Rising Stars MONTESSORI

LAYING THE FOUNDATIONS FOR TOMORROW

APPLICATION CHECKLIST

Please ensure that the following documents are completed and submitted with your application:

FORMS TO BE COMPLETED AND SIGNED:	CIRCLE IF COMPLETED:
• Signed and completed Letter of Conditions • Signed and completed Application for Admission Form • Signed and completed Enrolment Form • Signed and completed Payment Agreement • Signed and completed Indemnity Form • Child's Birth Certificate • Child's Clinic / Immunisation Card • Mother's ID or Passport and Father's ID or Passport • Most Recent School Report (if applicable)	**YES OR NO** **YES OR NO** **YES OR NO** **YES OR NO** **YES OR NO** **YES OR NO** **YES OR NO** **YES OR NO** **YES OR NO** **YES OR NO**
• **REGISTRATION FEE: R3000.00**	**PAID: YES OR NO**

INITIALS:

Rising Stars
MONTESSORI

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APPLICATION FOR ADMISSION

IMPORTANT: PLEASE READ AND ENSURE THAT YOU FULLY UNDERSTAND THE CONTENTS OF THIS DOCUMENT BEFORE COMPLETING AND RETURNING IT TO THE SCHOOL.

NAME OF LEARNER: _____

AGE: _____

ETHNICITY: _____

IDENTITY NUMBER: _____

MOTHER/GAURDIAN: _____

FATHER/GAURDIAN: _____

UNDERTAKING BY THE PARENT / GUARDIAN / SPONSOR

1. I/We hereby apply for the enrolment of the child whose details appear on this form as a learner at Rising Stars – Montessori and confirm that he/she meets the basic admission requirements.
2. I/We confirm that I/we are the parent(s) and/or have legal custody and/or legal guardianship of the above-named learner.
3. I/We undertake to comply with the school's rules and Code of Conduct, as well as with any amendments or additions to such rules and disciplinary procedures that may be introduced from time to time.
4. I/We acknowledge and agree that the principal, or any person duly authorised by the school, may act in loco parentis in any matter and at any time while my/our child is under the care and supervision of the school.
5. I/We understand that while the school will take reasonable care to prevent loss or damage to a learner's clothing or personal belongings, the school shall not be held liable for such loss or damage.

INITIALS:

6. I/We agree to reimburse the school for any damage to School property caused by my/our child.

7. The full-day monthly **school fee** is R5958.33, payable over 12 months. Should parents choose to pay over 11 months, the monthly fee will be R6500.00.

8. The **half-day aftercare** school fee package is R1558.33, payable over 12 months. Should parents choose to pay over 11 months, the monthly fee will be R1700.00.

9. The **full day aftercare** school fee package is R1833.33, payable over 12 months. Should parents choose to pay over 11 months, the monthly fee will be R2000.00.

10. A 5% discount will be granted to parents who settle the annual school fees in a single payment before 31 January of the applicable year.

11. I/We undertake to provide one calendar month's written notice, together with payment for that notice period, should I/we intend to withdraw my/our child from the school. I/We further undertake to return any books, equipment, or other property belonging to the school that may be in my/our child's possession.

12. I/We consent to my/our child participating in group assessments or tests approved by the Director of Education.

13. I/We acknowledge that the school reserves the right to verify all information provided in the enrolment and emergency forms. Should any fraudulent or falsified documentation be submitted, the school reserves the right to institute criminal proceedings for fraud against the responsible party or parties.

14. I/We accept responsibility for ensuring that my/our child is immunised against contagious diseases and common childhood infections and undertake to provide proof of such immunisation if requested by the school.

15. I/We undertake to keep my/our child at home for the required isolation period prescribed by the Health Department should he/she contract any contagious illness, including but not limited to Gastroenteritis, Measles, Chickenpox, Mumps, German Measles, Ringworm, Head Lice, or Pink Eye.

INITIALS:

16. I/We undertake to inform the principal and/or my/our child's class teacher of any absence from school. I/We further acknowledge that the school may request a medical certificate where necessary, which I/we agree to provide.

17. I/We accept full responsibility for arranging and managing the learner's transport to and from the school. I/We further undertake to ensure that the learner is personally handed over to his/her teacher and signed into the attendance register and not left unattended at the school gate.

18. I/We undertake to support and adhere to the School's Constitution and Admission Policy as set out in this document.

19. I/We undertake to notify the principal and/or the class teacher in writing of any changes to my/our residential address, contact details, or cellphone numbers.

20. This undertaking shall remain valid and binding from the date of signature by the parent/legal guardian until the date on which the learner officially leaves the school.

21. I/We confirm that I/we have read and understood the contents of this Application for Admission and hereby bind myself/ourselves to the regular and timely payment of my/our child's school fees.

22. The parties to this application are liable for the payment of compulsory school fees in line with the relevant legislation and the school may enforce the payment of such compulsory school fees.

23. The parties to this application agree to be liable for all legal costs incurred by the school in recovering any outstanding school fees, including attorney-and-client scale.

24. School fees are payable monthly in advance at the beginning of each month.

25. Payment must be received on or before the 1st day of each month.

26. The Parent/Guardian acknowledges that the school may collect, process, and store personal information relating to the Parent/Guardian and the Child for

purposes connected to the Child's enrolment, education, administration, and safety. The school undertakes to process such information in accordance with the provisions of the Protection of Personal Information Act, 4 of 2013 ("POPIA"), and to take reasonable steps to safeguard such information.

27. In the event of any dispute arising from this agreement, the parties agree to first attempt to resolve the matter amicably through discussion. Should the dispute remain unresolved, the parties agree to refer the matter to mediation before instituting any legal proceedings.

28. The parties consent to the jurisdiction of the Magistrate's Court having jurisdiction, notwithstanding that the amount claimed, or the nature of the matter may otherwise fall outside the jurisdiction of such court.

29. Either party may terminate this agreement by providing one calendar month's written notice to the other party. The Parent/Guardian shall remain liable for all fees due up to the expiry of the notice period.

30. Supporting Documents, please ensure that the following documents accompany your application:

    26.1 Fully completed and signed Enrolment Form

    26.2 Certified copy of the child's Birth Certificate

    26.3 Certified copy of the child's Clinic/Immunisation Card

    26.4 Certified copies of the Parent(s) / Legal Guardian(s) ID documents

NAME OF PARENT/GUARDIAN: _____

SIGNATURE: _____

DATE: _____

Rising Stars MONTESSORI

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ENROLLMENT FORM

PERSONAL DETAILS OF CHILD

1. FULL NAME & SURNAME: _____
2. DATE OF BIRTH: _____
3. AGE: _____
4. GENDER: _____
5. BIRTH PLACE: _____
6. NATIONALITY: _____
7. HOME LANGUAGE: _____
8. RELIGION: _____
9. RESIDENTIAL ADDRESS: _____
10. POSTAL ADDRESS: _____
11. WITH WHOM DOES THE CHILD RESIDE? _____

PERSONAL DETAILS OF PARENTS/GUARDIANS

12. FULL NAME & SURNAME OF MOTHER: _____
13. ID NUMBER: _____
14. NAME OF EMPLOYER: _____
15. OCCUPATION: _____
16. WORK NO: _____
17. HOME NO: _____

18. CELL NO: _____
19. E-MAIL: _____
20. SIGNATURE: _____
21. FULL NAME & SURNAME OF FATHER: _____
22. ID NUMBER: _____
23. NAME OF EMPLOYER: _____
24. OCCUPATION: _____
25. WORK NO: _____
26. HOME NO: _____
27. CELL NO: _____
28. E-MAIL: _____

MEDICAL DETAILS

29. DOCTORS NAME: _____
30. TEL NO: _____
31. MEDICAL AID NAME: _____
32. MEDICAL AID NO: _____
33. NAME OF PRINCIPLE MEMBER _____

