



APPLICATION FOR ENROLMENT AT MICHAEL OAK WALDORF SCHOOL

Please complete using BLACK INK and write in BLOCK CAPITAL letters. Information will be treated as confidential for use in the application process and school records.		CEMIS NR (request from school)
SURNAME		DATE OF BIRTH
FIRST NAMES		SA ID NO.
PREFERRED NAME		GENDER
CLASS APPLYING FOR		YEAR TO START
Previous/current school		Present class
SELECT: <input type="checkbox"/> SA Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident		Country of Birth
Nationality (if not SA citizen)		Home Language
Race Grouping (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.) Select one:		<input type="checkbox"/> Black/African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other

HEALTH AND ASSESSMENTS

General Health	
Allergies	
Relevant Medical History or Chronic Medication / Treatment / Therapy	
Has this child had any of the following assessments? Please select all that apply and send reports with the application.	<input type="checkbox"/> OT <input type="checkbox"/> Educational <input type="checkbox"/> Speech/Language/Hearing <input type="checkbox"/> Psychological <input type="checkbox"/> Other _____
Learning Challenges and/or Remedial Support	

CHILD'S HOME

Does the child live in a single home with both parents/guardians? If not, please describe home circumstances and living arrangements for the child.

DETAILS OF SIBLINGS

NAME	DATE OF BIRTH (DD/MM/YY)	CURRENT CLASS	SCHOOL/OTHER

RELATIONSHIP TO MICHAEL OAK

How did you hear about Michael Oak?	If you attended Michael Oak previously, please give dates:
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If there are people you would like to put forward that we can contact for a reference, please give contact details below:

NAME	PHONE NUMBER	EMAIL ADDRESS

PARTICULARS OF PARENTS / GUARDIANS / OTHER

(A) Parent / Guardian / Other		(B) Parent / Guardian / Other	
Relationship to Child		Relationship to Child	
Surname		Surname	
First Name		First Name	
Title (Mr / Ms / Dr / etc)		Title (Mr / Ms / Dr / etc)	
Marital status		Marital status	
SA ID no (or Passport number and country of issue)		SA ID no (or Passport number and country of issue)	
If not SA Citizen, then select:	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident	If not SA Citizen, then select:	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident
Home - street address		Home - street address	
Home - suburb		Home - suburb	
Home - postal code		Home - postal code	

Postal address if different from home address:		Postal address if different from home address:	
Home phone		Home phone	
Cell phone		Cell phone	
E-mail address		E-mail address	
E-mail address for school fees (if different from above)		E-mail address for school fees (if different from above)	
Occupation / Profession		Occupation / Profession	
Employer name or Self-employed		Employer name or Self-employed	

CONTACT PERSONS IN CASE OF EMERGENCY (PLEASE SUPPLY TWO PEOPLE OTHER THAN PARENT/GUARDIAN):

	NAME	PHONE NUMBER	RELATIONSHIP TO CHILD
1			
2			

PAYMENT OF FEES

<p>Who is responsible for paying the school fees?</p> <p><input type="checkbox"/> Parent A <input type="checkbox"/> Parent B <input type="checkbox"/> Other (if Other, please copy and complete this page for this person as well)</p>
<p>What assurance can be provided that the person(s) responsible for paying fees will be able to do so on a sustainable basis (e.g. an income and expenditure statement, 3 months of most recent payslips, etc)?</p>

CORRESPONDENCE DETAILS

Reports, Correspondence and Fee Statements will be shared with both parents/guardians, unless otherwise requested. Please let us know if any special conditions apply. (Please keep the school notified of any changes.)

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AGREEMENT & SIGNATURES

1. I / We enclose the following application materials:
 - a. Copy of the child's unabridged birth certificate
 - b. Copy of the child's SA ID document or Foreign Passport and Residence Permit.
 - c. Copy of both parents' / guardians' SA ID documents or Foreign Passports and Residence Permit.
 - d. Financials: Please attach a monthly income and expenditure form or 3 months of payslips. This will be treated in confidence. If the fees are to be paid or contributed to by somebody other than the parents, the same details as for parents/guardians (page 2/3 of the application) must be completed, and this page of the application signed as well.
 - e. For Playgroup, Kindergarten and Primary School: A Letter of Motivation explaining why Michael Oak is your school of choice and giving a brief picture of your child's development, strengths and weaknesses.
 - f. For Primary and High School: Copy of the child's most recent school report (if applicable)
 - g. For High School: The Personal Motivation Addendum forms for both parents and pupil.
 - h. For Kindergarten: The Kindergarten Childhood history form, which will be used as a guide during the eventual interview process.
 - i. Copies of any medical, psychological or therapists' reports and/or assessments.
2. I / We acknowledge that we have provided the confidential report form to the current/previous school for completion (if applicable).
3. I / We enclose proof of payment for the non-refundable administration fee of R500.
4. I / We accept that there will be an additional charge if a remedial assessment is required.
5. I / We authorize Michael Oak to conduct a consumer credit enquiry.
6. I / We am/are aware that the acceptance of a place offered to a learner will only be valid if I / we sign the Parent Contract and pay the non-refundable placement fee of R3500.
7. I / We acknowledge that a Debit Order form will be completed, allowing the school to deduct monthly school fees. This shall not apply should fees be paid annually in advance.
8. I / We will keep the school notified of any changes in the information provided on this application form.
9. I / We am/are aware that when a child is born after 31 October, the faculty could require that the child has an extra year in Kindergarten if not yet school ready.
10. If my child is accepted, I / we undertake to give not less than one full term's notice in writing to the school before withdrawing the child from the school, or, alternatively, to pay one term's fees in lieu of such notice.
11. I / We am/are aware that an application is valid for the year of application, but may be extended by instructing our enrolment secretary.

(A) PARENT / GUARDIAN / OTHER

PRINTED NAME

DATE

SIGNATURE

(B) PARENT / GUARDIAN / OTHER

PRINTED NAME

DATE

SIGNATURE

(C) PARENT / GUARDIAN / OTHER

PRINTED NAME

DATE

SIGNATURE