

Tel: 0027 41 5813057 Mobile: 082 4117154 Fax: 086 561 8775 Email: info@pemontessori.co.za
 Website: www.pemontessori.co.za Postal: PO Box 5505 Walmer 6065 Port Elizabeth South Africa
 Independent School Registration Number 18011; PE Montessori School cc CK96/53192/23 Member: SB Streak

APPLICATION FOR ENROLMENT (WAITING LIST APPLICATION)

Child's Name	
Gender	
Child's Date of Birth	
Required Starting Date	
Application for Pre School (Including Grade R)	
Application for Primary School (Specify Current Grade)	
Current School (If Applicable)	
Postal Address	
Mother's Name	
Mother's Phone Number	
Father's Name	
Father's Phone Number	
Home Phone Number	
EMAIL ADDRESS:	

I/We understand that this application for enrolment is essentially a request to be placed on the waiting list and to allow for a viewing of the School and interview to be scheduled. The School undertakes to arrange for the viewing/interview to take place as soon as possible, usually within one month of receipt of the application.

Once the viewing and interview have been completed, I/we understand that the School may extend an invitation for a formal Application for Admission to be submitted. I/We do understand that it is entirely at the discretion of the School to extend such an invitation. The School does undertake to notify me/us in writing should they not intend to pursue possible admission any further. Likewise I/we agree to inform the School immediately should I/we no longer wish to be on the waiting list. I/We understand that this application for enrolment in no way guarantees that the School will be able to accommodate my/our child.

SIGNED:

PARENT/S

DATE: