



# Newberry House

MONTESSORI SCHOOL

## NEWBERRY HOUSE MONTESSORI SCHOOL – ENROLMENT APPLICATION

<b>Please attach the following to your application:</b>	
1. Application fee of R450.00 (non-refundable)	
2. 1 x Photo of child	
3. Child's report from current school if applicable	
4. Child's clinic card	
5. Child's birth certificate	
6. Copy of ID/Passport of both parents/guardians	
7. Proof of Address of both parents/guardians	

<b>DATE OF INTENDED ENROLMENT:</b>	<b>DATE:</b>	<b>GRADE/LEVEL:</b>
<b>CHILD DETAILS</b>		
Surname:	Gender: F / M	
First names:	Date of birth:	
Home language:	Current age:	
ID number:		
<b>Previous school/pre-schools attended</b>		
Name of school:	Year/s attended:	
Name of school:	Year/s attended:	
<b>Should your child have any reports from a Therapist/Psychologist please submit with this document</b>		
Child's position in family (i.e. 1 <sup>st</sup> /2 <sup>nd</sup> /youngest/middle)		
Siblings:		
Siblings' names & ages:		
<b>MOTHER/GUARDIAN DETAILS</b> Relationship status with regard to father:		
Surname:	First names:	
Occupation:		
Employer's name and address:		
Telephone no: Home/Work:	Mobile:	
Email address:		
SA Identification Number:		



# Newberry House

MONTESSORI SCHOOL

Residential address:	
	Postal code:
Postal address:	
	Postal code
<b>FATHER/GUARDIAN DETAILS</b> Relationship status with regard to mother:	
Surname:	First names:
Occupation:	
Employer's name and address:	
Telephone no: Home/work:	Mobile:
Email address:	
SA Identification number:	
Residential address:	
	Postal Code:
Postal address:	
	Postal Code:
<b>GENERAL CORRESPONDENCE AND ACCOUNTS</b>	
Preferred email address/es or phone number for receipt of:	
General communication (Transparent Classroom/WhatsApp):	
Accounts:	
Vehicle/s registration number (for farm access):	
<b>MEDICAL DETAILS</b>	
Please indicate illnesses the child has had:	
Measles: German Measles: Whooping Cough: Chicken Pox: Mumps: Hepatitis:	
Other:	
Has the child had all inoculations? YES / NO	
Please state any other conditions/allergies/ailments etc., that the school needs to be aware of?	
Is the child on any special medication?	
Family doctor:	Tel no:
Preferred ambulance/hospital in case of emergency:	



# Newberry House

MONTESSORI SCHOOL

Name of Medical aid/Insurance:		Membership no:
Name, relation and phone number of contact person (other than parent) in case of emergency:		
<b>Do you require after care?</b>		YES / NO
Full time (see registration form)	Ad Hoc (see registration form)	
<b>How did you find out about Newberry House?</b>		
<b>What is your current understanding of the Montessori system, and the reason for choosing it?</b>		
<b>Helping at school:</b>		
Is there an area in which you feel you can contribute to the school? (i.e. fundraising, gardening, design, marketing etc.) Please be specific if you can – we appreciate your help.		

We hereby acknowledge that:

All applications are subject to space availability, child observation and suitability, and parent interviews, and do not in any way guarantee a child's place at Newberry House.

All information supplied is true and correct, and we will inform the school immediately of any changes.

We give permission for the school to do the necessary reference, identity, and credit checks based on the information supplied.

Signed at (place) \_\_\_\_\_ on (date) \_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian full name

\_\_\_\_\_  
Mother/Guardian signature

\_\_\_\_\_  
Father/Guardian full name

\_\_\_\_\_  
Father/Guardian signature

**Standard Bank Helderberg 033012 Acc no: 371 770 564 (Child's name and surname as reference)**