find out about The College of Modern Montessori?

Admission Documentation Checklist	(✓) or n/a	Office Use
1. Application form signed by the applicant (and parent/guardian, if applicant is under 21)		
2. Copy of the applicant's ID document		
3. Copy of the ID document of the applicant's parent/guardian (if the applicant is under 21)		
4. Copy of the ID document of the person responsible for payment		
5. If the applicant is not a South African citizen, a copy of the applicant's passport, a copy of the passport of the applicant's parent/guardian/spouse is required.		
6. Confirmation of payment.		
7. Copy of matric certificate (or most recent transcript of grades for Grade 12 applicants)		
8. Copies of certification of qualification(s)/course(s) previously obtained (if any)		
9. Any other pertinent supporting documentation (for example: testimonials, references, awards/accolades, curriculum vitae, education specialist assessment report)		

Initials of  
Applicant and  
Parent/Guardian

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**1. Applicant's Details**

Title: (✓)	Miss	Mrs	Ms.	Mr	Dr	Rev.	Prof.	Other
First Names:								
Surname:								
Marital Status:	Single	Married	Divorced	Windowed	Name(s) and Age(s) of Child(ren):			
Date of Birth :	Age:		Gender:(✓)		Male	Female		
ID Number :								
SA Resident: (✓)	Yes	No	Nationality:		Passport Number:			
Race:					Religion:			
Home Language:					Other Language(s):			
Residential Address:								
Postal Address:								
Tel (Home):	Cell:		WhatsApp					
Primary Email:					Alternative Email:			

**1.1 Parent/Guardian Details (students under 21 years old) / Spouse Details (married students)**

Surname:			First Name:		
ID Number:					
Relationship to Student :			Tel (Home):		
Cell:			Tel (Work):		
Email (Personal):			Email (Work):		
Residential Address:					
Postal Address:					
Occupation:			Employer:		
Employer's Address:					
Employer's Telephone:			Employer's Email:		

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**1.2 Educational Background and Qualifications**

Secondary Education									
Name of School:									
Standard Achieved: (✓)	Matric Certificate			University Entrance Pass			Other		
Year of Matriculation:			Final Result: (✓)	40% - 49%	50% - 59%	60% - 69%	70% - 79%	80% +	
Matriculation Subjects:	1		Grade Achieved:						
	2								
	3								
	4								
	5								
	6								
	7								
If applicant does not have a matric certificate, specify details (include standard achieved, subjects and grades) :									
Tertiary Education (if applicable)									
Please specify the tertiary education institution; course description, qualification (or standard achieved); year of study:									
Other Training/Courses (if applicable)									
Please specify the details of any other training undertaken. Provide a description of the training and the year of study.									
Learning Difficulties/Barriers to Learning (if applicable)									
In the event that you have experienced any learning difficulties in the past, please provide details:									

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**1.3 Professional/Working Background**

Please provide a brief history of your work experience (if applicable).

**1.4 Medical Information**

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

Initials of Applicant and Parent/Guardian
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## 2. Indemnity Form

In the case of the applicant being under 21 years old, this form must be completed by the applicant's parent/guardian.

I, \_\_\_\_\_, acknowledge that The College of Modern Montessori cannot accept any liability for mishap, loss or injury which may be suffered during attendance at The College, or practicum experience, or during participation in any pre-arranged excursions, or extra-curricular activities.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of each student 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 myself/my child. I specifically indemnify and hold The College 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 College of Modern Montessori in respect of all occurrences relating to the above.

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

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**3. 2026 Fees: R22 300.00**

**3.1 Details of Person Responsible for Payment**

Person responsible for payment of course fees: (✓)	Applicant	Parent/Guardian	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 Student:		Home Tel:	
Cell Phone Number:		Work Tel:	
Email Address:			
Residential Address:			
Postal Address:			
Occupation:			
Name of Employer:			
Employers Address:			
Employers Telephone:		Email (w):	

**3.2 Tuition Fees (Please consult the prospectus for detailed information pertaining to fees)**

Select 1 of the following payment options: (✓)	Option 1: Full Settlement		Option 2: 3 Instalments			Option 3: Deposit + 10 Instalments	
Select 1 of the following payment methods: (✓)	Cheque	Credit Card	Post-Dated Chq	Credit Card	EFT	Post-dated Chq	Recurring EFT

Initials of Applicant and Parent/Guardian
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**4. Terms and Conditions**

I, the undersigned:

- Hereby certify that the information provided on this application form is true, complete and accurate.
- Hereby irrevocably certify and confirm that I am responsible for payment of the course fees in accordance with the terms and conditions as set out herein and in The College of Modern Montessori Prospectus.
- Have read The College of Modern Montessori Prospectus and accept enrolment at The College according to the philosophies, policies and conditions laid down therein.
- Understand that The College reserves the right in its sole discretion to amend and/or alter any of the provisions of The College of Modern Montessori Prospectus.
- In the event that The College is required to take any action whatsoever to enforce its rights under this agreement, I acknowledge and agree to be liable for all costs incurred by The College in so doing, including but not limited to, attorney client costs, and collection and tracing charges and I furthermore agree to The College listing my personal details adversely with the National Credit Bureau.
- Enclose payment on the understanding that it will be refunded to me in full if the application does not result in acceptance for the course.
- Understand that no tuition fees will be refunded once the application has resulted in acceptance for the course and that I will be bound to pay the full course fee.
- Understand that failure to submit the requisite course work and/or to achieve the minimum pass grade, for any reason whatsoever, will not reduce my liability for the full course fee, except with the written consent of The College.
- Understand that course material, marked assignments and tutoring will not, under any circumstances whatsoever, be released to students whose fees are overdue.
- Am aware that, in the event that I choose the deposit + ten instalments payment option, fees are payable in advance, on or before the first day of each month and are payable over ten consecutive months.
- Am aware that, in the event that I choose the three instalment payment option, fees are payable in advance on, or before the first day of each month and are payable over three consecutive months.
- Accept that a late payment penalty fee of 10% is charged on overdue accounts.
- Hold myself accountable for the prompt payment of tuition fees and for any late payment penalties added onto overdue accounts.
- Understand that The College reserves the right to refuse to grade the work of a student with outstanding fees.
- Understand that fees are due irrespective of absenteeism due to illness, vacation or for any other reason whatsoever.
- Undertake to reimburse The College for any damage to School/College property that may be caused by the student.
- Understand that while every reasonable effort will be made to prevent losses or damage to the student's property, The College cannot be held liable.

Name of Person Responsible for Fees:					
Relationship to Student/Applicant:					
Signature:		Signed at:		Date:	
	_____		_____		_____ dd/mm/yyyy

Initials of  
Applicant and  
Parent/Guardian