



HALFWAY HOUSE MONTESSORI

Address : 17 FRED VESEPUT AVENUE, HALFWAY GARDENS, MIDRAND

TEL: 011 702 3277

EMAIL: info@halfwayhousemontessori.co.za

Attach ID
Photo
Here

APPLICATION FOR ADMISSION – 2023

Name of Learner:			
Grade applying for:			
Year applying for:	2023		

Please read the Admission Policy of Halfway House Montessori before submitting this application form. Once submitted, your application form will be processed in accordance with the School's Admission Policy.

In this document, "Parents", refer to "Parents", and/or "guardian", and "child/Learner" refers to "child/ward".

Please complete all sections of this application form using Capital letters and submit it together with all supporting documents to the school on or before the relevant closing date.

FOR OFFICE USE ONLY:

REFERENCE NUMBER:			NECESSARY DOCUMENTS RECEIVED:	YES	NO
APPLICATION STATUS:	SUCCESSFUL		OFFER STATUS: (applicable to successful applicants only)	ACCEPTED	DECLINED
	UNSUCCESSFUL				
APPLICATION FEE PAID:	YES	NO	ADMISSION NUMBER:	20	

RECEIVED ON: _____ APPLICATION RECEIVED BY: _____

Important: Please attach the following documents (duplicated documents certified with at least 3 months)

1	Unabridged Birth Certificate		7	Proof of residence	
2	Both parents' ID		8	Current payslip for both parents	
3	Clinic Card		9	3 months bank statement	
4	Recent School Report		10	Confidential report from current school	
5	Transfer card from previous school				
6	Study permit for non-South African				

Parent Initials: _____

SECTION A: PERSONAL INFORMATION OF THE LEARNER

Learner's Surname	Learner's First Name(s)
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(THE "LEARNER")

Identity Number		Current Age	
Gender		Age of 1st Admission	
Date of Birth		Place of Birth	
Home Language		Preferred Language for Learning and Teaching	
Nationality		Citizenship	
Date of Arrival in SA		Study permit Number	
Previous School		Grade to be placed	
Previous School Address	Postal code:	Province	
Reason for leaving		Number of Siblings	
Siblings currently enrolled at SAI MANDIR PRESCHOOL	Name:	Grade:	Age:
	Name:	Grade:	Age:
Any deceased Parents	<u>Yes</u>	<u>(Specify)</u>	Religion
	<u>NO</u>		

DEXTERITY: PLEASE TICK

RIGHT HANDED	LEFT HANDED

Parent Initials: _____

Which of the following illnesses has the learner been immunised against? (For grade 1 learners only)

Polio		Diphtheria	
Measles		Tetanus	
Tuberculosis		Hepatitis B	

Important: Immunisation against these illnesses is compulsory before the learner attends any school. Please attach proof of immunisation.

MEDICAL AID DETAILS FOR THE LEARNER			
Main member's Name:		Name of Medical Aid Scheme:	
Dependent Number:		Medical Aid Number:	

PLEASE Attach copy of medical AID CARD.

DOCTOR'S DETAILS		EMERGENCY CONTACT PERSON (IF PARENTS ARE NOT AVAILABLE)	
Doctor's Full Name:		Full Name:	
Telephone Number:		Relationship to The Learner:	
Doctor's Cell Number:		Home Telephone Number:	
		Cell Number	
		Work Telephone Number	

MEDICAL DETAILS OF THE LEARNER	
<i>Please disclose full details of any medical information concerning the learner that the School should be aware of below:</i>	
Allergies	

Parent Initials: _____

RecentInjuries	
RoutineMedication	
Previous Operations	
CurrentMedical Problems	
LearningDisabilities	
OtherMedical Conditions	

WHODOESTHELEARNERLIVewith?(PLEASETICK)

Mother		Father		Sponsor	
Guardian		Grandparent		Other (please specify)	
ResidentialAddressoftheLearner:					

SECTIONB:PERSONALINFORMATIONOFTHELEARNER'SPARENTS/ GUARDIANS

PARENT1					PARENT2				
Title and Initial(s):					Title and Initial(s):				
FirstName(s):					FirstName(s):				
Surname:					Surname:				
MaritalStatus	Single		Divorced		MaritalStatus:	Single		Divorced	
	Married		Remarried			Married		Remarried	

ParentInitials: _____

Home Telephone Number:		Home Telephone Number:	
CellPhone Number:		CellPhone Number:	
Email Address:		Email Address:	
Occupation:		Occupation:	
Work Telephone Number:		Work Telephone Number:	
ID Number:		IDNumber:	
Residential Address:		Residential Address:	
	PostalCode:		PostalCode:
Work Address:		Work Address:	
	PostalCode:		PostalCode:

PreferredMeansofCommunication:Email/orTelephone

IF THE LEARNER IS ADMITTED TO THE SCHOOL, WHO SHOULD RECEIVE CORRESPONDENCEFROMTHESCHOOL(INCLUDINGNOTICESANDFEESACCOUNT)?

