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**ACORNS 2 - 5 years APPLICATION FORM**  
**Applications for 2026 close on the 31st of August 2025.**  
**Late applications will only be considered should we have space.**

Please note that this form needs to be completed in full, **initialled on all pages**, and signed by BOTH parents or the legal guardian in FOUR places prior to admission.

All the documents in the Checklist below must accompany the application form:

|   | CHECKLIST                                                             | Tick or N/A | Office Use |
|---|-----------------------------------------------------------------------|-------------|------------|
| 1 | Completed AND signed Application Form (p5, p7,p10 & p11)              |             |            |
| 2 | Copy of Child's Birth Certificate or Passport                         |             |            |
| 3 | Copy of Child's Clinic Card (Vaccination Record)                      |             |            |
| 4 | Copy of both Parents' or Legal Guardian's ID Documents                |             |            |
| 5 | Copy of person responsible for the payment of the fees' ID & Payslips |             |            |
| 6 | Proof of payment of Admission Fee                                     |             |            |
| 7 | Previous School Reports (& Evaluations if applicable)                 |             |            |

Kindly drop off the documents in a clearly marked sealed envelope at our Campus, 30 Lower Kologha Rd.  
Please note that completion of this form and an interview DOES NOT imply acceptance.

|                                                |
|------------------------------------------------|
| Please tell us where you heard about Woodbury: |
|                                                |

|                                                                    |
|--------------------------------------------------------------------|
| Why would you like a Montessori-inspired Education for your child? |
|                                                                    |

|                                                                   |
|-------------------------------------------------------------------|
| What is your Worldview or Belief System or Religious Orientation? |
|                                                                   |

## 1. THE CHILD'S PERSONAL DETAILS

|                              |  |                                    |  |
|------------------------------|--|------------------------------------|--|
| Year Applying For:           |  | Intended Commencement Date:        |  |
| Date of Birth:<br>(dd/mm/yy) |  | Age upon Commencement:             |  |
| Child's Surname:             |  |                                    |  |
| Child's First Names:         |  |                                    |  |
| Child's Call Name:           |  |                                    |  |
| Male or Female:              |  | Home Language:                     |  |
| Other Language(s):           |  | Does he/she understand English?    |  |
| Identity or Passport Number: |  | Nationality (if not South African) |  |

## 2. THE CHILD'S HISTORY

|                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Describe the Child's Pregnancy &amp; Birthing History:</b><br/>(Planned/unplanned, adopted/biological, pregnancy complications, premature/full term, natural birth/caesarean section, planned/emergency caesarean section, hospital/home birth, breastfed/bottlefed, good/fussy eater, good/poor sleeper etc.)</p> |
| <p>What is his/her Birth Order? (Only child or oldest/middle/youngest or 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup> etc.)</p>                                                                                                                                                                           |
| <p>What are the ages of the other Children (under 18) living in the same house (please include non-siblings too)?</p>                                                                                                                                                                                                    |

## 2. THE CHILD's HISTORY (continued)

|                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who does the Child live with at present? Please list all adults in the same house.                                                                               |
|                                                                                                                                                                  |
| Who has been the Child's main Care-giver(s) from birth until now?                                                                                                |
|                                                                                                                                                                  |
| Has the Child attended any previous Daycares or Schools? If yes, please supply the names.                                                                        |
|                                                                                                                                                                  |
| Are or were any Developmental Milestones significantly delayed or skipped? If yes, please give details.<br>(Sitting, crawling, walking, talking, potty-training) |
|                                                                                                                                                                  |
| Has the Child been diagnosed with any Special Needs or Syndromes or do you suspect him/her to be on any Disorder Spectrum? If yes, please give details.          |
|                                                                                                                                                                  |
| Has the Child been exposed to or been treated or is he/she currently being treated for any Emotional Upset or Psychological Trauma? If yes, please give details. |
|                                                                                                                                                                  |

### 3. THE CHILD'S MEDICAL AND EMERGENCY INFORMATION

|                                                                                                    |  |            |  |
|----------------------------------------------------------------------------------------------------|--|------------|--|
| Name of Emergency Contact Person:                                                                  |  |            |  |
| Landline:                                                                                          |  | Cell:      |  |
| Family Doctor:                                                                                     |  | Telephone: |  |
| Medical Aid:                                                                                       |  | Number:    |  |
| Has the Child been fully vaccinated? If no, please give details.                                   |  |            |  |
|                                                                                                    |  |            |  |
| Does the Child currently suffer from any Allergies? If yes, please give details.                   |  |            |  |
|                                                                                                    |  |            |  |
| Does the Child currently suffer from any Chronic Illness? If yes, please give details.             |  |            |  |
|                                                                                                    |  |            |  |
| Is the Child currently on Medication? If yes, please give details.                                 |  |            |  |
|                                                                                                    |  |            |  |
| Has the Child suffered from any past Serious Conditions or Illnesses? If yes, please give details. |  |            |  |
|                                                                                                    |  |            |  |
| What Childhood Diseases has the Child had? (i.e. German Measels, Measels, Mumps, Chickenpox)       |  |            |  |
|                                                                                                    |  |            |  |
| Has the Child had any Surgical Procedures or Operations? If yes, please give details.              |  |            |  |
|                                                                                                    |  |            |  |

| MEDICAL CONSENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------|------|
| <p>I, _____, being the parent/legal guardian of _____ hereby cede my power as parent/guardian to act as in loco parentis to the directress of TallTrees Learning Community (Pty) Ltd T/A Woodbury Private School or his/her representatives, should medical treatment/surgery to my child be deemed necessary. As far as I know, my child is physically capable of participating in the various activities and he/she is in good health and all relevant medical information is detailed in the form above.</p> |      |                                                |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                |      |
| Signature of Mother/Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | Signature of Father/Guardian                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                |      |
| Initials & Surname in print of Mother/Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date | Initials & Surname in print of Father/Guardian | Date |

#### 4. OTHER RELEVANT INFORMATION

|                                                                                          |
|------------------------------------------------------------------------------------------|
| Is there a family history of any form of learning disability?                            |
|                                                                                          |
| What are the Child's current main interests or favourite activities or favourite toy(s)? |
|                                                                                          |
| What is the Child's favourite colour, food and drink?                                    |
|                                                                                          |
| Does the Child have any strong dislikes?                                                 |
|                                                                                          |
| Anything else you think is relevant and that we should know?                             |
|                                                                                          |

## 5. THE PARENTS OR LEGAL GUARDIANS' INFORMATION

| Full Name and Surname:               | Mother/Legal Guardian       |          |        |         | Father/Legal Guardian       |          |        |         |
|--------------------------------------|-----------------------------|----------|--------|---------|-----------------------------|----------|--------|---------|
|                                      |                             |          |        |         |                             |          |        |         |
| Relationship to Child:               |                             |          |        |         |                             |          |        |         |
| Marital Status:                      | Married                     | Divorced | Single | Widowed | Married                     | Divorced | Single | Widowed |
| If Divorced or a Single Parent:      | Access Rights to Child?     | Yes      | No     |         | Access Rights to Child?     | Yes      | No     |         |
|                                      | Child living with you?      | Yes      | No     |         | Child living with you?      | Yes      | No     |         |
|                                      | Are you the Legal Guardian? | Yes      | No     |         | Are you the Legal Guardian? | Yes      | No     |         |
| Identity Number:                     |                             |          |        |         |                             |          |        |         |
| Work Telephone:                      |                             |          |        |         |                             |          |        |         |
| Home Telephone:                      |                             |          |        |         |                             |          |        |         |
| Cell phone:                          |                             |          |        |         |                             |          |        |         |
| E-mail Address:                      |                             |          |        |         |                             |          |        |         |
| Residential Address:                 |                             |          |        |         |                             |          |        |         |
| Postal Address:                      |                             |          |        |         |                             |          |        |         |
| Occupation:                          |                             |          |        |         |                             |          |        |         |
| Name of Employer:                    |                             |          |        |         |                             |          |        |         |
| Employer's Address:                  |                             |          |        |         |                             |          |        |         |
| Employer's Telephone Number:         |                             |          |        |         |                             |          |        |         |
| Work E-mail Address:                 |                             |          |        |         |                             |          |        |         |
| Next of Kin's Name & Contact Number: |                             |          |        |         |                             |          |        |         |

**INDEMNITY**

I, \_\_\_\_\_, acknowledge that whilst my son/daughter, \_\_\_\_\_ is attending TallTrees Learning Community (Pty) Ltd T/A Woodbury Private School, the community (which includes, but is not limited to, the parents, directors or staff), cannot accept any liability for mishap, loss or injury which may be suffered during attendance on campus, or during participation in any excursions, or extra-curricular activities.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of our/my child and that I shall be held responsible for the payment of medical and/or hospital accounts where applicable, should any injury or loss be sustained by my child. I specifically indemnify and hold TallTrees Learning Community (Pty) Ltd T/A Woodbury Private School, its directors and staff blameless against any claims of any nature arising out of any injury, damage or loss sustained in pursuance of the aforesaid participation.

