

In accordance with the Protection of Personal Information Act, all Personal Information collected via this form will only be used for Application and Registration purposes and will not be shared with any 3rd party without consent.

info@rainbowmont.co.za | 021 9754831
www.rainbowmontessorischool.co.za

This application is subject to acceptance by Rainbow Montessori School

Anticipated starting date _____

YOUR CHILD

Surname _____ First Names _____

Gender _____ Date of Birth _____ Religion _____

Home address _____

Home Language _____ Nationality _____

Race _____

PARENT 1 /GUARDIAN ID _____

Surname _____ First names _____

Home address _____

Tel: Home _____ Work: _____

Cell: _____ Email: _____

PARENT 1 /GUARDIAN ID _____

Surname _____ First names _____

Home address _____

Tel: Home _____ Work: _____

Cell: _____ Email: _____

HISTORY

Any speech difficulties observed? _____

Does your child appear aggressive, timid, solitary, dependent or anxious?

Is there any family history of learning or developmental disabilities?

Has your child ever experienced anything traumatic (e.g. accident, assault, death, separation anxiety, divorce, etc)?

Is your child taking any regular medication? _____

Does your child, in your opinion show any signs of visual, auditory, emotional, muscle tone, sensory, hyperactivity, concentration, co-ordination, or speech problems? Please be specific _____

Has your child been referred to a specialist? Y N If yes, please specify? _____

List any medications (food supplements, medication, modified diets) currently being administered to the child:

What concerns do you presently have about your child? _____

PREVIOUS EDUCATION

Previous schools or day care attended? 1) _____ Tel _____

Time spent there? _____ Reason for leaving? _____

2) _____ Tel _____

Time spent there? _____ Reason for leaving? _____

HOW DID YOU FIND RAINBOW MONTESSORI SCHOOL? _____

I am committed to enrolling my child from / to :

Age 18 months – 3 years Age 3 years – 6 years Age 6 years – 9 years Age 9 years – 12 years

POPI ACT COMPLIANCE

- I/We understand that we are providing personal information to the school as part of the application and enrollment process. By personal information I/we understand this to be personal information as defined in the POPI Act.
 - I/We understand that the personal information related to me/ourselves as well as our child/children shall be used by the school in order to fulfill statutory and operational obligations.
 - I/We understand that the school shall not give any information to third party sources without prior consent from parents.
 - I/We understand that the School shall obtain my/our consent to use information outside of statutory and/or operational requirements. No personal information about any learner shall be published on any social media platform without my/our signed consent.
- Should your application with Rainbow Montessori School be unsuccessful, all personal information pertaining to this application will be destroyed by means of shredding.

I declare that to my best knowledge the information given in this document is true and correct. Please sign below:

Parent 1 / Guardian	Parent 2 / Guardian	Date

****There is an Application Fee of R100 which must accompany the Waiting List Application Form.**
Banking Details: Rainbow Montessori School, ABSA Bank – Cheque Account; Branch Code: 632005; Account 4049577292