**APPLICATION FOR ADMISSION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **YEAR OF ENTRY:**   |   | **GRADE OF ENTRY:**   |   | **PRESENT GRADE:**  |   |

 **PLEASE ATTACH THE FOLLOWING DOCUMENTATION TO YOUR APPLICATION FORM.**

|  |  |  |
| --- | --- | --- |
| **Most Recent School Report (ie, Term 1/Term 2, Term 3)**   | *Attach*  *1 Passport size*  *Photo here please*   | **For Office Use Only**   |
| **Birth Certificate ( 1 Copy)**   | **Accepted (indicate) Yes**   **No**   **Review**   |
| **Transfer Certificate from previous school** | **Lower Primary**  **Upper Primary**   |
| **Original Colour Photograph - passport size (2 Prints)**   | **Student No:**   |
| **Parents/Guardians ID copies for both parents/guardians**   | **All documentation returned:** **Yes**   **No**   |
| **E200.00 Administration Fee must accompany this application form**   | **If no: What and why?**  |

**SECTION A**

**LEARNERS DETAILS:**

Surname: ...........................................................................................................................................................................

First names: .....................................................................................................................................................................

Date of birth (dd/mm/yyyy): ........................................... ID No. ..................................................................................

 Home language: .............................................................. Nationality: ................................................................

**Learner’s residential address**: ........................................................................................................................................ Reason if address is different to legal parent/guardian: ................................................................................................

……………………………………………………………………………………………………………………………………………………………………………………..

Name of present or previous School:………………………...................................................................................................... School telephone: .............................................................

 School fax no. .................................................................

Has the learner ever repeated a Grade:............................ If yes, which grade? ................................................................

Reason for repeating grade: .............................................................................................................................................

**Have any family members been at Montessori Life Primary or are currently at Montessori Life Primary?**

Family member’s name & surname: .............................................................................. Present grade: ...................

Family member’s date of birth: ....................................................................................................................................

 Any other link/connection with Montessori Life Primary: .............................................................................................

 **Has your child had previous Montessori education?** Yes/ No.

If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from (date) \_\_\_\_\_\_\_\_\_\_\_\_\_until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of siblings living at home:**………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………..

**MEDICAL INFORMATION:**

Contact person: …………………………………………………………………………………………………….…………………………………………………….

Medical aid name: ....................................................................... Medical aid no. .....................................................

Medical aid principal member: ........................................................................................................................................ Health problems/allergies: .............................................................................................................................................

............................................................................................................................................................................................

Is your child on any medication or does your child have any medical conditions? Please specify.

………………………………………………………………………………………………………………………………………………………………………………………

 Does your child have any special dietary requirements/ Please specify………………………………………………………………………

 Does your child have any emotional/social needs:

 ………………………………………………………………………………………………………………………………………………………………………………………

Has your child received any Professional Therapy or Support? If yes, please specify.

……………………………………………………………………………………………………………………………………………………………………………………

 **SECTION B**

 **PARENTS** **PARTICULARS**

|  |  |
| --- | --- |
| ***(Please print clearly)***  | ***(Please print clearly)***  |
| ***Father’s Details:***  | ***Mother’s Details:***  |
| Marital Status  | Marital Status  |
| Married  Divorced  Single  Widowed   | Married  Divorced  Single  Widowed   |
| Title (Prof, Dr, Mr): .......................................................  | Title (Prof, Dr, Mrs): .....................................................  |
| Surname: ......................................................................  | Surname: ............................................................................  |
| First names: .................................................................  | First names: ........................................................................  |
|  .......................................................................................  |  .............................................................................................  |
| ID No. ............................................................................  | ID No. ..................................................................................  |
| ***Contact Details:***   | ***Contact Details:***   |
| Postal address: .............................................................  | Postal address: ...................................................................  |
|  .......................................................................................  |  .............................................................................................  |
|  ................................................... Code: .....................  |  ................................................... Code: ...........................  |
| Physical address: ………………………………………………………..  | Physical address:……………………………………………………………..  |
|  .......................................................................................  |  .............................................................................................  |
|  ........................................................................................  |  .............................................................................................  |
| Home telephone no: ...................................................  | Home telephone no: ..........................................................  |
| Cell no: .........................................................................  | Cell no: ................................................................................  |
| Email address: ..............................................................  | Email address: ....................................................................  |
|  .......................................................................................  |  .............................................................................................  |
|  |  |
| Occupation: ..................................................................  | Occupation: ........................................................................  |
| Name of employer/business: .......................................  | Name of employer/business: .............................................  |
|  .......................................................................................  |  .............................................................................................  |
| Type of business: ..........................................................  | Type of business: ................................................................  |
| Work telephone: ..........................................................  | Work telephone: ................................................................  |
| Business address: .........................................................  | Business address: ...............................................................  |
| ***Emergency contact information (not wife):***   *Used when mother is unreachable* | ***Emergency contact information (not husband):***  *Used when father is unreachable* |
| Full name: ....................................................................  | Full name: ..........................................................................  |
| Home telephone: .........................................................  | Home telephone: ...............................................................  |
| Cell no: .........................................................................   | Cell no: ................................................................................  |

 If parents are separated/divorced, please indicate who the custodial parent is: **Mother**  **Father** 

 Who does the learner live with: **Mother**  **Father**  **Other: ..........................................?**

Name/Address of guardian, if applicable: **...............................................................................................................**  ............................................................................................................................................................................................

 **(TO BE COMPLETED AND RETURNED BY PARENT/GUARDIAN THAT THE CHILD LIVES WITH**)

**We would love to know more about your child. This information gives us a better understanding of your child’s personality, needs, like and dislikes and aids us in placing your child.**

Name of chid: .........................................................................................................Current grade: ..............................

Name of current school: .....................................................................................................

**ACADEMIC ATTITUDE**

 A Very enthusiastic about school work B Enjoys school work

 C Does not mind school work D Does not like school work

Comments: ..........................................................................................................................................................................................

............................................................................................................................................................................................

**CO-CURRICULAR (Sports, Societies)**

 A Excellent, well involved B Very keen and/or above average involvement

 C Average involvement D Not enthusiastic

Details of sports played / society involvement / leadership roles:

 .............................................................................................................................................................................................

**CHARACTER AND PERSONALITY**

 A Strong personality, bright, cheerful, cooperative B Builds strong personal relationships

 C More reserved D Finds social interaction challenging

Comments: ..........................................................................................................................................................................................

**My childs hobbies are:**………………………………………………………………………………………………………………………………………………

 **My child does not enjoy the following:**………………………………………………………………………………………………………………………

 **Additional Language**

Each student here at Montessori has a choice between taking French or Advanced SiSwati as a second language. All students do conversational / cultural SiSwati as per the Government requirements. Please fill in and tick below as to which language he/she will be doing as a second language.

 **ADVANCED SISWATI**

 **FRENCH**

*Thank you for your application! Our enrolment officer will be in contact with you shortly to give you an interview date for your child. Should you need any more information, please do not hesitate to contact the school office. It is our hope that our students will be responsible, caring members of society. That they will recognize they have the power and resources to effect change, as well as the self-esteem and confidence to pursue their goals.*