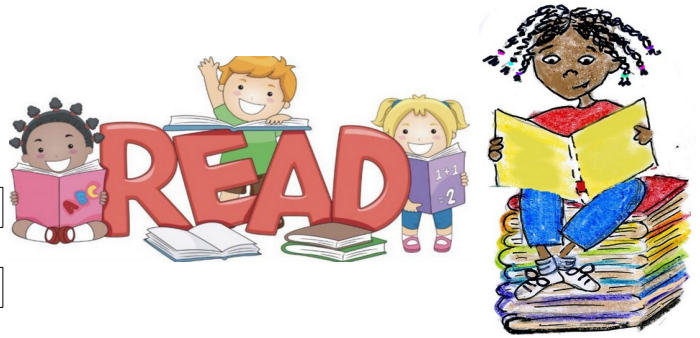


Reading Recovery: Application Form

Date: _____

CHILD INFORMATION



Name:

Surname:

Residential Address:

Date of Birth: Y M D Name Of School:

Gender: Grade:

PARENT INFORMATION

Mother

Father

Name:

Name:

Surname:

Surname:

Contact Number

Contact Number

Cell:

Cell:

Email:

Email:

LESSON PREFERENCE

Time	
13:30	
14:30	
15:30	

Days of the Week			
Mon & Wed		Tues & Thurs	
Mon & Wed		Tues & Thurs	
Mon & Wed		Tues & Thurs	

- Payment is compulsory upon enrolment in the program.
- Payment to be made in advance into Southside school account by the 1st of each month.
- Reference child name & School.
- Program/ Tuition Fee is Non Refundable
- Program Fee R650 paid on the 1st of every month.
- Sessions are 45 minutes twice weekly.

AGREEMENT AND DECLARATION

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

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

Signature _____
Father/ Guardian _____ ID/ Passport number _____

Date _____

Signature _____
Mother/ Guardian _____ ID/ Passport number _____

Date _____

Payment of Fees:	
Fees can be paid by EFT, Cash deposit at the bank or Debit Order.	
EFT Account details	
Bank Name	FNB (First National Bank)
Account Name	South Side Montessori(PTY) LTD
Account Nr	62825317515
Branch Code	250655
Account type	Current Account
Reference	Child name and School

WHAT TO BRING FOR A LESSON...

- School Reader for the Week
- Class workbook for the subject.
- Homework book.

