

Montessori Zimbabwe

46 Clark Rd, Suburbs, Bulawayo. Tel. (263) 29-2252200 Cell. 0772 213137
Email: montzim@gmail.com; Facebook: Montessori Zimbabwe;

Application for Admission – Elementary Grade _____

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 Secondary 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 [____], 5 year [____]

Any additional information regarding your child _____

I would like my child to start at Montessori Zimbabwe at the beginning of the ____ term _____ (year).

Montessori Zimbabwe

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 understand that it is compulsory for my child to attend all educational trips and school events as they appear in the school calendar as they are part of the learning program.

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 booking / desk fee of US\$200.00 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 Montessori Zimbabwe 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 Montessori Zimbabwe 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 _____