

APPLICATION FOR ADMISSION

Please note this form must be signed and completed in full by BOTH Parents / Legal Guardian / Sponsor prior to admission. All supporting documentation e.g. Death Certificate, Adoption Papers, Foster Care Order, Study Permit to accompany application where applicable. (R500 application fee applies on submission of this application. First National Bank, BMS Trust, Acc no: 527 010 56692 Branch code: 210214 (Knysna) Reference child's name & surname)

1. Application signed by both Parents/Legal Guardian/Sponsor	
2. ID Document/Passport of both Parents/Legal Guardian/Sponsor	
3. Unabridged Birth Certificate for all students born prior to March 2013/ID Document/Passport of Learners	
4. Proof of Physical Residence (Copy not more than 3 months old of Municipal Rates/Telkom Account/ Rental agreement)	
5. Copy of Immunisation records (preschool applicants)	
6. Subject choice form, applicable for Gr 10 – 12 (signed by both parents and learner)	
7. Copy of learner's most recent report/school information form and learner profile and any other relevant documentation pertaining to learner's development.	
8. Financial Clearance from previous school (copy of latest school account)	
9. Recent photograph of learner	
10. High school contract signed by both parents and learner	
11. Drug policy forms signed by both parents and learner	
12. Drug consent signed by parent	

OFFICE USE ONLY

Date received.....	Signed off by Finance.....
Date for Admission:.....	Signed off by Principal.....
Grade:.....	
Admission no:.....	Interview <input type="checkbox"/> YES <input type="checkbox"/> NO All documents received <input type="checkbox"/> YES <input type="checkbox"/> NO
CEMIS no:.....	<input type="button" value="APPROVED"/> <input type="button" value="WAITLIST"/> <input type="button" value="DECLINED"/>
Checked by:.....	



PLEASE NOTE THAT COMPLETION OF THIS FORM AND AN INTERVIEW DOES NOT IMPLY AUTOMATIC ACCEPTANCE TO KNYSNA MONTESSORI SCHOOL. THE ENROLMENT OF THE LEARNER WILL BE CONFIRMED IN WRITING.

LEARNER'S DETAILS:

Full Names:			Surname:			Identity Number:		
Preferred Name:			Date of Birth:			Boy		Girl
Home Language:			Present School:			Present Grade:		
SA Resident:	Yes	No	Study Permit:	Yes	No	Nationality:		
Country of Birth:			Population Group:			Religion:		

PLEASE INDICATE HOW YOU HEARD ABOUT THIS SCHOOL:

GENERAL DETAILS: Tick appropriate blocks

Learner resides with	Parents		Mother		Father		Other		If other, a letter of consent from parent(s) required
Person responsible for direct supervision of learner			Name			Telephone Number			
Another person to contact in case of an emergency			Name			Telephone Number			
Number of Children in Family:			Is learner the 1 st 2 nd , 3 rd etc in the family						

	Mother / Guardian / Sponsor						Father / Guardian / Sponsor					
Full Name and Surname												
Relationship to Learner												
Marital Status: <i>(please tick)</i>	Married (ANC)	Married (COP)	Divorced	Single	Remarried	Widow/er	Married (ANC)	Married (COP)	Divorced	Single	Remarried	Widow/er
If Divorced:	Access rights to child			Yes	No		Access rights to child			Yes	No	
	Is child living with you			Yes	No		Is child living with you?			Yes	No	
	Are you the legal guardian			Yes	No		Are you the legal guardian?			Yes	No	
ID Number:												
Work Tel:												
Home Tel:												
Mobile:												
Email Address:												
Residential Address:												
Postal Address:												
Occupation:												
Name of Employer:												
Employer's Physical Address:												
Employer's Tel no:												
Work E-mail												
Gross monthly income p/m	R						R					

MEDICAL DETAILS:

Emergency Contact Number:	Name of Relation:	Relations Telephone Number:	
Family Doctor:	Telephone Number of Doctor:	Medical Aid Company:	
Membership No:	Has the learner received all the necessary immunisation?	Yes	No
Allergies: (Give details)		Yes	No
Does the learner or has the learner suffered from any illness or disability? (Give details)		Yes	No
Is the learner receiving any medical treatment or on chronic medication for any condition? (Give details)		Yes	No
Has the learner suffered from, or been treated for, any psychological or emotional upset? (Give details)		Yes	No
Has the learner suffered from any contagious or notifiable illness? (Give details)		Yes	No
Has the learner had any operations? (Give details)		Yes	No
Please specify any other relevant information which would be in the interest of your child's health and well-being:			

IN A CRITICAL SITUATION PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO YOUR CHILD'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVIALABLE.

