

info@woodburyschool.co.za - PO Box 395 STUTTERHEIM 4930 - Tel: (043) 555 0425 - www.woodburyschool.co.za

ACORNS 5 - 6 years (GrR) APPLICATION FORM Applications for 2024 close on the 9th of September 2023. Late applications will only be considered should we have space.

Please note that this form needs to be completed in full, initialled on all pages, and signed by BOTH parents or the legal guardian in FOUR places prior to admission.

All the documents in the Checklist below must accompany the application form:

| | CHECKLIST | Tick or N/A | Office Use |
|---|--|-------------------|---------------|
| 1 | Completed AND signed Application Form (p5, p7,p10 & p11) | | |
| 2 | Copy of Child's Birth Certificate or Passport | | |
| 3 | Copy of Child's Clinic Card (Vaccination Record) | | |
| 4 | Copy of both Parents' or Legal Guardian's ID Documents | | |
| 5 | Copy of person responsible for the payment of the fees' ID | | |
| 6 | Proof of payment of Admission Fee | | |
| 7 | Previous School Reports (& Evaluations if applicable) | | |

Kindly drop off the documents in a clearly marked sealed envelope at our Campus OR at Razors (Tiana de Lange)
OR Stutt Stationers AND WhatsApp to alert us once done.
Please note that completion of this form and an interview DOES NOT imply acceptance.

| Please tell us where you heard about Woodbury: |
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| Why would you like a Montessori-inspired Education for your child? |
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| |
| What is your Worldview or Belief System or Religious Orientation? |
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1. THE CHILD'S PERSONAL DETAILS

| | Intended | | | | | |
|---------------------------------------|---|--|--|--|--|--|
| | Commencement Date: | | | | | |
| Date of Birth: | Age upon | | | | | |
| (dd/mm/yy) | Commencement: | | | | | |
| Child's Surname: | | | | | | |
| | | | | | | |
| Child's First Names: | | | | | | |
| | | | | | | |
| Child's Call Name: | | | | | | |
| | | | | | | |
| Male or Female: | Home Language: | | | | | |
| Trate of Female. | Tronte Language. | | | | | |
| Other Language(s): | Does he/she understand | | | | | |
| Other Euriguage (3). | English? | | | | | |
| Identity or Decement | | | | | | |
| Identity or Passport | Nationality (if not | | | | | |
| Number: | South African) | | | | | |
| | | | | | | |
| 2. THE CHILD's HISTORY | | | | | | |
| | | | | | | |
| Describe the Child's Pregnancy | | | | | | |
| (Planned/unplanned, adopted/biologi | cal, pregnancy complications, premature/full term, natural | | | | | |
| | gency caesarean section, hospital/home birth, breastfed/bottlefed, | | | | | |
| good/fussy eater, good/poor sleeper e | tc.) | | | | | |
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| What is high an Binth Onday? (o | La L | | | | | |
| What is his/her Birth Order? (Or | ıly child or oldest/middle/youngest or 1 st /2 nd /3 rd /4 th etc.) | | | | | |
| What is his/her Birth Order? (Or | aly child or oldest/middle/youngest or 1 st /2 nd /3 rd /4 th etc.) | | | | | |
| What is his/her Birth Order? (Or | aly child or oldest/middle/youngest or 1 st /2 nd /3 rd /4 th etc.) | | | | | |
| What is his/her Birth Order? (Or | aly child or oldest/middle/youngest or 1 st /2 nd /3 rd /4 th etc.) | | | | | |
| What is his/her Birth Order? (Or | aly child or oldest/middle/youngest or 1 st /2 nd /3 rd /4 th etc.) | | | | | |
| What is his/her Birth Order? (Or | aly child or oldest/middle/youngest or 1 st /2 nd /3 rd /4 th etc.) | | | | | |
| What is his/her Birth Order? (Or | aly child or oldest/middle/youngest or 1 st /2 nd /3 rd /4 th etc.) | | | | | |
| | | | | | | |
| What are the ages of the other | aly child or oldest/middle/youngest or 1 st /2 nd /3 rd /4 th etc.) Children (under 18) living in the same house (please include | | | | | |
| | | | | | | |
| What are the ages of the other | | | | | | |
| What are the ages of the other | | | | | | |
| What are the ages of the other | | | | | | |
| What are the ages of the other | | | | | | |
| What are the ages of the other | | | | | | |

