

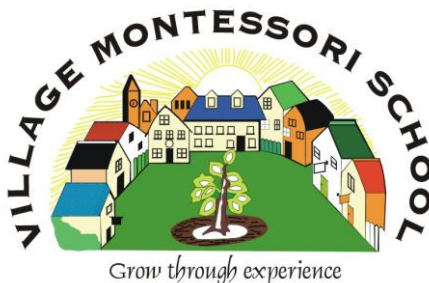
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www.villagemontessori.co.za



OFFICIAL USE
Date received:
Amount paid:
Family interview:
Conducted by:
Assessment:

Application for admission

Year applying for:	Preschool	Grade applying for:
Child's Details:		
Child's surname		
Child's full names		
Child's preferred name		
Date of birth (year/month/day)		Gender
ID number		
For foreign learners only: Passport No		Date of entry into SA
Home Language		
If not English, rank English language ability from 1 to 5 (1 being poor and 5 being excellent)	1	2
	3	4
	5	
Religion		
Siblings	Full name	Year of entry into VMS
		Current school (if applicable)
Previous School:		
Up until now where has your child been (mark one): Home Creche Daymonther Preschool School		
Current school		
Contact number	Email	
Current grade	Years attended	
Grades repeated		
Reason for leaving		
Has admission to any other school been refused (including VMS)	Yes	No
If yes, when and why?		
Has your child received learning support, e.g. Occupational Therapy? (Yes/No)		
If yes, please give more details:		
Has your child received any professional support, e.g. Play Therapy (Yes/No)		
If applicable, please attach reports by professionals		

Our primary goal in the recruitment and admissions process is to help each family find the perfect match between its values and goals and those of the school. To this end it is important for you to have a good understanding of Montessori principles and philosophy. What is your understanding of Montessori principles and philosophy?

Parents play a vital role in the development of "community" in Montessori schools and also work closely with the school towards making this an environment where children can explore, understand, and grow into full and active members in the adult world.
How will your family contribute towards this goal?

What are your expectations of the school?

Three references for your family

Name:	Relationship:	Tel no:
Name:	Relationship:	Tel no:
Name:	Relationship:	Tel no:

Parent/Guardian Details (Please complete in full)

FATHER/STEPFATHER/GUARDIAN			
Title		Marital Status	
Surname			
Full Names			
Preferred Name			
Home Address			
			Code
Postal Address			
			Code
ID Number			
Occupation			
Company Name			
Position in Company			
Email			
Telephone Home		Work	
Cellular			
Does the child live with you? Yes/No		Are you the legal guardian of the child? Yes/No	

MOTHER/STEPMOTHER/GUARDIAN			
Title		Marital Status	
Surname			
Full Names			
Preferred Name			
Home Address			
			Code
Postal Address			
			Code
ID Number			
Occupation			
Company Name			
Position in Company			
Email			
Telephone Home		Work	
Cellular			
Does the child live with you? Yes/No		Are you the legal guardian of the child? Yes/No	

Any restrictions on contact between child and mother or father Yes/No
 (Please provide school with copies of legal document in this regard)

Financial Information:

Who will be responsible for school fees?	Father	Mother	Other
If other, please complete the following:			
Title		Surname	
First Names			
Relationship to child			
Postal address			
Telephone	Home	Work	
	Cellular		
Occupation		Employer	
Identity number			

Concent Clause:

For person responsible for school fees:
 I, _____ (full names and surname),
 ID number _____ hereby give Village Montessori School CC permission to
 check my credit status. I will make any necessary information available to Marist.

For Official use only:

Credit check done Date

Indemnity

I, (Full Name, Surname and ID number), Parent/Guardian of
 (Full Name, Surname and ID Number), hereby give
 permission for him/her to participate in the Curricular and Co-Curricular activities of Village Montessori School
 (VMS) and to go on excursions that are necessary in the course of such activities.

I accept that all reasonable precautions will be taken to ensure the safety of 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 VMS and its staff harmless against any claims whatsoever
 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 staff of VMS or their 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 person responsible should please note the following (please state medical aspects that the staff
 should be aware of, for example allergies, tendency towards abnormal bleeding, epilepsy, etc.)

Signature of Parent/ Guardian

Identity Number Date

Notes:

- 1 Where the number of applications exceeds the number of places available, Village Montessori School (VMS) may, at the discretion of the Principal, give special preference to siblings of a pupil already at VMS.
- 2 If there are any circumstances (including medical conditions or disability) that require special consideration by VMS, please inform us by separate letter attached to this application.

Declaration

I/We being the parent/guardian of the applicant:

- 1 Hereby apply for a space at Village Montessori School for the applicant to become a pupil at the school with effect from the admission date requested.
- 2 Enclose
 - A R1000-00 application fee plus a non-refundable assessment fee of R500-00. The R1000 fee is refundable if the application is withdrawn prior to a place formally being offered.
 - A certified copy of latest school report (where applicable)
 - A study permit (where applicable).

The application will only be considered for processing once all the above documentation has been received.

- 3 Accept that this application is subject to the current Admission Policy and that this policy may be amended or revised from time to time.
- 4 I/We undertake to pay a Good Faith Deposit (three month's fees), if a place is offered, within the time stipulated in the confirmation letter.
- 5 Acknowledge having received and read the scale of fees and accept the terms, conditions and requirements listed therein and specifically that the application fee and Good Faith Deposit be set off at any time against fees due to the school.
- 6 Hold myself/ourselves accountable for the prompt payment of fees and any interest accrued on accounts in arrears. I/We are furthermore aware that if school fees are in arrears VMS has the right to retain the student's report and/or to refuse admission of my child to the school.
- 7 Undertake to provide VMS with one term's written notice prior to moving my/our child from the school. I/We understand that failure to do so will render us liable for payment of a term's fees.
- 8 Recognise that there is no obligation on VMS to offer the applicant a place or to accept the applicant as a pupil of the school.
- 9 Authorise the applicant's current school to:
 - Confirm to VMS whether all fees in respect of the applicant have been paid to that current school and
 - Disclose to VMS information on the applicant (e.g. academic report and pupil profile) and authorise VMS to disclose this application and authorisation to that school.
- 10 Authorise VMS to, inter alia, refer to MarisIt or any other concerns to obtain credit references required by the school and also authorise such concerns to provide all relevant information.

This contract is not binding on the school unless signed by a duly authorised official of the school.

Refunds:

The amount of R1000-00 is refundable once the pupil leaves the school subject to the following criteria having been met

- 1 The child has taken up the place in the school.

- 2 There are no outstanding amounts on any school account.
- 3 All school property (i.e. text books, sporting and other equipment etc.) has been returned.

I/We confirm that to the best of my knowledge all the details on this application form are accurate.

Father's signature Date

Mother's signature Date

Guardian's signature Date

Authorised for on behalf of VMS Date

BANKING DETAILS

Village Montessori School
Nedbank Centurion
Branch Code: 162 145
Account Number: 1621 138 658

Use your child's name as references

Please fax proof of payment to 012 664 6681 or email to vilmontaccounts@gmail.com