



**PRETORIA MONTESSORI**  
**S C H O O L**

*Committed to Excellence & Success*

**PRIMARY**



**6 to 9**

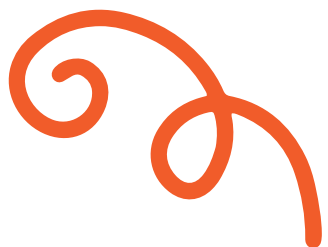
**9 to 12 years**

Principal: Hoby 074 718 9106 WHATSUP

068 188 05 63 CELL

**50 MACKIE ST, BROOKLYN**

Email: [montessoripretoria@gmail.com](mailto:montessoripretoria@gmail.com)





## ENROLMENT FORM 2023



- 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:

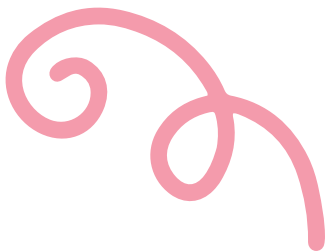
Gender:

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

Operations:

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

Is your child on medication (please specify):



INITIAL \_\_\_\_\_





PARENTS AND FAMILY DETAILS:

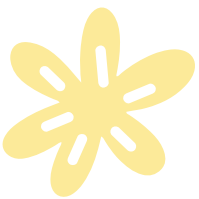


**Father / Guardian**

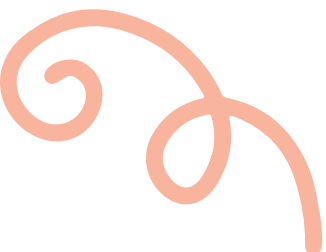
<i>Full name:</i>
<i>Home address:</i>
<i>Postal address:</i>
<i>ID number:</i>
<i>Occupation:</i>
<i>Name of employer:</i>
<i>Business address:</i>
<i>Full names:</i>
<i>Telephone: (w) _____ (H) _____</i>
<i>Cell No:</i>
<i>Email Address:</i>

**Mother / Guardian**

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



INITIAL \_\_\_\_\_





MARITAL STATUS:



<i>Married</i>	<i>Divorced</i>	<i>Separated</i>	<i>Widowed</i>	<i>Single</i>	<i>Other</i>
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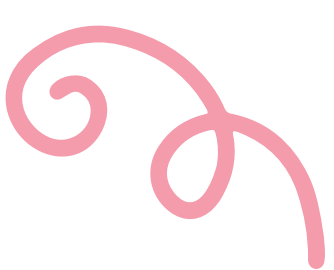
OTHER INFORMATION:



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

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.

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



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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 Preschool.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

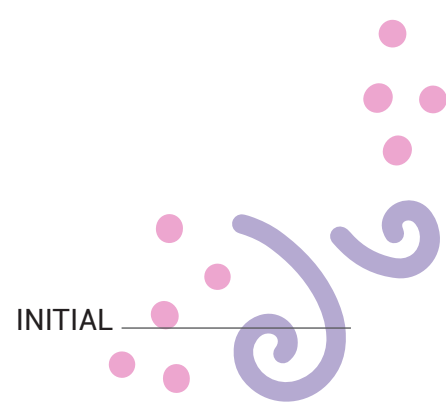
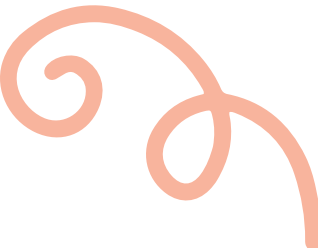
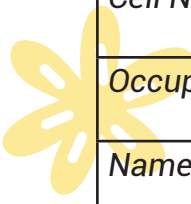
OR

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 Preschool.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FULL DETAILS OF THE PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES IN 2023

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



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INTENDED METHOD OF PAYMENT:

**Tick**

X12 Internet payments	
X12 Cash payments	

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 Preschool.

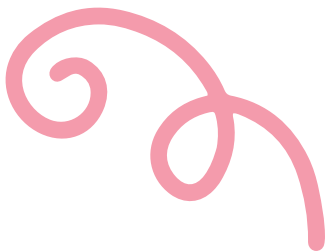
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

THE MONTHLY FEE IS DUE REGARDLESS OF THE DAYS IN A MONTH, absenteeism due to illness or inclement weather, plus school and statutory holidays.

One month notice is applicable and payable in case the child needs to be withdrawn with a letter stating the withdrawal.

<p><b>Pretoria Montessori Bank details</b>  Account holder: Sunbird Montessori Pretoria  Bank Name: Standard Bank  Account Number: 032 242 166  Branch Code: 011 245  Branch Name: Brooklyn</p>
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_



INITIAL \_\_\_\_\_