



Peacock Montessori
Academy

" What the hand does, the mind remembers"

Enrolment Form 2024

Date of Application: _____ Start Date: _____

Full Day

Half Day

<input type="checkbox"/>
<input type="checkbox"/>

tick appropriate box above

Child's Details:

Date of Birth: _____ Gender: _____

First Names: _____ Surname: _____

Name by which child is know: _____

Home Language: _____ Nationality: _____

Position in Family (Youngest, Middle, Oldest): _____

Number of children in Family: _____ Religion: _____

Home Address: _____

Special Needs/Dietary requirements/Allergies: _____

Contact people in case of Emergency other than parents:

Name: _____ Relationship: _____ Tel: _____

Name: _____ Relationship: _____ Tel: _____

Name: _____ Relationship: _____ Tel: _____

Parent Details:

Mother:

First Names: _____ Surname: _____

ID Number: _____ Nationality: _____

Home Address: _____

Postal Address: _____

Occupation: _____ Company: _____

Business Address: _____

Tel Home: _____ Mobile: _____

Tel Work: _____ E-mail: _____

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admin@peacockmontessori.com
Contact no: 084 589 9887



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Father: (Additional person/guardian if father is not present)

First Names: _____ Surname: _____

ID Number: _____ Nationality: _____

Home Address: _____

Postal Address: _____

Occupation: _____ Company: _____

Business Address: _____

Tel Home: _____ Mobile: _____

Tel Work: _____ E-mail: _____

Doctor Details:

Family Doctor: _____ Tel: _____

Doctor's Address: _____

Medical Aid: _____ Medical Aid no: _____

Main Member: _____

- **Please submit all inoculation certificates, vaccination reports and any important medical history information with this form.**

Details of who will be collecting your child:

Mother's Car Make & Model: _____ Reg No: _____

Father's Car Make & Model: _____ Reg No: _____

If there are other people who will be collecting your child with different car details, please list below:

Name: _____ Make & Model of car: _____ Reg No: _____

Name: _____ Make & Model of car: _____ Reg No: _____

Name: _____ Make & Model of car: _____ Reg No: _____

- **If no one from this list is able to collect your child on a certain day please inform the school before school ends on that person's particulars; your child will not be allowed to leave the school premises without prior knowledge from the school.**