2. THE CHILD's HISTORY (continued)

| Who does the Child live with at present? Please list all adults in the same house. |
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| Who has been the Child's main Care-giver(s) from birth until now? |
| Trito has seen and similar sairs given (s) from sir an area new. |
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| Has the Child attended any previous Daycares or Schools? If yes, please supply the names. |
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| |
| Are or were any Developmental Milestones significantly delayed or skipped? If yes, please |
| give details. (Sitting, crawling, walking, talking, potty-training) |
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| Has the Child been diagnosed with any Special Needs or Syndromes or do you suspect |
| Has the Child been diagnosed with any Special Needs or Syndromes or do you suspect him/her to be on any Disorder Spectrum? If yes, please give details. |
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| |
| him/her to be on any Disorder Spectrum? If yes, please give details. Has the Child been exposed to or been treated or is he/she currently being treated for any |
| him/her to be on any Disorder Spectrum? If yes, please give details. |
| him/her to be on any Disorder Spectrum? If yes, please give details. Has the Child been exposed to or been treated or is he/she currently being treated for any |
| him/her to be on any Disorder Spectrum? If yes, please give details. Has the Child been exposed to or been treated or is he/she currently being treated for any |
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| him/her to be on any Disorder Spectrum? If yes, please give details. Has the Child been exposed to or been treated or is he/she currently being treated for any |

3. THE CHILD'S MEDICAL AND EMERGENCY INFORMATION

| Name of Emergency Contact Person: | |
|--|--|
| Landline: | Cell: |
| Family Doctor: | Telephone: |
| Medical Aid: | Number: |
| Has the Child been fully vaccinated? If no, p | lease give details. |
| | |
| Does the Child currently suffer from any All | ergies? If yes, please give details. |
| | |
| Does the Child currently suffer from any Ch | ronic Illness? If yes, please give details. |
| | |
| Is the Child currently on Medication? If yes, | please give details. |
| | |
| Has the Child suffered from any past Seriou details. | s Conditions or Illnesses? If yes, please give |
| | |
| What Childhood Diseases has the Child had | ? (i.e.German Measels, Measels, Mumps, Chickenpox) |
| | |
| Has the Child had any Surgical Procedures of | or Operations? If yes, please give details. |
| | |

| MEDICAL CONSENT | | | | | | |
|--|---------------------|--|---------------------|--|--|--|
| Ι, | | being the parent/legal gu | | | | |
| hereby cede my power as parent/guardian to act as in loco parentis to the directress of TallTrees Learning Community (Pty) Ltd T/A | | | | | | |
| Woodbury Private School | - | - | | | | |
| my child be deemed neces | • | | | | | |
| _ | | | | | | |
| participating in the various information is detailed in | | ne is in good health and a | ii reievani meaicai | | | |
| | | | | | | |
| Signature of Moth | er/Guardian | Signature of Fath | ner/Guardian | | | |
| | | | | | | |
| Full Name in print of Mother/Guardian | Date | Full Name in print of Father/Guardian | Date | | | |
| 4. OTHER RELEVANT INFORMATION | | | | | | |
| Is there a family history of any form of learning disability? | | | | | | |
| What are the Child's current main interests or favourite activities or favourite toy(s)? | | | | | | |
| | | | | | | |
| What is the Child's favourite colour, food and drink? | | | | | | |
| | | | | | | |
| Does the Child have any s | trong dislikes? | | | | | |
| | | | | | | |
| Anything else you think is | relevant and that w | e should know? | | | | |
| | | | | | | |

