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Date of App	plication:	

Details of Application:

Application for Admission:

DETAILS OF CHILD

First Names:	Surname:		
Name Child answers to (if other than above):		Boy/ Gir	l:
Date of Birth:	Nationality:		
Entry into Class/Group:	Possible Date of Entry:		
Language(s) spoken at home:			
Language spoken most fluently by your child: _			
Previous school (s):			
Is your child Allergic or sensitive to any particula	ar foods?	No	Yes
Which foods?			
Is your child Allergic or sensitive to any particula	ar medicines?	No	Yes
Which medicines?			
DETAILS OF PARENTS / GUARDIANS			
Father/Guardian: Surname:	First Name:		
Nationality:	Profession:		
Employer:	Tel. (W):	Fax:	
Tel (H):Cell:	E-mail:		
Mother /Guardian Surname:	First Na	me:	

Nationality:		Profession:		
Employer:		Tel (W)	Fax:	
Tel (H):	Cell:	E-mail:		
Address for				
Correspondence:				
EMER	GENCY CONTACTS]		
Name of contact pe	erson/Relationship to Child	-		
1		Tel:	Cell:	
2		Tel	Cell:	
3		Tel	Cell	
The above applicati	on is only valid on the navment	of P250 registration f	foos and P150 Annual	

The above application is only valid on the payment of P250 registration fees and P150 Annual Montessori Materials Fee to Brookhills Montessori School and the receipt of an official receipt.

BROOKHILLS MONTESSORI SCHOOL ADMISSIONS & WITHDRAWALS POLICY

ENROLMENT

Students may enroll at any time during the school year, which commences in January and runs through to December.

On receipt and approval of application for admission, school fee payments should be arranged. This completes the registration process and the child can begin classes as per arrangement with the school administration.

Please note that school fees are payable strictly in advance (before the beginning of each Term), OR up to the 5th of every month for those parents who pay by monthly installments. Brookhills Montessori School management reserves the right to refuse admission to children whose accounts are in arrears and could be handed over to Lawyers for collection and all Legal fees incurred will be paid by parents/guardian responsible for payment.

WITHDRAWAL FROM SCHOOL

At least, a full term's notice is required should your child be leaving the school unless in some emergency situations totally dependent on the school management discretion. If a full term's notice is not given to the school administration, you will be charged for the subsequent term's fees.

CONDITIONS

The following are conditions for admission:

- 1. Non-refundable Registration Fees of P250
- 2. Non-refundable annual Montessori Materials Fees of P150
- 3. Attached copy of child's birth certificate
- 4. Emergency Medical Information
- 6. Immunization Form for age appropriate immunizations or a signed affidavit against such immunizations.
- 7. Medical report from a recognized health facility that the child does not have a contagious or communicable disease that might threaten the health of the other children.
- 8. Parent Handbook Agreement Form/contract
 If the child is withdrawn from the school during the year I/we shall inform the school in writing
 Of the withdrawal and shall pay the school any outstanding fees.
- 9. School fees are not refundable if the child leaves the school after the beginning of the term. For transfer, a notice of three months should be given.
- 10. Brookhills Montessori School is open from 6.45am to 5.00pm. Please note that children **cannot** be dropped off on the street or by the gate. They must be handed over to the staff on duty.
- 11. We allow up to 15mins for children to be collected. Half day children should be collected up to 1pm, full day children up to 5pm. For late pick up, overtime fee of P50 is charged for every 15 Minutes.
- 12. We regret to inform you that for security reasons, the School will not release any child to Persons other than parents and emergency contacts above without prior arrangement by parents or emergency contacts above.

I declare that all the details I have provided on this application form are correct. I verify that I have
read the conditions of this agreement and I accept them.

Date: _	 Parent/	Guardian's Signature:	