

Tell: 012 653-4177

## 11 Estcourt Avenue, Wierdapark Ext. 2, Centurion, Gauteng

Website: www.centurionmontessori.co.za E-mail: school@centurionmontessori.co.za

## **APPLICATION FOR MORE INFORMATION AND TO TOUR THE SCHOOL**

Today's Date:			
Other:			
Names: (Parent 1	) (	Parent 2)	
Child's Name:	Surr	name	
Child's commonly	used name:		
Child's Date of Bir	rth (dd/mm/yy):		
Child's age:			
Current or Last So	chool:		
Why are you leav	ing your current School:		
Required Starting	Date, if we can accommodate yo	u:	
Section or Grade	applying for:		
What is your hom	e language?		
Can your child sp	eak and understand English well?		
Is your child fully	potty trained?		
Ethnic Group? (Fo	or the Dept. of Education Statistic	s): Black: Asian: .	White:
		Coloured:	
Gender of Child?	Male: Female:		
Please attach yo	ur child's most recent school re	eport: Is it attached?	Yes No
Does your child ha	ave any difficulties we should be a	aware of? So that this	may be taken into consideration
when we do our a	ssessment of your child. ADD/Hy	peractivity/Concentrat	ion
Problems/Emotion	nal/Trauma/Illness etc		
If so, please briefl	y elaborate:		
(Please check tha	at your e-mail address is correct fo	or us to contact you ag	gain – WRITE LEGIBLY!)
Contact Numbers	of Parent 1:		
E-mail Address of	Parent 1:		
Contact Numbers	of Parent 2:		
E-mail Address of	Parent 2:		
Please at	ttach copies of parents I.D. or Driv	ver's License if you wo	ould like to tour the School.
	Plea prolment forms and invite your child to pessment may also be required to see assist in us making an inform	if your child will cope in	our environment. Any reports that w
Parents Signatu	re:	Date:	