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Address: 4 Narnia Village, Welbedacht, Knysna, 6570

## APPLICATION FOR ADMISSION

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. (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)

Application for admission into:	2-3yrs	3-6yrs	6-9yrs	9-12yrs	12-15yrs	15-18yrs
Date of admission:						

### LEARNER'S DETAILS

Full Names:		Surname:			
Preferred Name:		Boy		Girl	
Identity Number:		Date of Birth:			
Home Language		Nationality:			
Present School:		Present Grade:			
SA Resident	Yes	No	Study Permit:	Yes	No
Country of Birth:		Population Group:		Religion:	
Is learner the 1 <sup>st</sup> 2 <sup>nd</sup> , 3 <sup>rd</sup> etc. in the family:			Number of Children in Family:		
Please indicate how you heard about this school:					

### MEDICAL DETAILS

Emergency Contact:	Telephone Number:	Relation to applicant:	
Family Doctor:	Telephone Number:	Medical Aid Company:	
Membership no:	Main Member Name:	Main Member ID no:	
Has the learner received all the necessary immunisation?		YES	NO
Allergies:		Yes	No
(Give details)			
Does the learner or has the learner suffered from any illness or disability?		Yes	No
(Give details)			
Is the learner receiving any medical treatment or on chronic medication for any condition?		Yes	No
(Give details)			
Has the learner suffered from, or been treated for, any psychological or emotional upset?		Yes	No
(Give details)			
Has the learner suffered from any contagious or notifiable illness?		Yes	No
(Give details)			

## MEDICAL DETAILS CONTINUED

Has the learner had any operations?	Yes	No
(Give details)		
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.**

**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.**

## PARENTAL DETAILS

	Biological Mother						Biological Father					
Full Name and Surname												
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					

	Step-Mother or Guardian				Step-Father or Guardian			
Full Name and Surname								
ID Number:								
Work Tel:								
Home Tel:								
Mobile:								
Email Address:								
Residential Address:								

**ADDITIONAL INFORMATION**

<b>Applicant living with:</b>	Both parents	Mother	Father	Other
<b>Parent(s) deceased:</b>	Both parents	Mother	Father	None
<b>Communication to:</b>	Both parents	Mother	Father	Other

**INFORMATION REGARDING PAYMENT OF FEES**

Who will be responsible for the fees:	Mother	Father	Other
<b>Please supply a copy of ID, Payslip or 3 months bank statements and Proof of Residential Address</b>			

**DETAILS OF DEBTOR IF NOT MOTHER OR FATHER**

Name:	Surname:
Identity no:	Email:
Cell no:	Work no:
Physical address:	Postal address:
Occupation:	Employer:
<b>Please supply a copy of ID, Payslip or 3 months bank statements and Proof of Residential Address</b>	

**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**

SCHOOL FEE CHOICE:	
Option 1	
Option 2	

ADDITIONAL OPTIONS:	
School Meals	
After-care	
School Transport	

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 term fees if being paid off monthly are payable in advance on or before the 5<sup>th</sup> day of each month. (Term 1 Jan-Mar) (Term 2 Apr –Jun) (Term 3 July- Sept) (Term 4 Oct –Dec)
- h) Accept that interest monthly is charged on overdue accounts.
- i) Accept that any outstanding fees at the end of a term must be brought up to date prior to commencing a new school term, as this contract automatically expires should fees be in arrears
- 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.

Mother/Guardian name:	Father/Guardian name:
Signature of Mother/Guardian:	Signature of Father/Guardian:
Identity Number:	Identity Number:
Date:	Date:

## INDEMNITY FORM

I/We \_\_\_\_\_ (full name and surname), the parents/guardian of \_\_\_\_\_ participating in playground play and sport sessions.

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.)

Mother/Guardian name:	Father/Guardian name:
Signature of Mother/Guardian:	Signature of Father/Guardian:
Identity Number:	Identity Number:
Date:	Date:

**CHECK LIST:**

1. Application signed by <b>both</b> parents/legal guardian/sponsor	
2. ID Document/Passport of <b>both</b> parents/legal guardian/sponsor	
3. Recent photograph of learner	
4. Unabridged Birth Certificate/ID document/Passport of learner	
5. Copy of Immunisation records (preschool applicants)	
6. Copy of learner's most recent report/school information form and learner profile and any other relevant documentation pertaining to learner's development	
7. Financial Clearance from previous school (copy of latest school account)	
8. Proof of physical residence (copy of municipal rates/Telkom/rental agreement, not older than 3 months)	
9. Payslip or if self-employed, 3 months bank statement	
10. Model release form signed	
<b>Middle and High School</b>	
1. Middle and High School contract signed by <b>both</b> parents and learner	
2. Drug policy forms signed by <b>both</b> parents and learner	
3. Drug consent signed by parent	
4. Subject choice form for Gr 10 – Gr 12 (signed by <b>both</b> parents and learner)	

**OFFICE USE ONLY**

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