Stepping Stones

MONTESSORI AND PRE-SCHOOL

N0 9 Al falaam mansion, Mackenzie Park, Benoni
Telephone : 081 485 9080

Enrolment Form

Learners Particulars:

Surname: _____

First Name: _____

Date of Birth: ___ (Day) _____ Month) _____(Year)

Home Language: _____

Address: _____

_____

Parents Particulars:

DETAILS	MOTHER	FATHER
SURNAME		
FIRST NAME		
ID NUMBER		
ADDRESS	_____ _____	_____ _____
OCCUPATION		
TEL HOME WORK CELLPHONE	_____ _____	_____ _____

Information about the learner:

Does the learner suffer from any physical and/or mental illness?

No : ____ Yes: ___ Specify _____

Is the Learner under any medical treatment? _____

Does the Learner have any allergies? _____ Specify: _____

Doctors Name: _____ Tel: _____

Enrolment fee and Agreement of Payment:

A non-refundable amount of R350 must be paid. Once a learner is accepted school fees becomes payable.

A once of stationery fee is payable in the beginning of every year

- **GRADE RR R 550.00**
- **GRADE R R 650.00**

One term written notice is required is before removing learner from school or pay one term fees in lieu of notice.

SIGNED ON THE _____ DAY OF _____ YEAR _____

Name: _____ Sign: _____

CURRENT FEE STRUCTURE:

- **Monthly R900.00**
- **Termly R2700.00**
- **Yearly R n/a**

PLEASE NOTE FEES WILL BE CHARGED FROM JANUARY TO DECEMBER

Person responsible for fees:

Name: _____

Surname: _____

Tel (H): _____ (W) _____

Signature: _____

BANK DETAILS:

BANK : FNB

ACCOUNT NAME : A KAROLIA

ACCOUNT NUMBER : 62862197516

INDEMNITY FORM

I the undersigned parent/guardian of the learner _____, hereby absolve Stepping Stones Montessori and / or any person employed by the school, and / or any duly authorised person on behalf of said school from any liability for any loss of property and / or damage sustained by reason of injury to the said learner`s property from the time he or she enrols as a learner of the above school until his / her last day at this school.

I hereby designate the Principal and/or staff as well as the supervisor of any school tour, excursion, social outing or sporting activity or anyone appointed by him/her to act "in loco parentis" on my behalf

EXTRA MURAL ACTIVITIES

I object / have no objection to my child`s / ward reasonable participation in the extra – mural activities of the school

Signed on the _____ day of _____ year _____

Name: _____

Signature: _____

Capacity: _____

PLEASE ATTACH COPY OF LEARNERS BIRTH CERTIFICATE, CLINIC CARD AND PARENTS ID