



Hilton Montessori

Hilton Montessori

Education for Life

Contact:

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'The hand is the instrument of the mind' Maria Montessori

APPLICATION FORM

Please print clearly, fill in both sides and circle where there are options

Child's FULL name:

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Date of Birth D/M/Y:

Sex: **M** **F**

ID No:

Parent/Guardian

Parent/Guardian

Surname:

First Name:

Mr/Miss/Ms/Mrs/Dr/Prof/Rev/Other:

Mr/Miss/Ms/Mrs/Dr/Prof/Rev/Other:

Known As:

ID No:

Sex: **M** **F**

Sex: **M** **F**

Marital Status:

SINGLE

MARRIED

WIDOWED

DIVORCED

SINGLE

MARRIED

WIDOWED

DIVORCED

Residential Address:

Postal Code:

Postal Address:

(If Different)

Postal Code:

Telephone No: (h)

(w)

(c)

E-mail:

Occupation:

Siblings Names & Ages:

Please describe any serious allergies or conditions we should be aware of.
You will fill out a detailed HEALTH FORM on registration.

Medical History:

Date of Entry Required:

Day	Month	Year	Numbers of days per week:
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NEXT OF KIN – For emergencies

Name: _____

Contact _____

Details: _____

PLEASE NOTE...

- I enclose the non-refundable APPLICATION FEE of R400.00 with this application.
 - EFT to: (Please forward a proof of payment via Email to ma.vuma@mtnloaded.co.za)
 - Ma Vuma Trading CC,
 - Standard Bank,
 - Branch : 058325
 - Acc No: 303185082
- On acceptance of a place, I agree to pay the DEPOSIT amount of a month's school fees.
- On acceptance of a place, I agree to pay the Curriculum Extension fee which is indicated under the school fees section.
- I agree that a term's written notice to withdraw my child from the school is to be given or I agree to pay a terms notice fee to withdraw my child without giving notice.
- I agree to pay school fees in advance by the last day of each month.

Can we add you onto the School E-mail & WhatsApp lists?:

YES	NO
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Signatures of both Parents or Legal Guardians are required:

Signature: _____ Signature: _____

Date: _____

Important Notes:

Please **READ** and **COMPLETE** the following—contact us if you have any questions.

1. Please return this form to Hilton Montessori with the application fee or proof of its payment, copy of Birth Certificate and any Educational, Medical or Psychological reports or assessments relating to your child.
2. Once the deposit fee has been paid, this will ensure your child is booked in.
3. I have read and understood the Policy Document.
4. Photo Consent: I agree disagree (please tick relevant box), to allow photos of my child to be put on any social media platform.

Please sign to acknowledge you are aware of the above:

Signature: _____

Date: _____

HEALTH FORM - 2019

Please print clearly, fill in one for each child, and circle where there are options

Child's
FULL Name:

Date of Birth D/M/Y:

Sex: **M** **F** Age:

Allergies to FOOD:

Allergies to
MEDICINE:

Sensitivities to Food:

Medicines to
administer for
Allergies:

Description of
Child's general
Health:

Childhood Diseases
your child has had
& When:

Medicines your
child takes regularly:

Doctor's Name:

Doctors Contact
details:

Medical Aid Name
& No:

I authorise HILTON MONTESSORI to take my child to the emergency room if I (parent/guardian) am not immediately contactable.

Signature: _____

Parent/Guardian
Name: _____