Mother		Father		Sponsor	
Guardian		Grandparent		Other (please specify)	

ParentInitials: _____

SECTION C: DECLARATION BY PARENTS / GUARDIANS OF THE LEARNER

I/We the undersigned parent(s)/guardian(s) of:

FULL NAME OF LEARNER

I do hereby confirm and declare the following

- **Privileges of Attendance**

I/We understand that my/our child's/ward's attendance at **halfwayhouse Montessori** is a privilege and not a right. If at any time my/our child's/ward's conduct, academic progress, or co-operation with the school authorities is not in keeping with the school requirements, I/we understand that the school reserves the right to terminate my/our child's enrolment. Likewise, as a parent or parents, I/we pledge my/our support and co-operation with the school's policies and procedure regarding my/our child.

I/we further understand as outlined in the Parent-Learner Handbook (incorporated by reference as if fully set forth herein), that it is the parents' responsibility to request re-enrolment for each learner for the following year and that is considered based on the guidelines listed therein. At the time of re-enrolment my/our child's account must be up to date and be kept current to maintain my/our child's re-enrolment status.

I/we realize that the School Administration makes the final decision for my/our child to attend **HALFWAYHOUSE MONTESSORI** for the 2023 school year.

In the event that circumstances are such that I/we cannot continue to support the school with relation to the progress of my/our child I/we accept to withdraw my/our child from HALFWAYHOUSE MONTESSORI in a quiet and orderly fashion. Additionally, if I/we voluntarily withdraw or am requested to withdraw my/our child from the school, I/we understand and accept the policy that I/we must provide one full term's notice or an equivalent amount to a term fee. Furthermore, I/we acknowledge that there will be no refund of any fee/money paid to the school in any circumstance i.e., if I/we voluntarily withdraw or are requested to withdraw my/our child from the school for any reason. This money may refer to, but is not limited to, registration fees, tuition fees, extramural fees, excursion fee, photo fee or any other extra-curricular cost that the parent may incur.

- **Learner Discipline**

I/We pledge to support the school in its effort to administer discipline to my/our child in accordance with the standards the school sets for itself.

- **School Activities**

In making an application for my/our child it is my desire to have him/her attend the school year 2023. I/We give permission for my/our child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to us/me or my/our child because of any injury to my/our child at school during any school activity. In case of accident or serious illness, I/We request the school to contact us/me. If

HALFWAYHOUSE MONTESSORI is unable to contact me/us or my/our emergency contact when circumstances indicate immediate action is required, the school may make whatever arrangements are required in its judgement and I/We will be financially liable and absolve the School of any liability.

- **Release of Learners**

The undersigned hereby attest that they have legal physical custody of the Learner and that no other person has legal physical custody of the Learner. The undersigned acknowledge and agree that **HALFWAYHOUSE MONTESSORI** may release the Learner to the custody of any person possessing legal physical custody of the Learner and to any person duly authorized in writing by any person possessing legal physical custody of the learner.

All learners are required to report to Aftercare Programme if they are not picked up from the school by the end of the school day. After the end of the school day supervision for learners is provided by **HALFWAYHOUSE MONTESSORI** only through the Aftercare Programme.

Parents will be charged R500 per month if learners are not picked up within 30 minutes of termination time.

Limited and additional supervision is provided for learners registered to participate in athletic teams or performance groups during practice or performance times only. **HALFWAYHOUSE MONTESSORI** is not responsible for any learner that has not been registered in a supervisory program or has not been picked up within fifteen minutes of the scheduled completion time of the event.

Parent Initials: _____

• Tuition

All tuition payments will be handled through **HALFWAYHOUSE MONTESSORI** Accounts. A non-refundable Application fee of **R500-00** is payable before enrolment (via EFT or Card Facility). This is applicable for new Learners only. Parents have a choice of paying the year's tuition fee upfront or in 10 monthly instalments. A payment of **R4000-00** must be made once the application has been accepted for 2023.