5. THE PARENTS OR LEGAL GUARDIANS' INFORMATION

| | Mother, | /Legal Gı | ıardian | 1 | Father, | 'Leg | al Gua | ırdian | |
|---|-------------------------|-------------|---------|---------|---------------------------------------|------|--------|--------|---------|
| Full Name and Surname: | | | | | | | | | |
| Relationship to Child: | | I | | | | | | I | |
| Marital Status: | Married | Divorced | Single | Widowed | Married | | vorced | Single | Widowed |
| | Access Rig to Child? | | es | No | Access Ric to Child? | _ | Ye | ?S | No |
| If Divorced or a | Child livin with you? | - I | es | No | Child living with you | ? | Ye | ?S | No |
| Single Parent: | Legal | Are you the | | No | Are you the Legal Yes Guardian? | | ?S | No | |
| Identity Number: | | | | | | | | | |
| Work Telephone: | | | | | | | | | |
| Home Telephone: | | | | | | | | | |
| Cell phone: | | | | | | | | | |
| E-mail Address: | | | | | | | | | |
| Residential Address: | | | | | | | | | |
| Postal Address: | | | | | | | | | |
| Occupation: | | | | | | | | | |
| Name of Employer: | | | | | | | | | |
| Employer's Address: | | | | | | | | | |
| Employer's Telephone Number: | | | | | | | | | |
| Work E-mail Address: | | | | | | | | | |
| Next of Kin's Name & Contact Number: | | | | | | | | | |

| INDEMNITY | | | | | | | |
|---|--|--|-----------------------|--|--|--|--|
| | | | | | | | |
| I,, acknowledge that whilst my | | | | | | | |
| son/daughter, | | is attending Tal | lTrees Learning | | | | |
| Community (Pty) Ltd T/A | Community (Pty) Ltd T/A Woodbury Private School, the community (which includes, but is | | | | | | |
| not limited to, the parents | s, directors or staff), | cannot accept any liability | for mishap, loss or | | | | |
| injury which may be suffe | red during attendan | ce on campus, or during pa | rticipation in any | | | | |
| excursions, or extra-curric | ular activities. | | | | | | |
| I accept that all reasonabl | e precautions will be | taken to ensure the safety | and welfare of | | | | |
| our/my child and that I sh | ıall be held responsib | ole for the payment of medi | cal and/or hospital | | | | |
| accounts where applicable | e, should any injury (| or loss be sustained by my | child. I specifically | | | | |
| indemnify and hold TallTrees Learning Community (Pty) Ltd T/A Woodbury Private School, | | | | | | | |
| its directors and staff blameless against any claims of any nature arising out of any injury, | | | | | | | |
| damage or loss sustained in pursuance of the aforesaid participation. | | | | | | | |
| I hereby indemnify TallTrees Learning Community (Pty) Ltd T/A Woodbury Private School, | | | | | | | |
| its directors and staff in respect of all occurrences relating to the above. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Signature of Mothe | er/Guardian | Signature of Fathe | r/Guardian | | | | |
| | | | | | | | |
| Full Name in print of Mother/Guardian | Date | Full Name in print of Father/Guardian | Date | | | | |

6. FEES

6.1 DETAIL OF PERSON(S) RESPONSIBLE FOR TUITION FEES

| Person responsible for payment of Tuition Fees: | Father | Mother | Guardian | Other |
|---|--------|--------|----------|-------|
| | | | | |

If OTHER has been selected, please supply the following information:

| Full Names and Surname: | |
|---|------|
| Relationship to Child: | |
| Identity or Passport Number: | |
| Work Telephone: | |
| Home Telephone: | |
| Cell phone: | |
| E-mail Address: | |
| Residential Address: | |
| Postal Address: | |
| Occupation: | |
| Name of Employer: | |
| Employer's Address: | |
| Employer's Telephone Number: | |
| Work E-mail Address: | |
| Next of Kin's Name & Contact Numb | per: |
| Occupation: Name of Employer: Employer's Address: Employer's Telephone Number: Work E-mail Address: | ber: |

6.2 ADMISSION FEES (10% DISCOUNT applies if 50% is paid by 31 July 2023)

| Admission Fees | | | | | |
|-----------------------------------|---|--|--|--|--|
| Admin Fee (non-refundable) | R100 (Payable upon Submission of Forms) | | | | |
| Registration Fee (non-refundable) | R900 (Payable upon Acceptance after Interview) | | | | |
| Deposit (refundable) | R2 273 (Payable on the 1st of December for the New Year or ONE Calendar Month Prior to Commencement Date) | | | | |
| TOTAL Admission Fees Payable | R3 273 (or R2 945.70) | | | | |

| Curriculum Supplies | R1 500 p/year (Payable on 1 October) | Sensorial, Art, Stationery & Printing Supplies | R1 500 p/year (Payable on 1 November) |
|------------------------|---|--|--|
|------------------------|---|--|--|

| TOTAL Annual Supplies Fees Payable | R3 000 |
|------------------------------------|--------|
|------------------------------------|--------|