BACKGROUND INFORMATION

34. NAME OF PREVIOUS SCHOOL: _____
35. MARITAL STATUS OF PARENTS: _____
36. CUSTODY - VISITING ARRANGEMENTS: _____

37. IF THE CHILD IS ADOPTED, LIST AGE OF ADOPTION:

_____

38. LIST SIBLINGS AND THEIR AGES:

_____

39. ARE THERE OTHER MEMBERS OF THE HOUSEHOLD? IF SO, LIST NAME, AGE AND RELATIONSHIP:

_____

40. WHAT TIME DOES YOUR CHILD GO TO BED AT NIGHT?

_____

WHAT TIME DOES YOUR CHILD WAKE UP IN THE MORNING?

_____

41. WHO BRINGS YOUR CHILD TO SCHOOL?

_____

42. DOES YOUR CHILD HAVE ANY SPECIAL FEARS? IF SO, PLEASE EXPLAIN:

_____

43. DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS WE SHOULD BE AWARE OF?

_____

44. ARE THERE ANY FOODS OR DRINKS THAT YOUR CHILD SHOULD NOT CONSUME?

_____

45. DO YOU HAVE ANY CONCERN ABOUT ANY ASPECT OF YOUR CHILD'S DEVELOPMENT?

_____

46. DO YOU FEEL YOUR CHILD'S SPEECH IS CLEAR?

_____

47. HAS YOUR CHILD HAD ANY SERIOUS ACCIDENTS OR OPERATIONS:

_____

48. DOES YOUR CHILD HAVE ANY ALLERGIES?

_____

49. DOES YOUR CHILD TAKE ANY MEDICATION REGULARLY? IF YES, WHAT, WHEN AND WHY?

_____

50. ARE THERE ANY SPECIAL MEDICAL, PHYSICAL OR EMOTIONAL NEEDS THAT THE STAFF SHOULD BE AWARE OF?

_____

51. HOW MUCH TELEVISION DOES YOUR CHILD GENERALLY WATCH EVERY DAY?

_____

52. DOES YOUR CHILD ACCEPT CORRECTION EASILY?

_____

53. WHAT IS / ARE THE METHOD(S) OF BEHAVIOR CONTROL / MANAGEMENT USED IN YOUR HOME?

_____

EMERGENCY INFORMATION:

OTHER THEN YOURSELVES, NAME TWO INDIVIDUALS WHO CAN BE CONTRACTED IN CASE OF AN EMERGENCY:

FULL NAME & SURNAME: _____

WORK NO: _____

HOME NO: _____

CELL NO: _____

E-MAIL: _____

FULL NAME & SURNAME: _____

WORK NO: _____

HOME NO: _____

CELL NO: _____

E-MAIL: _____

NAME OF PARENT/GUARDIAN: _____

SIGNATURE: _____

DATE: _____

Rising Stars
MONTESSORI

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IDEMNITY FORM

I, _____ (full name and surname of parent/guardian), being the parent/guardian of _____ (full name and surname of the child), hereby declare and agree as follows:

1. I indemnify and hold harmless Rising Stars- Montessori, its principal, staff members, and representatives against any loss, damage, injury, or liability to any person or property arising from any cause whatsoever which may be suffered or sustained by the above-mentioned child, or to his/her belongings, whilst the child is on the school premises or under the care of the school.
2. I accept full responsibility for the payment of any medical, hospital, or related expenses that may arise should the above-mentioned child sustain any injury or require medical treatment while on the school premises or under the supervision of the school.
3. I hereby authorize the Principal of Rising Stars- Montessori, or any person duly authorized by her, to obtain and consent to any medical treatment deemed necessary for the child in the event of an emergency or where immediate medical attention is required. In doing so, the principal or her representative shall act *in loco parentis*.
4. This indemnity shall take effect from the date of signature hereof and shall remain valid and binding for the entire duration of the child's attendance and enrolment at Rising Stars- Montessori.

Signed at _____ (place) on _____ (date).

SIGNATURE OF PARENT/GUARDIAN: _____

ID NUMBER OF PARENT/GUARDIAN: _____

WITNESS: _____

INITIALS: