



## Shereens Montessori

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 021 44 77 810

# PRIMARY LEARNER APPLICATION FORM

Date of Application:		Start Date:	
Junior Primary		Senior Primary	
6-9 years		9-12 years	
Half Day 08h00 – 14h30		Half Day 08h00 – 14h30	
Full Day 08h00 – 17h30		Full Day 08h00 – 17h30	

### STUDENT'S PERSONAL DETAILS

Full First Name:		Surname :	
Student ID No :		Student D.O.B :	
Gender Male :		Female:	
Home Language:		Religion :	
Race :			
Physical Address:			
Right Handed :		Left Handed :	
Current/Previous School:		Principal:	
Email Address:		Contact Tel:	

### MOTHER/GUARDIAN DETAILS

Title :	First Name:	Surname:
Identity Number :	Email Address:	
Occupation:	Employer :	
Home Tel No.	Work Tel No:	Cell No:
Work Address :		
Physical Address:		

### FATHER/GUARDIAN DETAILS

Title :	First Name:	Surname:
Identity Number :	Email Address:	
Occupation:	Employer :	
Home Tel No.	Work Tel No:	Cell No:
Work Address :		
Physical Address:		

### DETAILS OF CHILDREN IN THE FAMILY

Child's Name	Gender	Age	Current School/Schools Attended

MEDICAL DETAILS:		
Doctor/Pediatrician:	Name:	Tel:
Medical aid scheme Name:	Medical Aid Number:	

EMERGENCY CONTACTS: (Emergency contacts other than the above mentioned)		
1. Full Name:	Relationship to child:	
Home Tel :	Work Tel No:	Cell No
2. Full Name:	Relationship to child:	
Home Tel :	Work Tel No:	Cell No

PERSONS AUTHORIZED TO REMOVE CHILD FROM SCHOOL (Other than above mentioned)		
1. Full Name:	Relationship to child:	
Home Tel :	Work Tel No:	Cell No
2. Full Name:	Relationship to child:	
Home Tel :	Work Tel No:	Cell No

PERSONS RESPONSIBLE FOR PAYMENT		
1. Full Name:	Relationship to child:	
Home Tel :	Work Tel No:	Cell No
2. Full Name:	Relationship to child:	
Home Tel :	Work Tel No:	Cell No
I/We undertake to pay fees instalments by choosing the one of the following options		
Once off	<input type="checkbox"/>	Quarterly (x 4) <input type="checkbox"/> Monthly (x 10) <input type="checkbox"/>

GENERAL INFORMATION
Family history, known allergies, previous illnesses, physical or learning difficulties, past or present medical treatments including therapy (occupational or psychological), should be written below and any documentation attached hereto:

ASSESSMENTS				
List FULL assessments not screenings: Occupational Therapy Hear , Vision Etc	Assessed by Professional (Name)	Attended Therapy	Still attends therapy	You have the report from the professional (Please attach to this application form)

## Terms and Conditions /Consent/Indemnity

- I/We, the undersigned, hereby consent to Shereens Montessori staff to act in my/our name, place and stead (in *LOCO PARENTIS*) for my/our child in all respects while in their care. I/we hereby indemnify them against any claim arising out of damage, which may be caused to my/our child or his / her property while in their care.
- We, the undersigned, fully understand and accept that all tours and excursions shall be taken at the Pupil's own risk and we hereby, on behalf of ourselves, and the Pupil indemnify, hold harmless and absolve Shereens Montessori, all the staff, volunteers, or agents against and from any or all claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of the Pupil aforesaid in the course of such tour or excursion, or arising there from or in consequence therewith.
- I/We accept liability jointly and severally for the payment of all school fees and levies at the applicable rate, from the date of admission. I/We understand that all payments to the school shall be applied in the following order: Firstly to all unpaid penalties / levies, then to outstanding fundraising levies, then to legal/collection fees if any and finally to current school fees.
- I /We acknowledge and accept that school fees are to be paid in advance from the first day of registration until graduation or until the child is **officially withdrawn**. I/we understand that school fees are payable irrespective of absence from the school for whatever reason **including** medical reasons.
- Aware that **three calendar month's written notice of withdrawal** applies in all cases. I/We understand and accept that the written notice must reach the school **three calendar months prior** to the effective withdrawal; failing which three calendar months' school fees will be charged.
- I/we declare that the school's policies have been explained to us and hereby understand and accept them.
- I/we understand and accept that a penalty is charged when my/our child is not collected on time, regardless of whether or not arrangements are made.
- I / we also understand that I/we am/are responsible for maintaining good communication with the school.
- I / we understand and accept that should our account be in arrears for a period of 3 months; the school will hand the account over for Debt Collection with all legal costs for our account; and that once handed over; all further communication is to be done with the debt collection agency
- I/We acknowledge that the school has a policy of assisting parents in need (on application); but expect parents to honour their financial and other commitments made to the school
- I/We am/are aware that school fees is an annual fee
- A R150 non-refundable application/registration fee is payable
- A placement fee R 2000 is payable, which is refundable if your child leaves at age 10 or age 13
- Important Documentation to hand in with this application form:

Child's Birth Certificate	
Child's Medical / Clinic Card	
Certified copies of both Parents RSA ID / Passport	
Proof of Residence	
Proof of Income / Payslip	

- I/We hereby AGREE/DO NOT AGREE to consent to Shereens Montessori using visual images of my child for the purpose of the School.
- I/We, \_\_\_\_\_ the parent(s)/guardian(s) of \_\_\_\_\_ hereby declare that I/we have read and understand the implications of this application and the accompanying school rules; and accept my/our commitment to the Islamic Early learning Foundation jointly and severally, as indicated in this application form.

Signed on the: \_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Mother / Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father / Guardian's Signature

\_\_\_\_\_  
Date