

Southern Saphires cc T/A

CK 1998/062721/23

Rising Sun Montessori School P O. Box 1908 Tel: 011-433-1550

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Cell: 083-442-0751 www.risingsunmontessori.co.za

ADMISSION FORM 2025

DOCUMENTATION REQUIRED E	PHOTOS		
Copy of child's birth certificate	1 x CHILD		
Copy of Vaccination record	Registration Fee (Rec:		
Surname of Child:	Name of Child:		
Date of Birth:	I.D. No.:(0		Copy of ID required)
Home Address of child:			
Name of Father:	Marital Status:	I.D No.:	
Residential Address (Father):			Owned / Dented
Name of Employer:			
Tel: Res.:			
E-mail address (Father):			
Name of Mother:	Marital Status:	I.D No.:	
Residential Address (Mother):			Owned / Danted
Name of Employer:			
Tel: Res.:	Tel: Bus:	Ceii	
E-mail address (Mother):			
Previous or present illness of child	if any:		
Is your child currently on any medi	cation? If yes name of medication	n:	
Name of family Doctor:	Tel.:	Cell:	
Name of closest relative:	Tel:	Cell:	

ADMISSION RULES AND REQUIREMENTS: -

Fees:

1. Registration Fees: A registration fee of R500.00 is payable annually.

Fee Type	Amount	Discount	Amount	Due
Monthly (12)	R 3333.00	R 0.00	R 3333.00	3rd of month
Termly	R 9999.00	R 400.00	R 9500.00	1st day of term
Yearly	R 39999.00	R 4000.00	R 35999.00	Beginning of Jan

Excludes all additional classes.

SIGNATURE	DATE
agree to the above rules and re-	quirements.
I	(Full Name of parent / guardian), of the child hereby understand and
6. Notice Period:	Should a parent wish to remove the child from the school a full terms (3months) notice in advance will be required. Fees for the whole term are due and payable even if a child is removed before the conclusion of a term. (sign)
5. Changes in fees:	Fees are subject to change during the year. All changes shall be made known on or before the commencement of each term. Such changes shall be payable as requested.
4. Refund of fees:	Fees paid or payable shall not be refunded or waived under any circumstances. (sign)
3. Condition of payment:	Full fees are due and payable from January to December inclusive, or from month of enrolment to end of December, i.e. full fees are payable for each month from January to December inclusive. (sign)
	Monthly fees are due by the 3rd of each month. (sign)
2. Payment of fees:	Term fees are due and payable on the first day of each term (sign)

CONSENT AND INDEMNITY

I/We,	(full names of Parents /
Guardian/s) of the above address and the parents	/ guardian of
(name of child). Hereby give my/our consent for my	y/our child/ ward to take part in the extra-
mural activities of the school, including games, ath	letics, educational tours and excursions of
historical and geographical interest. I/We fully under	erstand and accept that all tours and
excursions shall be undertaken at my/our child/war	rd's own risk and I/we undertake, on behalf
of myself/ ourselves, my/our executors, my wife / h	usband, and child aforesaid to indemnify,
hold harmless and absolve Southern Saphires Co	C CK 98/62721/23 T/A Rising Sun
Montessori School, the Directress, and staff agai	nst and from any or all claims whatsoever
that may arise in connection with any loss of or dar	mage to the property or injury to the persor
of my/our child / ward aforesaid in the course of an	y activity at school or any tour or excursion
in the knowledge that the Directress and staff will,	nevertheless, take all reasonable
precautions or the safety and welfare of my/our chi	ild / ward at school and or on any tour or
excursion.	
SIGNATURE OF PARENTS / GUARDIAN/S	DATE