



EDEN MONTESSORI
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Eden
George
6529

Application Form

Current Date:	D	D	M	M	Y	Y	Y	Y
Starting Date:	D	D	M	M	Y	Y	Y	Y
How did you hear about us:								

Child's Details

Date of Birth:	D	D	M	M	Y	Y	Y	Y	
Surname:									
Full Name:									
Preferred Name:									
Religion:									
Home Language:									
Language of Instruction									
Number of Siblings		Ages:							

Family Doctor:								
Phone Number:								
Medical Aid:								
Membership Number:								
Allergies:								
Chronic Illness:								
Disabilities:								
Additional Information:								

Emergency Contact:								
Phone Number:								

Will make use of:	√
Aftercare:	
Holiday Care:	

Parents/Guardians Details

Mother	
Surname:	
First Name:	
Residential Address:	
Postal Address:	
Occupation:	
Employer:	
Work Phone Number:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	

Father	
Surname:	
First Name:	
Residential Address: (if different)	
Postal Address: (if different)	
Occupation:	
Employer:	
Work Phone Number:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	



Details of person responsible for account

Name & Surname:	<input type="text"/>
Work Phone Number:	<input type="text"/>
Home Phone Number:	<input type="text"/>
Cell Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Postal Address:	<input type="text"/>
Occupation:	<input type="text"/>
I.D Number:	<input type="text"/>

Checklist

Please ensure that all of the documents mentioned below are submitted in order to complete the application process.

Documents:	<input checked="" type="checkbox"/>
Application Form:	<input type="checkbox"/>
Mom's ID:	<input type="checkbox"/>
Dad's ID:	<input type="checkbox"/>
Birth Certificate:	<input type="checkbox"/>
Inoculation Record:	<input type="checkbox"/>
Indemnity Form:	<input type="checkbox"/>
Photo Permission:	<input type="checkbox"/>
Children's Questionnaire	<input type="checkbox"/>
Contract Signed (initialled on each page):	<input type="checkbox"/>
MySchool Card Application:	<input type="checkbox"/>
Last School Report (if applicable):	<input type="checkbox"/>
Reports From Specialists (if applicable):	<input type="checkbox"/>

POPI Act Disclaimer:

The personal information submitted herein shall be solely used for your child's appropriate education and to contact you in the case of an emergency. All the information submitted herein shall be used for the purpose stated above, as mandated by law. This information may be disclosed to Eden Montessori's ECD practitioners as appropriate. Eden Montessori undertakes to ensure that appropriate security control measures are implemented to protect all the information to be submitted in this document.

