

FOR OFFICE USE

Receipt No.
 Date
 Amount
 Interview date
 Time

**APPLICATION FOR ENROLMENT**

Please complete in BLACK INK in BLOCK CAPITALS.
 Information will be treated as confidential for use in school records and parent directory.

4 Marlow Road, Kenilworth, 7708

☎ 021 797 9728

Fax: 021 797 1207

info@michaeloak.org.za

A co-educational school based on the principles of
 Rudolf Steiner.

| | | | |
|--|---|---|-------|
| SURNAME | | DATE OF BIRTH | |
| FIRST NAME | | IDENTITY NO. | |
| PREFERRED NAME | | MALE/FEMALE | |
| CLASS APPLIED FOR | | YEAR TO START | |
| Previous/current school & telephone number | | Present class | |
| Are any monies owed to this school? | | We hereby give permission for an enquiry to be done through a Credit Bureau | |
| RACE | This information is required by the Department of Education in order to determine the extent to which equity and access are being addressed. It should be the parents and/or family's own perception of their race and not the racial classification used in the past. | | |
| African / Black | Coloured | Indian | Asian |
| White | Other | | |
| Home language | Religion | | |
| S.A citizen / Permanent resident/ Temporary resident | Nationality if not S A citizen | | |

- N.B. for all Primary and High School applicants: a copy of the most recent school report must be attached to this application form. Copies of any assessments are also required.

| | |
|---|--|
| Learning / adjustment problems and requirements | |
| General health | |
| Relevant medical history and current medication / treatment / therapy | |
| Allergies | |
| Doctor's name & tel. no | |

DETAILS OF BROTHERS AND SISTERS:

| NAME | DATE OF BIRTH | CURRENT CLASS | SCHOOL/OTHER |
|------|---------------|---------------|--------------|
| | | | |
| | | | |
| | | | |

How did you hear about Michael Oak?

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|--|

OTHER CONTACT PERSON IN CASE OF NEED:

| | |
|-----------------------|-----------------------------|
| Name | Phone number (School hours) |
| Relationship to pupil | |

THIS FORM MUST BE ACCOMPANIED BY AN ADMINISTRATION FEE OF R300, WHICH IS NOT REFUNDABLE, AS WELL AS A COPY OF THE BIRTH CERTIFICATE AND A RECENT PHOTOGRAPH.

PARTICULARS OF PARENTS (Please state relationship/capacity if not father or mother)

| FATHER | | MOTHER | |
|---|--|---|--|
| Surname | | Surname | |
| First Name | | First Name | |
| Title | | Title | |
| Marital status | | Marital status | |
| Identity number | | Identity number | |
| Passport number and country of issue | | Passport number and country of issue | |
| Home address | | Home address | |
| Code | | Code | |
| Home phone no | | Home phone no | |
| Home fax | | Home fax | |
| Cell phone | | Cell phone | |
| E-mail address | | E-mail address | |
| E-mail address for school fees (if using) | | E-mail address for school fees (if using) | |
| Postal address: | | Postal address: | |
| Code | | Code | |
| Occupation / profession | | Occupation / profession | |
| Business name | | Business name | |
| Business address | | Business address | |
| Code | | Code | |
| Business phone | | Business phone | |
| Business fax | | Business fax | |
| WHO IS RESPONSIBLE FOR PAYMENT OF SCHOOL FEES? | | | |

CORRESPONDENCE DETAILS (Please fill this section in very carefully to ensure good communication with the school
PLEASE KEEP US NOTIFIED of any changes of address etc.)

| | | |
|---|-------------------------------------|--|
| To whom should ACCOUNTS be sent? | (Father / Mother / Other) | |
| to which address / e-mail address | (Home / Postal / Business / e-mail) | |
| To whom should REPORTS be posted? | (Father / Mother / Other) | |
| To which address: | (Home / Postal / Business) | |
| To whom should CORRESPONDENCE be sent? | (Father / Mother / Other) | |
| To which address | (Home / Postal / Business/email) | |

AGREEMENT

- I, the undersigned, am aware that the acceptance of a place offered to a pupil will only be valid if made on the School's official "Acceptance of Place" form, and that such acceptance will render me liable to payment of a **non-refundable placement fee of R2250**,
- I hereby authorize Michael Oak to conduct a consumer credit enquiry.
- If my child is accepted, I undertake to give not less than **three (3) calendar months' notice in writing** to the school before withdrawing the child from the school, or, alternatively, to pay three (3) months' school fees in lieu of such notice.
- I enclose a non-refundable administration fee of **R300**.
- I accept that there will be an additional charge if a remedial assessment is needed.
- I enclose the following:
 - a copy of the pupil's latest school report (if applicable),
 - a copy of birth certificate
 - a recent photograph.

Name

Date

Father's signature

Name

Date

(Please state capacity if not father or mother)

Mother's signature