

9 Changi Street

Highveld

Centurion

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Highveld Montessori

"A Child becomes a person through work"

ENROLMENT FORM

Details of Child	
Full Names and Surname	
Nickname	
Age	
Date of Birth	
Sex	
Language	
Identity number child	
Date of application	
Date of registration	
Full day/half day	
Siblings in school	
Is your child receiving any therapy?	Reason:
Medical information *See note at signature	

**Medical aid information	Medical Aid Reference number
Home Doctor name and number	
Person responsible for account	
Operations	
Chronic medication/illness	
Allergies (food and other)	
Please supply us with 2 alternative persons who we can contact in case of an emergency	
Name: Relationship:	Contact no:
Name: Relationship:	Contact no:

Details of Father	
Full Name and Surname	
Identity number	
Street address (Domicillium citandi et executandi)	
Postal address	
Contact details	Cell Phone: Work:
Occupation	
e-mail address	
Details of Mother	
Full Name and Surname	

- **Attach the last page of the prospectus, signed. As an additional sheet. This will form a binding contract once signed.**
 - **I/We have read the prospectus.**
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Mother Name in Print

Mother Signature (Guardian)

Father Name in Print

FatherSignature (Guardian)

Owner- Corne Sgroi

Date and Place

Signature

Person responsible for paying school fees