



FOR OFFICE USE
Interview Date
Interview time
Receipt No.
Date
Amount

4 Marlow Road, Kenilworth, 7708
 Tel: 021 797 9728
 Fax: 021 797 1207
 info@michaeloak.org.za

APPLICATION FOR ENROLMENT
 PLEASE FILL IN ALL ITEMS IN BLOCK LETTERS ON BOTH PAGES!

A co-educational school based on the principles of Rudolf Steiner.

SURNAME		DATE OF BIRTH	
FIRST NAME		Identity no.	
PREFERRED NAME		MALE/FEMALE	
FOR CLASS		FROM YEAR	
Previous/current school		Present class	
Are any monies owed to this school?		Cultural affiliation	
Home language		Religion	
S.A citizen / Permanent resident/ Temporary resident		Nationality if not S A citizen	

- N.B. for all Primary and High School applicants: a copy of the most recent school report must be attached to this application form.

Learning / adjustment problems	
General health	
Relevant medical history, current Medication/treatment/therapy	
Allergies	
Doctor's name & tel. no	

DETAILS OF BROTHERS AND SISTERS:

NAME	AGE	CLASS	SCHOOL/OTHER

How did you hear about Michael Oak?

THIS FORM MUST BE ACCOMPANIED BY AN ADMINISTRATION FEE OF R300, WHICH IS NOT REFUNDABLE.

PARTICULARS OF PARENTS (Please amend where necessary)

FATHER		MOTHER	
Surname		Surname	
First Name		First Name	
Title		Title	
Marital status		Marital status	
Home address		Home address	
Code		Code	
Home phone no		Home phone no	
Home fax		Home fax	
Cell phone		Cell phone	
E-mail address		E-mail address	
E-mail address for school fees (if using)		E-mail address for school fees (if using)	
Postal address:		Postal address:	
Code		Code	
Occupation / profession		Occupation / profession	
Business name		Business name	
Business address		Business address	
Code		Code	
Business phone		Business phone	
Business fax		Business fax	
WHO IS RESPONSIBLE FOR PAYMENT OF SCHOOL FEES?			

OTHER CONTACT PERSON:

Name		Phone number (School hours)	
Relationship to pupil			

CORRESPONDENCE DETAILS (Please fill this section in very carefully to ensure good communication with the school, and PLEASE KEEP US NOTIFIED of any changes of address etc.)

To whom should ACCOUNTS be sent?	(Father / Mother / Other)	
to which address / e-mail address	(Home / Postal / Business / e-mail)	
To whom should REPORTS be posted?	(Father / Mother / Other)	
At which address	(Home / Postal / Business)	
To whom should CORRESPONDENCE be posted?	(Father / Mother / Other)	
At which address	(Home / Postal / Business)	

AGREEMENT

I, the undersigned, am aware that the acceptance of a place offered to a pupil will only be valid if made on the School's official "Acceptance of Place" form, and that such acceptance will render me liable to payment of a deposit, currently **R2249**, which will be refundable at the end of the pupil's career at Michael Oak. I undertake to give not less than three (3) calendar months' notice in writing to the school before withdrawing the child from the school, or, alternatively, to pay three (3) months' school fees in lieu of such notice.

I enclose a non-refundable administration fee of R300. I accept that there will be an additional charge if a remedial assessment is needed. I enclose a copy of the pupil's latest school report (if applicable).

Name

Date

Signed

Capacity / Relationship to pupil