CONSENT:

I, _____, being the parent/legal guardian of _____ hereby agree that the appointed Knysna Montessori School practitioner may carry out emergency treatment as may be necessary.

FOR OUTINGS:

INDEMNITY FORM	
I/We _____(full name and surname), the parents/guardian of _____(full name and surname), hereby give permission for him/her to participate in the Curricular and Co-Curricular and Extra Mural Activities of the School and to go on the excursions necessary in the course of such activities. I accept that all reasonable precautions will be taken to ensure the safety and welfare of our/my child 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 my child. I specifically indemnify and hold the School 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 cede my power as parent/guardian to the Principal of the School or his/her representatives, should medical treatment/surgery to my child be deemed necessary. As far as I know, my child is physically capable of participating in the various activities and he/she is in good health. However, the persons responsible should please note the following: (please state medical aspects that the staff should be aware of, e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc.)	
Signature of Mother/Guardian/Sponsor:	Signature of Father/Guardian/Sponsor:
Print Name:	Print Name:
Identity Number:	Identity Number:
Date:	Date:

DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT

Who will be responsible for the school fees?	Father	Mother	Other
If other, please supply the Name, ID, Proof of Residential Address and Contact Details			

CREDIT REFERENCES:

We hereby authorise Knysna Montessori School to refer to the following concerns to obtain any credit references required by the school and hereby also authorize such concerns to provide all such relevant information:

Name of Bank: _____ Branch _____ Acc No _____

Name of Creditor: _____ Acc No _____ Phone No _____

Name of Creditor: _____ Acc No _____ Phone No _____

Name of Creditor: _____ Acc No _____ Phone No _____

FEE CHOICE OPTIONS: *Tick where applicable*

High School (15-18yrs)	
Middle School (12-15yrs)	
Upper Elementary (9-12yrs)	
Lower Elementary (6-9yrs)	
Pre Primary (3-6yrs)	
Toddlers (2-3yrs)	

SCHOOL FEE CHOICE:	
Option 1	
Option 2	

ADDITIONAL OPTIONS:	
School Meals	
After-care	
Hostel	

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:

- a) Hereby certify that the information provided by us on this application form is true, complete and accurate.
- b) Have read the Knysna Montessori School General School Policy Brochure and Parents Handbook for the applicable age and would accept enrolment of our child at the school according to the philosophies and conditions laid down therein.
- c) Understand that the School reserves the right in its sole discretion to amend and/or alter any of the provisions of the General School Policy Brochure.
- d) Are familiar with and accept the School's funding mechanism via a debenture.
- e) Hold ourselves accountable for the prompt payment of school fees and any interest accrued on accounts in arrears.
- f) Understand and agree that we are still liable for the full school fees if our children are absent for an extended vacation during the school term, and that evidence of alternate schooling for this period needs to be provided to the school.
- g) Are aware that monthly fees are payable in advance on or before the 5th day of each month and are payable over 12 months (January – December).
- h) Accept that interest monthly is charged on overdue accounts.
- i) Understand that children with outstanding fees will not be accepted for the next term.
- j) Undertake to provide the School with one term's written notice prior to removing our child from the School. We understand that failure to do so will render us liable for payment of a term's School fees, aftercare, meals, etc. where applicable and furthermore to return any books and/or equipment belonging to the school which the LEARNER may have in his/her possession.
- k) Undertake to ensure that the LEARNER is punctual at the beginning of each school day and is collected on time at the end of each school day.
- l) Understand that, should the LEARNER be absent for 30 days or more throughout a particular year in a grade, the LEARNER could repeat the particular grade on grounds of absenteeism.
- m) Undertake to inform the educator of the LEARNER'S absence from school and produce a doctor's certificate when required. n) Undertake to reimburse the school for any damage to school property that may be caused by the LEARNER.
- o) Understand that while every reasonable effort will be made to prevent losses or damage to the LEARNER'S clothing and equipment, the school cannot be held liable.

Signature of Mother/Guardian/Sponsor:	Signature of Father/Guardian/Sponsor:
Print Name:	Print Name:
Date:	Date: