Application Form 2027

COMPLETE THIS DOCUMENT AND
UPDATE WHEN THERE IS A CHANGE

35 Muller St North, Buccleuch
Phone: 010 200 9105
Mobile: 082 456 0310
Email: info@bmpschool.co.za
Website: bmpschool.co.za

Commencement date: _____ Class: _____ Year: _____

Surname: _____ Number of children in family: _____

Names: _____ Position in the family: (e.g. First) _____

_____ Prior school attended: _____

Gender: ☐ Male ☐ Female Identity Number: _____

Preferred Name of Child: _____

Date of birth: _____ Passport Number: _____

Child resides with: Mother ☐ Father ☐ other _____

Home language: ☐ Afrikaans ☐ English ☐ Other: (Specify) _____

☐ Foster care ☐ Adopted ☐ Orphan ☐ Legal Guardianship ☐ Authority (Use X to mark where applicable)

Parents/Guardians (Relationship to learner)	Mother	Father
Name & Surname		
Identity / Passport Number		
Marital status		
Occupation & Employer		
Home Physical address 		
Home Postal address 		
 Contact telephone numbers	Home: Work: Mobile:	Home: Work: Mobile:
 **Email address:**		

CONTACT PERSON (NEXT OF KIN) 

Name: _ Contact number: _

Clinical card submitted: ☐ Yes ☐ No (Use X to mark where applicable)

Family Medical Practitioner: Telephone number:

Address:

Allergies:

Chronic diseases:

Assessments done ie: Educational Psychologist; Occupational, Speech, Play Therapy: (Please attach a copy of all assessments)

Any concerns regarding your child's educational, social behaviour and emotional wellbeing?

Details of the birth of your child, ie. Caesarean, natural, complications, breastfed etc.

Name of medical aid scheme (if any):

Medical aid number:

Name of member/cardholder:

Siblings: Name	Age	Position in Family

Transport: Parents' consent for person(s) who may collect your child (Please attach an I.D photograph of persons' if possible)

Please note; it is essential that you inform us of any changes to this list. If you have arranged for your child to go home with a school friend, please let us know well in advance that he/she will be going home with that particular child's caregiver. We cannot allow your child to go home with anyone not specified on this list without prior arrangement.

Name	Relationship to child	Cell Number
1.		
2.		
3.		

Person Responsible for payment of school fees:

Method of payment: Monthly ☐ Per Term (5% discount) ☐ Per Year (8% discount) ☐

Siblings attending simultaneously receive 5% discount

Reference to use: Account number from your statement (enrolment fee ref: Child's name & Surname)

Interest will be charged on all overdue amounts school fees at a rate of 15% per annum compounded monthly.

Where did you hear about our school? Please tick applicable option. YouTube Google Ads **Billboards**

FORMS ARE TO BE E-MAILED TO: accounts@bmpschool.co.za & info@bmpschool.co.za (Please add these to your contacts)

ADMISSION IS SUBJECT TO CREDIT CHECK RESULTS.

IN THE INTEREST OF PROTECTING GENERAL HUMAN RIGHTS, THE CONFIDENTIALITY OF THIS DOCUMENT AND ITS CONTENTS MUST BE UPHELD IN TERMS OF RELEVANT LEGISLATION

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REQUIREMENTS FOR ENROLMENT TO BUCCLEUCH MONTESSORI SCHOOL

1. COPY OF YOUR CHILDS BIRTH CERTIFICATE (& PASSPORT & PERMITS FOR NON-SA CITIZENS)
2. COPY OF BOTH PARENTS IDENTITY DOCUMENTS.
3. COPY OF YOUR CHILDS HEALTH & IMMUNISATION RECORDS.
4. COPY OF MOST RECENT REPORTS.
5. PROOF OF RESIDENCE NOT OLDER THAN 3 MONTHS.
6. COMPLETED REGISTRATION FORMS.
7. NON-REFUNDABLE ENROLMENT FEE, EQUIVALENT TO ONE MONTH'S SCHOOL FEE.
8. APPLICATION FOR SECURITY STICKERS WITH A COPY OF YOUR DRIVER'S LICENCE.
9. COPY OF YOUR MEDICAL AID CARD.

FORMS ARE TO BE E-MAILED THROUGH TO: accounts@bmpschool.co.za & info@bmpschool.co.za
(Please add these to your contacts)