245 Glover Ave Tel: 012 664 2944

Lyttelton AH Fax: 012 664 6681

Centurion

info@villagemontessorischool.co.za

PO Box 16968 www.villagemontessorischool.co.za

Lyttelton School Reg. 211888 & 400148

0140

Application: VMS High School

Please note that an assessment may be arranged once the following has been received:

* Completed application form
* Latest school results

Before the day of the assessment:

* R1500 non-refundable application fee once the assessment has been arranged.

**STUDENT INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student name: |  |  | Grade applying for: |  |
| Gender: |  |  | Date of entry: |  |
| South African citizen: | YES NO |  | Date of birth |  |
| RSA ID number: |  |  | Home Language: |  |
| Other nationality: |  |  | Other Languages: |  |
| Passport number: |  |  | Religion: |  |
| Sibling in VMS? | YES NO |  | If yes, grade of sibling? |  |

**STUDENT ACACEMIC INFORMATION:**

A Student Confidential Report will be sent to the current school for completion by the principal specified below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current School: |  |  | Principal’s name: |  |
| Current grade: |  |  | Principal’s e-mail: |  |
| Started in the school at grade: |  |  | Principal’s contact number: |  |

**STUDENT ADDITIONAL INFORMATION:**

|  |  |  |
| --- | --- | --- |
| My child has received learning support: | YES NO | IF YES, WHEN? |
| My child has Special Education Needs: |  | |
| My child has special Medical Needs: |  | |
| My child takes medication for ADD or ADHD: |  | |
| If you answered ‘yes’ to any of the questions above, please submit educational psychological or medical report. | | |

**STUDENT PARENT/ LEGAL GUARDIAN INFORMATION #1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: |  |  | Relationship to student: |  |
| Surname: |  |  | Primary Contact for student: | YES NO |
| First name: |  |  | Profession: |  |
| Tel nr: |  |  | Home Language: |  |
| RSA Citizen: | YES NO |  | E-mail: |  |
| RSA ID Number: |  |  | If not RSA citizen: |  |
| Is applicant residing with you? | YES NO |  | \* Nationality |  |
| Physical Address: |  |  | \* Residency status |  |
|  | \* Current visa expiry date: |  |
|  |  |  |

**STUDENT PARENT/ LEGAL GUARDIAN INFORMATION: #2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: |  |  | Relationship to student: |  |
| Surname: |  |  | Primary Contact for student: | YES NO |
| First name: |  |  | Profession: |  |
| Tel nr: |  |  | Home Language: |  |
| RSA Citizen: | YES NO |  | E-mail: |  |
| RSA ID Number: |  |  | If not RSA citizen: |  |
| Is applicant residing with you? | YES NO |  | \* Nationality |  |
| Physical Address: |  |  | \* Residency status |  |
|  | \* Current visa expiry date: |  |
|  |  |  |

**STUDENT STEP PARENT/ LEGAL GUARDIAN INFORMATION [if applicable]:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: |  |  | Relationship to student: |  |
| Surname: |  |  | Primary Contact for student: | YES NO |
| First name: |  |  | Profession: |  |
| Tel nr: |  |  | Home Language: |  |
| RSA Citizen: | YES NO |  | E-mail: |  |
| RSA ID Number: |  |  | If not RSA citizen: |  |
| Is applicant residing with you? | YES NO |  | \* Nationality |  |
| Physical Address: |  |  | \* Residency status |  |
|  | \* Current visa expiry date: |  |
|  |  |  |

**RESPONSIBILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Are Parents divorced? | YES NO |  | If yes please provide the following information: |

|  |  |
| --- | --- |
| Who has custody of student? | PARENT #1 PARENT #2 STEP PARENT/GUARDIAN |
| Who is the legal guardian of student? | PARENT #1 PARENT #2 STEP PARENT/GUARDIAN |

**PAYMENT**

Please note that Parents/Guardians are responsible for all payments to be paid to the school at all times.

All payments are made payable to :

**NAME:** VILLAGE MONTESSORI SCHOOL

**BANK:** FIRST National Bank Centurion

**BRANCH 250-655**

**ACCOUNT NUMBER:** 62904723914[Cheque account]

Payments can be made via EFT (Electronic Funds Transfer) or CREDIT CARD.

**Reference:** Please use the child’s NAME and SURNAME

**CHECKLIST OF APPLICATION DOCUMENTS**

Please note that in order to process this application timeously the following documents must be submitted after the assessment was completed and you have received an acceptance letter from school:

|  |  |
| --- | --- |
| Copy of unabridged birth certificate |  |
| Copy of student’s passport / visa / permanent resident certificate / RSA identity document |  |
| Copy of all parents / guardians / step-parents RSA identity documents or passports and visas/permanent resident certificates |  |
| Copy of medical aid card |  |
| Proof of payment for deposit |  |

**DECLARATION**:

I / We understand that the School may obtain process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings. I / We understand that the School may also obtain process and hold personal information about our child which may include sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

**SIGNATURES**:

|  |  |  |
| --- | --- | --- |
| Signature: | First Parent/Legal guardian | Second Parent/Legal Guardian |
| Name in full: |  |  |
| Date: |  |  |