



South Side Montessori

Application Form

2017

CHILD INFORMATION

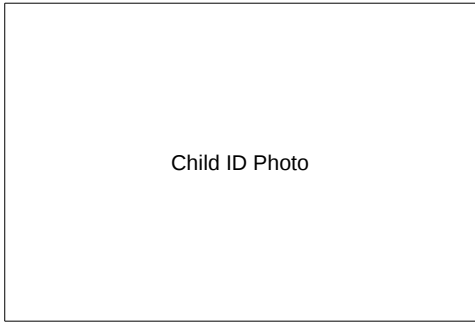
Name:

Surname:

Gender: Female Male

Age:

Date of Birth:



ID Number:

Residential Address:

Home Language:

Religion:

Enrolment year: Grade:

Siblings enrolled at the school:

Current school and grade:

Allergies: None Yes (Specify details of allergies)

Allergic to: Medication:

Allergic to: Medication:

Allergic to: Medication:

Medical Aid Fund:

Medical Aid number:

Principal Member:

Family Doctor: Tel. No.

Paediatrician: Tel. No.

Illnesses:

Has your child any learning difficulties? Please state them:	

Should any learning difficulties be identified by our school, would you agree to your child being referred to an educational psychologist at our request?	Yes I agree:	<input type="checkbox"/>
	ID no:	<input type="text"/>
	No I do not agree:	<input type="checkbox"/>
	ID no:	<input type="text"/>

Citizenship:

Race:

Family Structure: Married Separated Divorced Single Widowed Living together

Number of children in the family:

PARENT INFORMATION

Mother

Father

Name:

Name:

Surname:

Surname:

ID Number:

ID Number:

Physical Address:

Physical Address:

Contact Number

Contact Number

Cell:

Cell:

Office:

Office:

Home:

Home:

Other:

Other:

Email:

Email:

Occupation:

Occupation:

Work Company Name:

Work Company Name:

Work Address:

Work Address:

Contact person other than Parent

Contact person other than Parent

Name:
Relationship:
Contact Number:

Name:
Relationship:
Contact Number:

Person liable for Fees:

Signature:

AGREEMENT AND DECLARATION

I/ We the parents/ guardian, of _____ have read the school information and material furnished and agree to our child submitting to the academic programme, disciplinary regulations and all other requirements for her/his education and development instituted by the administration and carried out by the Principal and staff at South Side Montessori Pre-primary School.

We declare that the contents of the Application Form are true and accurate and accept the school rules.

Signature
Father/ Guardian

ID/ Passport number

Date

Signature
Mother/ Guardian

ID/ Passport number

Date