



Shereens Montessori

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LEARNER APPLICATION FORM

I / We, the parent / guardian of _____ herewith apply to the IELF for him/her to be admitted to the Shereens Montessori Pre-Primary School as of _____ in the program(s) selected below for the 3 year developmental cycle starting 20__ to 20__

<input type="checkbox"/>	Pre-Primary (3-6 yr olds)	<input type="checkbox"/>	Toddler (1 ½ to 3 yr olds)	<input type="checkbox"/>	Aftercare 1 (till 15h00)	<input type="checkbox"/>	Aftercare 2 (till 17h30)
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Furthermore, I/we request the staff of Shereens Montessori Pre-primary to act in my/our name, place and stead (in *LOCO PARENTIS*) for my/our child in all respects while in their care. I 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.

I/We, the undersigned, hereby 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fees are to be paid in advance from the first day of registration until graduation or until the child is **officially withdrawn**.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. I/ we am/are 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 I/we have familiarised ourselves with the Parent handbook. 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, which may be paid in instalments by arrangement and select to pay fees: **Once off** **Quarterly (x 4)** **Monthly (x 10)**

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

Child's Personal Details

Full Name: _____ Surname: _____
 Physical Address: _____
 Postal Address: _____
 Home Ph. No: _____ Date of Birth: _____

Medical Details:

Name of Family Doctor: _____ Contact No.: _____
 Medical Aid Society: _____ Medical Aid Number: _____
 Medical Background / Allergies / Concerns: _____

Details of Mother or Guardian:

Name: _____ Cell Number: _____
 Identity Number: _____ Work Ph. No.: _____
 Occupation: _____ Home Ph. No.: _____
 Email Address: _____

Details of Father or Guardian:

Name: _____ Cell Number: _____
 Identity Number: _____ Work Ph. No.: _____
 Occupation: _____ Home Ph. No.: _____
 Email Address: _____

Contactable Relative:

Name: _____ Cell Number: _____
 Relationship to child: _____ Home Ph. No.: _____ Work Ph. No.: _____

Name: _____ Cell Number: _____
 Relationship to child: _____ Home Ph. No.: _____ Work Ph. No.: _____

General Information

I / We have _____ more children aged: _____ I/ We heard about the school from the following sources:

<input type="checkbox"/>	Family	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Advert	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Newspaper
Other (please specify):											

Important Documentation to hand in with this application form:

1. Child's Birth Certificate
2. Child's Medical / Clinic Card
3. Certified copies of both Parents RSA ID / Passport
4. Proof of Residence
5. Proof of Income / Payslip

IDENTIFYING DETAILS*

The section below is optional and therefore may be left blank. The S.A.P.S has asked schools to assist in collecting information needed in the case of children going missing. The information below is for your Child's ID Kit. Alternatively, you could make your own ID Kit to keep on hand: http://www.missingchildren.org.za/master/download_files/2014-11-28_INTERIM_ID_KIT.pdf

Height & Date Taken: _____ Weight & Date Taken: _____

Gender:		Blood Type:		Population Group:	
Skin Colour:		Eye Colour:		Hair Colour:	

Scars / Birthmarks or other identifying features such as glasses, pierced ears, etc: _____

Date of Photo:	FINGER PRINTS			
Child's Photograph	Right Thumb	Right Index Finger	Left Thumb	Left Index Finger