SWAKOPMUND MONTESSORI ACADEMY

Tel: 081 282 1600 or 081 883 4683

Email: swakopmontessori@gmail.com

ENROLLMENT APPLICATION FORM:

Year of Enrollment: _____

Please place recent photo here

Please tick which grade you are applying for:

R	1	2	3	4	5	6	7	8

NB! Grade 7 and Grade 8 are online studies only.

1.) **PERSONAL DETAILS OF THE STUDENT:**

Surname: _____ First names: _____

Date of Birth (dd-mm-yyyy):_____--_____

Citizenship: _____

Foreign student: (Y) (N) Study permit Number: _____

Present school: _____

Home Language/Main Language:_____

Other schools attended (where applicable):

1.) _____

2.) _____

3.) _____

Grades repeated (if any): _____

2.) **PERSONAL DETAILS OF THE PARENTS:**

A.) **FATHER/GUARDIAN:** (ID Number:_____)

Title: _____Initials:_____Surname:_____

First name(s): _____

Contact number: (Work): _____ (Mobile):_____

Postal address: _____

Residential address: _____

E-mail address: _____

Employer: _____

Position: _____

B.) **MOTHER/GUARDIAN:** (ID Number:_____)

Title: _____Initials:_____Surname:_____

First name(s): _____

Contact number: (Work): _____ (Mobile):_____

Postal address: _____

Residential address: _____

E-mail address: _____

Employer: _____

Position: _____

PERSON RESPONSIBLE FOR ACCOUNTS:

Title: _____Initials:_____Surname:_____

First name(s): _____

Contact number: (Work): _____ (Mobile):_____

Postal address: _____

Residential address: _____

E-mail address: _____

Employer: _____

Position: _____

References:

1.) Name & Surname:_____

Relationship: _____Contact Nr: _____

2.) Name & Surname:_____

Relationship: _____Contact Nr: _____

MEDICAL INFORMATION:

Known allergies:_____

Person to contact in the event of illness:_____

Contact number: _____(h)_____(w)_____(c)

Any other medical information that the school should be aware of:

_____

_____

_____

Kindly attach the following to this application:

1.) Copy of the student's birth certificate / passport.

2.) Proof of residential address for the person responsible for the account e.g. a municipal water account.

3.) Copy of the study permit, if applicable.

4.) A copy of the most recent school report or, in the case of a grade 1 applicant, a copy of the school readiness assessment.

5.) A recent photograph of the applicant e.g. passport photo.

Please take note of the following:

1.) This application does not guarantee placement in the school, nor does the date of application indicate any specific order of priority.

2.) Collateral information may be obtained from previous schools in order to determine the student's general behavior and academic achievements.

3.) The applicant and his / her parents may be interviewed.

4.) You will be notified in writing whether or not your application has been successful. Upon receipt of your non-refundable enrolment fee and signing of the Parent Contract, your child's place will be secured.

5.) In the event that you decide to withdraw your child from Swakopmund Montessori Academy a notice period of 1 term or **3 months** is required. Should no notice be received, parents will be liable to pay an amount equal to 3 months of school fees or pro-rata.

Declaration by parents/guardian:

I/we, _____,

parent(s)/guardian of _____ declare that:

I/we have read and understood the contents of this application form. All information supplied by us is correct and we have not omitted any relevant information.

Father/Guardian:

Signature: _____

Name: _____ Date:_____/_____

Mother/Guardian:

Signature: _____

Name: _____ Date:_____/_____