

2027 PART TIME 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; however, the original copy of the application form must be submitted upon acceptance.
- 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.

Name of Applicant:	
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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 and proof of residence is required.		
6. Confirmation of payment of the deposit		
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. Two colour ID photographs		
10. Any other pertinent supporting documentation (for example: testimonials, references, awards/accolades, curriculum vitae, education specialist assessment report)		

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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	Widowed	Name(s) and Age(s) of Child(ren):			
Date of Birth :	Age:		Gender:(✓)		Male		Female	
ID / Passport 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 / Passport Number:					
Relationship to Student :			Tel (Home):		
Cell:			Tel (Work):		
Email (Personal):			Email (Work):		
Residential Address:					
Postal Address:					
Occupation:			Employer:		
Employer's Address:					
			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	English			Grade Achieved:				
	2	Afrikaans							
	3								
	4								
	5								
	6								
	7	Life Orientation							
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.			

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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. 2027 Fees: R63 000.00 + \$240.00 (MACTE registration fee)

- Please consult section 20 of the Prospectus for further details

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 / Passport 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):	

3.2 Deposit

Part Time Course Deposit Payable:	R 8 000.00
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Amount Paid:		Payment Date:		Payment Method:	
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3.3 Tuition Fees

Select 1 of the following payment options: (✓)	Option 1: Annual Payment		Option 2: Quarterly Payments		Option 3: Monthly Payments	
Select 1 of the following payment methods: (✓)	Cheque	Credit Card	Direct Deposit	EFT	Post-dated Cheques	Future Dated EFT

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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 certify that the address as completed on page 2 has been elected as my domicilium citandi et executandi. Should this address differ from the address detailed on page 6, such address will be used as the domicilium citandi et executandi.
- 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 the deposit of R8 000.00 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 the deposit of R8 000.00 will not 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 the MACTE registration fee of \$200.00 (US Dollars) is due and payable within one month of the commencement of the course.
- Understand that failure to attend classes and/or 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 will not, under any circumstances whatsoever, be released to students whose fees are overdue.
- Are aware that annual fees are payable in advance, on or before orientation..
- Are aware that quarterly fees are payable in advance, on or before the following dates:
1st Quarter: 1st March 2nd Quarter: 1st May 3rd Quarter: 1st August 4th Quarter: 1st November
- Are aware that monthly fees are payable in advance, on or before the first day of each month and are payable over nine months (1st February – 1st November).
- 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 admission to 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

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5. Credit Check Permission

I, _____

ID / Passport Number

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of (physical address – please provide proof) _____

consent and allow The College of Modern Montessori to access my full consumer profile on the database held by any credit bureau.

Signature:	_____	Signed at:	_____	Date:	_____ dd/mm/yyyy
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Confidentiality Note: This page and any accompanying documents contain confidential information intended for a specific individual and purpose. This telecopied information is private and protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution, or the taking of any action based on the contents of this information is strictly prohibited.