

FOR OFFICE USE

Receipt No.
 Date
 Amount
 Interview date
 Time



APPLICATION FOR ENROLMENT

Please complete in BLACK INK in BLOCK CAPITALS.
 Information will be treated as confidential for use in school records and parent directory.

4 Marlow Road, Kenilworth, 7708

☎ 021 797 9728

Fax: 021 797 1207

info@michaeloak.org.za

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

SURNAME		DATE OF BIRTH	
FIRST NAME		IDENTITY NO.	
PREFERRED NAME		MALE/FEMALE	
CLASS APPLIED FOR		YEAR TO START	
Previous/current school & telephone number		Present class	
Are any monies owed to this school?			
RACE	This information is required by the Department of Education in order to determine the extent to which equity and access are being addressed. It should be the parents and/or family's own perception of their race and not the racial classification used in the past.		
African / Black	Coloured	Indian	Asian
		White	Other
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. Copies of any assessments are also required.

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

DETAILS OF BROTHERS AND SISTERS:

NAME	DATE OF BIRTH	CURRENT CLASS	SCHOOL/OTHER

How did you hear about Michael Oak?

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OTHER CONTACT PERSON IN CASE OF NEED:

Name	Phone number (School hours)
Relationship to pupil	

THIS FORM MUST BE ACCOMPANIED BY AN ADMINISTRATION FEE OF R300, WHICH IS NOT REFUNDABLE, AS WELL AS A COPY OF THE BIRTH CERTIFICATE AND A RECENT PHOTOGRAPH.

PARTICULARS OF PARENTS (Please amend where necessary)

FATHER		MOTHER	
Surname		Surname	
First Name		First Name	
Title		Title	
Marital status		Marital status	
Identity number		Identity number	
Passport number and country of issue		Passport number and country of issue	
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?			

CORRESPONDENCE DETAILS (Please fill this section in very carefully to ensure good communication with the school
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)	
To which address:	(Home / Postal / Business)	
To whom should CORRESPONDENCE be sent?	(Father / Mother / Other)	
To which address	(Home / Postal / Business/email)	

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 hereby give permission for an enquiry to be done through a Credit Bureau
- If my child is accepted, 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 the following:
 - a copy of the pupil's latest school report (if applicable),
 - a copy of birth certificate
 - a recent photograph.

Name

Date

Signed

Capacity / Relationship to pupil