17 Mangaan Street
Jukskei Park
Sarah: 071 958 5082
Office: 011 704 7202
Email: wiseowls.montessori@telkomsa.net
Website:
http://wiseowlsmontessori.wixsite.com/wiseowls-montessori

Application for Admission

Please complete each section in BLOCK LETTERS using Black Ink

Section 1: PARTICULARS OF CHILD

Childs First Names		**Surname**				
Date of Birth		**Place of Birth**				
Nationality		**Male**		**Female**		
Proposed Start Date		**Home language**				
Address						
Please provide Information on your child's Personality likes and dislikes.						

Section 2: ACADEMIC DETAILS

Class in which admission is sought: _____

Name(s) of school(s) attended in the past and dates of attendance:

Name of School (Any City/Country)	Class	From	To

Section 3: PERSONALITY AND HEALTH

Please provide details of any special aspects of your child's personality:

_____
_____
_____
_____

Please provide information if your child has any health problem requiring special attention:

_____
_____
_____
_____

Medical History

Has your child ever suffered a head injury (if yes, please specify when and how)	
Does your child suffer from any respiratory problems?	
Does your child use an inhaler? (if yes, please specify name and dosage)	
Has your child ever been hospitalized? (if yes, please specify when and for what)	
Does your child suffer from any allergies?	
Does your child take any chronic medication (if yes, please specify name and dose)	
If yes, please specify for what (and any treatment required)	
Are all Vaccinations up to date?	
Are there any medical conditions we need to be aware of?	

Section 4: PARTICULARS OF PARENTS

	Mother	Father
First name (s)		
Surname		
ID /Passport Number		
Marital Status		
Residential Address		
Postal Address		
Home Telephone		
Cell Number		
Email Address		
Occupation		
Work Number		
Who's responsible for fees		
Will someone other than a parent pick up		
Please give name and contact details		
Child lives with		

Section 5: MEDICAL AID DETAILS

Medical Aid Details	
Medical Aid Number	
Doctors Details and Contact Numbers	
Emergency Numbers	

Section 6: AGREEMENT

I / we the undersigned, _____declare that the information given this application form is both true and correct.

I / we hereby agree to the following:

1. To pay upfront the deposit to secure your child's place (this is non-refundable)
2. The school fees as per your chosen cycle: Please specify your preference below:
   - ☐ Monthly
   - ☐ Termly
   - ☐ Yearly
3. To give one month's written notice if your child if leaving the school.
4. I / we give the school permission to seek the help of a doctor in the case of an emergency.
5. I / we hereby declare that I / we shall not hold Wise Owls Montessori responsible for any injury and or damage and or loss of property and any other unfortunate even that may occur while in the care of, or on the property of the school.
6. I /we understand that is a legal and binding contract between us and Wise Owls Montessori. The school shall be entitled to instruct our attorneys to attend to the collection of outstanding account and the parents will be liable for any costs incurred.
7. Please note that late pick-ups will incur a late fee unless previously discussed/arranged.

Signed at _____on this the_____day of _____20___

_____

Parents / legal Guardian's Signature

Section 7: ADDITIONAL REQUIREMENTS

Please include the following with the application:

Document	Yes	No
Childs Birth Certificate		
Mothers ID		
Dad's ID		
Copy of Vaccination Card		
ID of person responsible of picking of Transport (if not the parent)		
Proof of payment		

Additional

- Please communicate your child's toilet training needs if there should be any.
- Please provide an extra set of cloths for your child, in case of them getting wet or dirty.
- Please provide all nappies / wipes etc that is still needed for your child.
- Please don't let your child bring in toys unless it for show and tell.
- Please communicate either via sms or the whatsapp group should your child not be attending school.

Section 8: FEES / PAYMENT

Deposit	R1500.00
Holiday Program p/d	R80.00
Annual Registration fee	R1000.00
Half Day Monthly	R2800.00
Termly (5%discount)	R10640.00 (Saving R560.00)
Yearly (7%discount)	R31920.00 (Saving R2352.00)
Full Day Monthly	R3400.00
Termly(5%discount)	R12920 (Saving R680.00)
Yearly (7%discount)	R37944.00 (Saving R2856.00)

*School opens at 07:00am and Closes at 17:30pm

*We work on a 12 month system

*We operate as per private school terms

FEES ARE PAYABLE BY THE 1ST OF EVERY MONTH

FOR OFFICE USE ONLY

Form Checked By _____

Birth Certificate Provided **Yes:** ☐

ID's provided **Yes:** ☐

Vaccination card **Yes:** ☐

Written Test **Pass:** ☐ **Fai** ☐

Date: _____

Child Interviewed By: _____

Parent Interviewed By: _____

Acceptance / Rejection **A** ☐ **R** ☐

Reason For rejection:

Deposit Paid On: _____

Cash _____

EFT Ref: _____

Stationary fee: _____

Tuition Fee: _____

Meals: _____

Total Cash _____

_____

Signature of Accountant

_____

Signature of Principle