



Enrolment Form

Application for (child name) _____

Year of enrolment _____



Dear Parent/s

Thank you for your interest in Discover Montessori.

Please ensure that you complete all necessary documentation attached and return to us as soon as possible for us to ensure a placement for your child. We kindly ask that you look at the documents below and make sure they are all attached before submitted.

Please also ensure that you have made copies for yourself before returning them to the office.

- A completed enrolment form.
- A completed agreement form. To be signed by parent/guardian responsible for payment.
- A completed indemnity form. To be signed by parent/guardian responsible for payment.
- Copy of ID and proof of address of both parents/guardians.
- Copy of vaccination certificates.
- Copy of Medical Aid Certificate/card if applicable.
- Copy of important medical records or health issues from a doctor.
- Copy of the child's birth certificate.
- Reports from previous school where applicable.
- 2 ID sized photographs of the child.
- A non-refundable registration fee of R900; including proof of payment thereof. This fee includes a sunhat with shield attached.
- An annual non-refundable stationary levy of R800; including proof of payment thereof.
- A refundable Security Deposit equal to one-month school fee. This fee will be credited to your child's account in the final school term provided that you have complied with the school terms notice period for contract termination and that there are no monies owing on your school account.
- The first month's fees paid at minimum 7 days before the start date.

We look forward to a happy and long lasting relationship with you and your child.

Yours sincerely,

**Yolanda Fillis
Principal**



Enrolment Form

| | | | |
|---------------------|--|------------|--|
| Date Of Application | | Start Date | |
|---------------------|--|------------|--|

Please mark appropriate box with \checkmark

| | | | |
|-------------------|--|-------------------|--|
| Half Day R2000 | | Full Day R2500 | |
|-------------------|--|-------------------|--|

Child's Details

First Name(s): _____ Surname: _____

Date of Birth: _____ Age: _____ Gender: _____

Name child is known by: _____ Position in family: _____

Total children in family: ____ Is there a sibling at our school? ____ Name of sibling: _____

Home Language: _____ Religion: _____

Home Address:

Medical condition that we need to know about

Additional Information that might be helpful.



Child's Education History

Where has your child been thus far?

Please mark appropriate box with \surd and supply details.

| | | | | | |
|------|--|-------------------------|--|--------------------------|--|
| Home | | Montessori Preschool | | Traditional Schooling | |
| | | Name of School | | Name of School | |

Parent Details:

Mother:

First Name(s): _____ Surname: _____

Identity Number: _____ Nationality: _____

Home Language: _____ Religion: _____

Tel Home: _____ Tel Work: _____

Mobile Number _____

Email Home (personal) _____

Email Work: _____

Car Registration Number: _____

Home Address:

Postal Address:

Occupation: _____ Company: _____

Business/ Employer Address: _____



Discover
Montessori

A World where Children *Discover* their Potential

Parent Details:

Father:

First Name(s): _____ Surname: _____

Identity Number: _____ Nationality: _____

Home Language: _____ Religion: _____

Tel Home: _____ Tel Work: _____

Mobile Number _____

Email Home (personal) _____

Email Work:

Car Registration Number: _____

Home Address:

Postal Address:

Occupation: _____ Company: _____

Business/ Employer Address:



Contact people in case of emergency, other than parents

(Please supply us with as many names as possible.)

First Name(s): _____ Surname: _____

Identity Number: _____ Relationship: _____

Mobile Number _____ Other: _____

First Name(s): _____ Surname: _____

Identity Number: _____ Relationship: _____

Mobile Number _____ Other: _____

First Name(s): _____ Surname: _____

Identity Number: _____ Relationship: _____

Mobile Number _____ Other: _____

Note:

Please submit ID copies of people who are listed above.

Doctor Details:

Family Doctor: _____ Tel: _____

Medical Aid: _____ Medical Aid No: _____

Main Member: _____

Doctors Address: _____

Note:

Please submit all inoculation certificates, vaccination reports and any important medical history information along with this form.

Please note that medication will not be dispensed at school. Should your child be on medication that has to be dispensed during the day they should be at home as they are unwell. The school will contact the parents immediately in the event of your child becoming sick while at school.



Details of who will be collecting your child:

First Name(s): _____ Surname: _____

Relationship: _____ Car Make: _____

Car Registration: _____

First Name(s): _____ Surname: _____

Relationship: _____ Car Make: _____

Car Registration: _____

First Name(s): _____ Surname: _____

Relationship: _____ Car Make: _____

Car Registration: _____

First Name(s): _____ Surname: _____

Relationship: _____ Car Make: _____

Car Registration: _____

Note:

Please submit ID copies of people who are listed above.

If someone else other than people mentioned on the above list will be collecting your child, please notify the school before the school day ends and supply the persons 'particulars (as above). Your child will not be allowed to leave the school premises without prior knowledge and particulars of person collecting your child. This is for the safety of all children.

Signed at on this day of.....20.....

Father / Legal Guardian
Name and Surname:

Mother / Legal Guardian
Name and Surname:



General Information

How did you hear about our school?

What made you choose Discover Montessori?

Do you have any special skills, contacts or occupation that we can call upon in times of school events such as our fund raising initiatives, able to get discounted products (books, juice, vouchers etc.)? Help is always welcomed and appreciated.

For Office Use Only

| | | | | | | | |
|-----------------------|--|---------|--|-----------|---|-------------|---|
| Registration fee Paid | | Date | | Amount | R | Outstanding | R |
| Stationary Fee paid | | Date | | Amount | R | Outstanding | R |
| Deposit Fee paid | | Date | | Amount | R | Outstanding | R |
| School Fees Paid | | Date | | Amount | R | Outstanding | R |
| Prospectus Received | | Date | | Comments: | | | |
| Child File Number | | Teacher | | | | | |