Payments made via the Accounts Department can be established from a cheque or savings account, or by way of MasterCard, Discovery, or American Express or Visa. The tuition fee owing for the year can be paid over a period of 10 months. If you prefer this option, payment of fees will be structured into 10 monthly instalments, from 25 January 2023 to 25 October 2023. Fees must be updated by the 1st of each month or **15%** interest per month will be charged on outstanding fees. If fees are still not paid by the 7th of each month, the school shall place the learner under suspension until such a time as the outstanding amount is paid to **HALFWAYHOUSE MONTESSORI** (unless proper arrangements have been made before the 1st of the month). Uniforms and textbooks are not included in the tuition fee. Tuition fees will be made via EFT, Bank Depositor or card swiping. No cash will be accepted at school.

2. School Conflict Resolution

In the highly unlikely event that we are ever unable to resolve a dispute between you and **HALFWAYHOUSE MONTESSORI**, we are asking you to join us in an attempt to resolve the dispute without litigation. By signing this Contractual Agreement, you are agreeing with us that any claim or dispute arising from or related to this agreement and your child's attendance/conduct at **HALFWAYHOUSE MONTESSORI** shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Schools*. Judgement upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and parent expressly waives their right to file a lawsuit in any court against the school for such disputes, except to enforce an arbitration decision.

In that case, judgement upon an arbitration award may be entered by any court having complete jurisdiction, in any conformity with the laws and venue of the mediation/arbitration will be in the court, Johannesburg. Of course, we are required to maintain certain insurance policies; therefore, this conflict resolution provision is conditioned upon an agreement by your insurer that, in the light of particular facts and circumstances surrounding the disputed matter, this provision, and the process it establishes, will not diminish any insurance coverage maintained by the school.

The undersigned promise to notify **HALFWAYHOUSE MONTESSORI** immediately in writing of any change regarding persons having legal custody of the learner and any change regarding the authority of **HALFWAYHOUSE MONTESSORI** to release the learner to the persons designated above. The undersigned also promise to notify **HALFWAYHOUSE MONTESSORI** immediately in writing of the existence of any custody dispute involving the learner, including any custody dispute existing at the time of this contract and any changes in communication contact details.

The undersigned make the following additional pledges and commitments:

*I/we hereby pledge to pay my financial obligations to the school through **HALFWAYHOUSE MONTESSORI** Accounts on the date due and understand that interest will be charged on late payments.*

I/we hereby grant permission for my child to take part in all school activities, including sports and school sponsored trips away from the school campus, and absolve the school from and liability to me or my child because of injury to my child at school, during transportation, or during any school activity.

I/we agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and by giving my child encouragement in the completion of any homework or assignments.

I/we appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonour to the word of God, and disrespect to the personnel of the school. I hereby agree to support all regulations of the school on the applicant's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my child. I understand and agree that the school reserves the right to dismiss any child who fails to comply with the established regulations and

Parent Initials: _____

code of conduct or whose financial obligation remains unpaid.

While I/we expect to be treated with the utmost courtesy and respect by the school staff, faculty and Administration, as a parent, I/we and our child realize that we are in turn also obligated to treat the staff, faculty and Administration with the same courtesy and respect. I/we also understand that repeated failure in this area could, if counselling from the Administration fails to bring about a change, eventually result in the withdrawal of my/our child from **SAI MANDIR PRESCHOOL**. I/we agree to attend all Parent-Teacher meetings and accept mediation to resolve any conflicts.

The undersigned further promises to indemnify **SAI MANDIR PRESCHOOL** against any damages arising from any misrepresentation made herein and against any damages arising from the undersigned's failure to timely notify **SAI MANDIR PRESCHOOL** pursuant to the promises set forth in the preceding paragraph.

By signing this Agreement, the undersigned parents/guardians agree that they understand and agree to be bound by this document including but not limited to the School Conflict Resolution clause and that they have read, understood and agree to be bound by SAI MANDIR PRESCHOOL policies.

This done and signed at _____ (place) on this _____ day of _____ (month) _____ (year).

Parent 1/Guardian 1

Parent 2/Guardian 2

Sponsor responsible for
the payment of School
Fees (if applicable)

RECEIVED BY:

NAME OF THE PRINCIPAL/HOD:			SIGNATURE: _____
DECISION:	APPROVED		DATE: _____
	REJECTED		
SCHOOL STAMP	DATE: _____ _____		

Parent Initials: _____