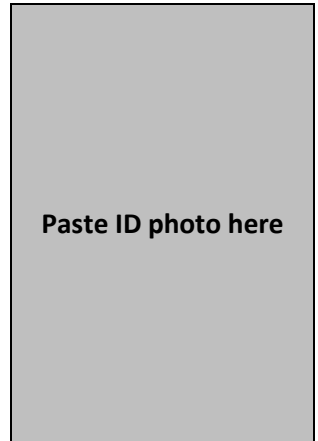


# Application Form

Please note that this form must be signed and completed in full by both parents/legal guardians, prior to admission. All application documentation appears in the checklist below. Documents 1 – 5 must be submitted by all applicants and document 6 - 9 must be submitted by primary school applicants only. Please fill in the check list accordingly.

**Please use block letters to complete the form and please mark with an x (where applicable)**

Documentation Checklist		
1	Application form filled in and signed by both parents / legal guardian	
2	ID documents/passport of both parents / legal guardians, in addition the ID of the personal responsible for payment (if other than parent / legal guardian)	
3	Unabridged Birth certificate or ID document/passport of pupil (or copy of proof of application for unabridged birth certificate)	
4	Copy of inoculation card	
5	Proof of employment of both parents	
6	Copy of proof of residence	
7	Copy of marriage certificate / divorce agreement	
8	Primary school pupils: copy of pupils most recent report, transfer card from previous school and any other relevant documentation pertaining to the child's development	
9	Primary school pupils Code of Conduct agreement signed	



<b>Child's full name:</b>							
ID number:							
Date of birth: (day/month/year)			Start date:			Age when starting:	
Gender: (x)	Male	Female	Home language:				
SA resident:	Yes	No	Study permit: (x)	Yes	No	N/A	
Nationality:			Race:			Religion:	
Which Primary school will your child attend and in which year?							
Is there any information we should know about your child?							

**Please mark with an x (where applicable)**

Applicable class: (x)	Toddler group (18 months - 3 years)		Early childhood group (3 - 6 years)		Junior primary group (6 - 9 years)	
Attendance option (x)	Half day	Full day	Half day	Full day	Half day	Half day & Aftercare

## Medical and emergency information

Emergency contact person: (NOT LIVING WITH THE CHILD)					
Cell phone number:			Contact number:		
Family Doctor:			Telephone number:		
Medical Aid company:			Membership number:		
<b>Does the pupil have any allergies? If yes, please give details:</b>				Yes	No

Has the pupil received all the necessary inoculations? If No, please give details:	Yes	No
Are there any foods your child may NOT consume due to religious or other reasons? If yes, please specify:	Yes	No
Does/has the pupil suffers/suffered from any illness or disability? If yes, please give details:	Yes	No
Is the pupil receiving any medical treatment or chronic medication for any condition? If yes, please give details:	Yes	No
Has the pupil suffered, or been treated for, any psychological or emotional upset? If yes, please give details:	Yes	No
Has the pupil had any operations: If yes, please give details:	Yes	No

## Consent / Indemnity Form

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_ hereby cede my power as parent/guardian to act as in loco parentis 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 various activities and he/she is in good health and all relevant medical information is

I, \_\_\_\_\_, acknowledge that whilst my son/daughter is attending Villa Montessori, the school cannot accept liability for mishap, loss or injury which may be suffered during attendance at the school or during participation in any pre-arranged school excursions, or extra-curricular activities.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of our/my child 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 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, \_\_\_\_\_, give Villa Montessori School permission to take photographs and / or video of my child. I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in printed, online publicity, and social media

I hereby indemnify Villa Montessori in respect of all occurrences relating to the above.

Signature of mother/guardian		Signature of father/guardian	
Print name:		Print name:	
Date: (dd/mm/yy)		Date: (dd/mm/yy)	

# General Details

**Please mark with an x (where applicable)**

Pupil resides with (x)	Parents	Mother	Father	Other
Next of kin/alternative contact:			Telephone:	
No. of children in family:				

Full Name:	Mother / legal guardian				Father / legal guardian			
Relationship to pupil:								
Marital status:	Married	Divorced	Single	Widowed	Married	Divorced	Single	Widowed
If divorced or single parent:	Access rights to child (x)		Yes	No	Access rights to child (x)		Yes	No
	Is child living with you (x)		Yes	No	Is child living with you (x)		Yes	No
	Are you the legal guardian (x)		Yes	No	Are you the legal guardian (x)		Yes	No
ID number:								
Work telephone number:								
Home telephone number:								
Cell Phone number:								
Email address:								
Residential address:								
Postal address:								
Occupation:								
Name of employer:								
Employers address:								
Employers telephone number:								
Email address at work:								

If there is any background information or family history which we should be aware of, please specify:


## Details of person responsible for payment

**Please mark with an x (where applicable)**

Person responsible for payment of school fees: (x)	Mother	Father	Other
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**If other, please supply the following details and attached a copy of ID document**

Surname:		First Name:	
ID number:			
Relationship to pupil		Home Tel:	
Cell Phone number:		Work Tel:	
Email address:			
Residential address:			
Postal address:			
Occupation:			
Name of employer:			
Employers address:			
Employers tel number:			
Email address at work:			

## Admission Fees

**Please mark with an x**

Non-refundable registration fees are payable upon submission of application forms	Admission fees			
	Preschool		Primary school	
	Half Day	Full Day	Half Day	Full Day
Non-refundable registration fee	R 400.00	R 400.00	R 1 100.00	R 1 100.00

**Re-registration will take place annually in November**

## School fees

**Please mark with an x**

Select applicable attendance option: (x)	Half day preschool	Full day preschool	Half day primary school	Half day primary school and aftercare
Select 1 of the following payment options: (x)	Option 1: Annual Payment	Option 2: Termly Payment	Option 3: Monthly Payment	
Select 1 of the following payment methods (x)	Direct / Cash deposit		EFT	

# Terms and Conditions

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:**

1. Hereby certify that the information provided by us on this application form is true, complete and accurate.
2. Have read Villa Montessori's Prospectus and accept enrolment of our child at the school according to the philosophies, policies and conditions laid down therein.
3. Understand that the School reserves the right in its sole discretion to amend and/or alter any of the provisions of Villa Montessori's Prospectus.
4. Are aware that annual fees are payable in advance, on or before the first day of January
5. Are aware that termly fees are payable in advance, on or before the first of each quarter: January, April, July, and October.
6. Are aware that monthly fees are payable in advance, on or before the first day of each month and are payable over eleven months (1st January – 1st November). Monthly fee = annual fee ÷ 11 for those starting in January
7. Are aware that monthly fees are payable in advance, on or before the first day of each month and are payable over twelve months (1<sup>st</sup> of the month started - 1st December). Monthly fee = annual fee ÷ 12 for those starting later in the year
8. Accept that a late payment penalty fee of 10% is charged on monthly overdue accounts.
9. Hold ourselves accountable for the prompt payment of school fees and for any late payment penalties added onto overdue accounts.
10. Understand that the school reserves the right to refuse admission to a child with outstanding fees.
11. Understand that school fees are due irrespective of absenteeism due to illness, vacation or for any other reason whatsoever.
12. Understand that in the event that you wish to remove your child/children from the school, notice of one month must be submitted in writing to the office and your child's/children's class teacher on or by the final day of the penultimate term of attendance.
13. Understand that failure to do so will make you liable for one full term's fees in lieu of notice.
14. Understand that the school reserves the right to ask a child to leave the school if it is in the best interest of the child or the school
15. Undertake to ensure that the pupil is punctual at the beginning of each school day and is collected on time at the end of each school day. Furthermore, I/we accept that the late collection of my/our child is subject to a late collection charge of R100 per 30 minutes or part thereof.
- 16. Undertake to reimburse the school for any damage to school property that may be caused by the pupil.**
17. Understand that while every reasonable effort will be made to prevent losses or damage to the pupil's clothing and equipment, the school cannot be held liable.
18. Understand and have discussed the school's rules and code of conduct with my/our child.

Signature of mother/guardian	Date:	Signature of father/guardian	Date:

# Primary School Code of Conduct Agreement

This agreement must be signed by all primary school pupils and their parents and returned to the school, together with the application form.

I \_\_\_\_\_ agree to abide by the following rules:  
Name of Pupil

1. I will not be late for school.
2. I will be prepared for school.
3. I will do my work to the best of my ability.
4. I will treat others with respect and dignity.
5. I will look after my belongings.
6. I will respect the property of others.
7. I will not play in areas that are out of bounds.
8. I will ensure the toilet is clean and tidy after I have used it.
9. I will make sure that I keep my classroom neat and clean.
10. I will make sure that I throw away my rubbish in the dustbin.
11. I will ensure that I do not misuse any of the equipment.
12. I will not use insulting or offensive language.
13. I will not bully, intimidate or behave in a violent manner.
14. I will not take property that does not belong to me.
15. I will follow school rules to the best of my ability.
16. I will respect my teacher and the teachers on duty aftercare duty.
17. I will treat the school property with respect and replace anything I break.
18. I will report anything that makes me unhappy to my teacher.
19. I will complete my homework every day.
20. I will not disturb another person working in my classroom.
21. I will give my parents notices to sign and bring them back to school.
22. I have read the code of conduct and understand it.

Signature of pupil:	Date:	Signature of parent/guardian:	Date: