



Principal: Hoby 074 718 9106

Vice principal: Karen 082 063 9505

Email: montessoripretoria@gmail.com

PRETORIA MONTESSORI PRIMARY SCHOOL

Enrolment Form 2019

- **Please attach a copy of your child's birth certificate / both parent's Ids /passport and your child's immunization card**

CHILD'S DETAILS:

Full names:

**Please be clear as to what name you'd like your child to be taught with and for writing purposes.*

Surname:

Age:

Date of birth:

Gender:

Allergies/chronic illness/ or other health problems (please specify):

Operations:

Behavioural, speech, hearing or learning problems diagnosed or tested:

Initial _____

Is your child on medication (please specify):

PARENT AND FAMILY DETAILS:

Father / Guardian

Full name:
Home address:
Postal address:
ID number:
Occupation:
Name of employer:
Business address:
Full names:
Telephone: (w) _____ (H) _____
Cell No:
Email Address:

Mother / Guardian

Full name:
Home address:
Postal address:
ID number:
Occupation:
Name of employer:
Business address:
Full names:

Initial _____

Telephone: (w)	(H)
Cell No:	
Email Address:	

MARITAL STATUS:

Married	Divorced	Separated	Widowed	Single	Other
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OTHER INFORMATION:

Home language:
Other languages:
Siblings (name and age)
Who is authorized to fetch your child from school other than mom or dad?
1. Name: Relation: Contact Number:
2. Name: Relation: Contact Number:

I, the parents/guardians of (child's name) _____, declare that I have read and understood the requirements of enrolling my child/children and that the above information is true and correct. I confirm that I have filled in and returned all the forms required by the school. I assume responsibility to notify the school of any future change in these particulars.

Name of responsible parent/guardian:
ID/Passport number:
Valid street Address:
Signature: Date:

Initial _____

Consent:

I hereby **GIVE** consent that my child _____ may have his/her face photographed for the school facebook page and website during his/her attendance at Pretoria Montessori school.

Parent Signature: _____ Date: _____

OR

I hereby **DO NOT** give consent that my child _____ may have his/her face photographed for the school facebook page and website during his/her attendance at Pretoria Montessori school.

Parent Signature: _____ Date: _____

Full details of the person responsible for payment of school fees in 2019

Full name and surname:	
Relation to the child:	
ID/Passport Number:	
Home Address:	
Postal Address:	
Tel: (W)	Tel: (H)
Cell Number:	
Occupation:	
Name of employer:	
Business Address:	

Intended method of payment:

Tick

X12 Internet payments	<input type="checkbox"/>
X12 Cash payments	<input type="checkbox"/>

I, the undersigned, declare that the above information is true and correct. I hereby accept full responsibility for the payment of all fees due to Pretoria Montessori school.

Signed: _____ Date: _____

Initial _____