

Greystone Montessori School

52a Lawley Rd, Suburbs, Bulawayo. Tel. (263) 29-2235090, 2252200. Cell. 0772 213137
Email: greystonesuburbs@gmail.com

Application for Admission

Child's First Names _____ Surname _____

Child's Sex (Male or Female) _____ Date of Birth _____

Home Address _____

Postal Address _____ Home Tel. _____

Mother's Name _____ Work Tel. _____

Work Place _____ Occupation _____

Email Address _____ Cell Number _____

Father's Name _____ Work Tel. _____

Work Place _____ Occupation _____

Email Address _____ Cell Number _____

Marital Status: Married __ Divorced __ Separated __ Widowed __ Single __

Doctor's Name _____ Tel. _____

Religious Denomination _____

Preferred Primary School _____

Does your child have any allergies? YES __ NO __ (if YES, please give details) _____

Early childhood illnesses: Measles [], Mumps [], Rubella [], Chicken Pox [], Whooping Cough [], Scarlet Fever []

Dates of immunisations: BCG [____], DTP1 [____], DTP2 [____],
DTP3 [____], Measles [____], MMR [____] HiB1 [____],
HiB2 [____], HiB3 [____]

Any additional information regarding your child _____

I would like my child to start at Greystone Montessori at the beginning of the ____ term _____ (year). No. of days required _____.

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Promisory Note / Consent Form

I, _____, ID No _____, of
Parent's Name ID Number

_____, being the parent / legal guardian of
Address

_____ do hereby acknowledge that I have read and
Child's Name

understood all the particulars in and of this application form and that all information given by me is accurate to the best of my knowledge.

I agree that I am solely responsible for the payment of any fees, levies, and any payments that may be deemed necessary by the school at any given time. I understand that the registration / booking fee of US\$50.00 payable on offer of a place is non-refundable and that I shall be legally liable for the full payment, by the due date on the invoice(s) of all school fees and any levies as stipulated from time to time.

Should I fail to pay within the stipulated time, I authorise Greystone Montessori School to take legal action, to recover such outstanding fees without further notice.

I understand that school fees are due on or before the first day of the school term and that while fees are kept to a minimum, due to economic reasons, fees might be subject to increase if deemed necessary.

I understand and accept that **one term`s notice** is legally required, in writing, of my intention of removing my child from Greystone Montessori and that, in the absence of such notice, I will be liable for the term`s fees in lieu of notice.

Signature _____ Date _____

Witnessed by _____