6.3 MONTHLY TUITION

| 5- 6 years (GrR) | | 6 – 9 years (Year1 – 3) | | 9 - 12 years (Year4-6) | R3 361 p/month |
|------------------|--|----------------------------|--|---------------------------|-------------------|
|------------------|--|----------------------------|--|---------------------------|-------------------|

6.5 TOTAL AMOUNT PAYABLE (please complete)

| DESCRIPTION | AMOUNT | Per Day/Month/Term/Year |
|-----------------------------|--------|-------------------------|
| Admin & Registration Fee | | Once-Off |
| Refundable Deposit | | Once-Off |
| Annual Curriculum Fee | | Per Year |
| Annual Art & Stationery Fee | | Per Year |
| SUB-TOTAL | | |
| Tuition | | |
| TOTAL | | |

| Payment Option: 1 Annual Payme | | al Payment | 4 Termly Payments | | 12 Monthly Payments | | |
|--------------------------------|------|------------|-------------------|--------|---------------------|-----------------|------|
| Payment method: | Debi | t Order | Future Date | ed EFT | Manual EFT | *Direct Deposit | Cash |

| LIABILITY FOR FEES | | | | | |
|--|------|--|------|--|--|
| I/we, | | | | | |
| community 5 accornegs for concentration | | | | | |
| | | | | | |
| Signature of Mother/Guardian | | Signature of Father/Guardian | | | |
| | | | | | |
| Full Name in print of Mother/Guardian | Date | Full Name in print of Father/Guardian | Date | | |

| BANKING DETAILS | |
|-----------------|--|
| Bank | FNB |
| Branch | STUTTERHEIM |
| Branch Code | 210421 |
| Account Name | TALLTREES LEARNING COMMUNITY (PTY) LTD |
| Account Number | 62786804685 |
| Reference | Child's Name |

^{*}Please note that CASH DEPOSIT FEES will be charged to your child's account

TERMS AND CONDITIONS I/we, _______, the undersigned: • Hereby certify that the information provided by us on this application form is true, complete

- Hereby certify that the information provided by us on this application form is true, complete
 and accurate.
- Have read the Woodbury website and accept enrolment of our child at the Learning Community according to the philosophies, policies and conditions laid down therein.
- Understand that the Learning Community reserves the right in its sole discretion to amend and/or alter any of the provisions of the Woodbury website including the philosophies, policies and conditions.
- Understand that all new applicants have to attend an Observation Period prior to being accepted to Woodbury.
- Give permission that photographs of our child may be used on the Woodbury website and Facebook Page.
- Understand that all textbooks, workbooks and all work done by a child are the property of Woodbury for recordkeeping purposes.
- Are aware that annual/termly fees are payable in advance, on or before the first day of the first term/each term.
- Are aware that monthly fees are payable in advance, on or before the first day of each month and are payable over twelve months (1st January 1st December).
- Accept that a late payment penalty fee of 10% is charged on monthly overdue accounts.
- Hold ourselves accountable for the prompt payment of tuition fees and for any late payment penalties added onto overdue accounts.
- Understand that Woodbury reserves the right to refuse admission to a child with outstanding fees.
- Understand that attendance of this Learning Community is a privilege and that learners that do not subscribe to the Community's rules, ethos and work ethic will be asked to leave to protect the rights of other learners. This will result in the forfeiture of the deposit.
- Understand that tuition fees are due irrespective of absenteeism due to illness, vacation or for any other reason whatsoever.
- Understand that in the event that I/we wish to remove my/our child from the Learning Community, one full term's written notice must be submitted to the community, on or prior to the final day of the penultimate term of attendance.
- We understand that failure to do so will result in the forfeiture of the deposit, <u>in addition to</u> being liable for one full term's fees in lieu of notice.
- Undertake to ensure that my/our child is punctual at the beginning of each day and is collected on time at the end of each day.
- Undertake to reimburse Woodbury for any damage to community property that may be caused by my/our Child.
- Understand that while every reasonable effort will be made to prevent losses or damage to my/our Child's clothing and equipment, the community cannot be held liable.

| Signature of Mother/Guardian | | Signature of Father/Guardian | |
|--|------|--|------|
| | | | |
| Full Name in print of Mother/Guardian | Date | Full Name in print of Father/Guardian | Date |