I hereby indemnify TallTrees Learning Community (Pty) Ltd T/A Woodbury Private School, its directors and staff in respect of all occurrences relating to the above.

|                                                |      |                                                |      |
|------------------------------------------------|------|------------------------------------------------|------|
|                                                |      |                                                |      |
| Signature of Mother/Guardian                   |      | Signature of Father/Guardian                   |      |
|                                                |      |                                                |      |
| Initials & Surname in print of Mother/Guardian | Date | Initials & Surname in print of Father/Guardian | Date |

## 6. FEES

### 6.1 DETAIL OF PERSON(S) RESPONSIBLE FOR TUITION FEES

|                                                 |        |        |          |       |
|-------------------------------------------------|--------|--------|----------|-------|
| Person responsible for payment of Tuition Fees: | Father | Mother | Guardian | Other |
|-------------------------------------------------|--------|--------|----------|-------|

If OTHER has been selected, please supply the following information:

|                                      |  |
|--------------------------------------|--|
| Full Names and Surname:              |  |
| Relationship to Child:               |  |
| Identity or Passport Number:         |  |
| Work Telephone:                      |  |
| Home Telephone:                      |  |
| Cell phone:                          |  |
| E-mail Address:                      |  |
| Residential Address:                 |  |
| Postal Address:                      |  |
| Occupation:                          |  |
| Name of Employer:                    |  |
| Employer's Address:                  |  |
| Employer's Telephone Number:         |  |
| Work E-mail Address:                 |  |
| Next of Kin's Name & Contact Number: |  |

## 6.2 ADMISSION FEES

| Admission Fees                      |                                                  |
|-------------------------------------|--------------------------------------------------|
| Admin Fee (non-refundable)          | R100 (Payable upon Submission of Forms)          |
| Registration Fee (non-refundable)   | R900 (Payable upon Acceptance after Interview)   |
| Deposit (refundable)                | R1 980 (Payable upon Acceptance after Interview) |
| <b>TOTAL Admission Fees Payable</b> | <b>R2 980</b>                                    |

|                     |                                         |                                                   |                                          |
|---------------------|-----------------------------------------|---------------------------------------------------|------------------------------------------|
| Curriculum Supplies | R1 500 p/year<br>(Payable on 1 October) | Sensorial, Art,<br>Stationery & Printing Supplies | R1 500 p/year<br>(Payable on 1 November) |
|---------------------|-----------------------------------------|---------------------------------------------------|------------------------------------------|

|                                           |               |
|-------------------------------------------|---------------|
| <b>TOTAL Annual Supplies Fees Payable</b> | <b>R3 000</b> |
|-------------------------------------------|---------------|

## 6.3 TUITION

|                                |                |           |            |
|--------------------------------|----------------|-----------|------------|
| Monthly Fee<br>5 Days per Week | R1 980 p/month | Daily Fee | R121 p/day |
|--------------------------------|----------------|-----------|------------|

## 6.5 TOTAL AMOUNT PAYABLE (please complete)

| DESCRIPTION                 | AMOUNT | Per Day/Month/Term/Year |
|-----------------------------|--------|-------------------------|
| Admin & Registration Fee    |        | Once-Off                |
| Refundable Deposit          |        | Once-Off                |
| Annual Curriculum Fee       |        | Per Year                |
| Annual Art & Stationery Fee |        | Per Year                |
| <b>SUB-TOTAL</b>            |        |                         |
| Tuition                     |        |                         |
| Aftercare                   |        |                         |
| <b>TOTAL</b>                |        |                         |

|                 |             |                  |                  |                   |            |                     |                 |      |
|-----------------|-------------|------------------|------------------|-------------------|------------|---------------------|-----------------|------|
| Payment Option: |             | 1 Annual Payment |                  | 4 Termly Payments |            | 12 Monthly Payments |                 |      |
| Payment method: | Debit Order |                  | Future Dated EFT |                   | Manual EFT |                     | *Direct Deposit | Cash |

| LIABILITY FOR FEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------|------|
| <p>I/we, _____, acknowledge that by signing this application, I/we acknowledge liability for payment of all fees and that if this application has been signed by more than one parent, the liability of signatories will be joint and several. I/we choose <i>domicilium citandi et executandi</i> for any correspondence or the service of any court processes at the residential address recorded on the application form and acknowledge liability for all attorney and own client costs, plus collection commission in the event of any outstanding accounts being handed over to the community's attorneys for collection.</p> |      |                                                |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                |      |
| Signature of Mother/Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | Signature of Father/Guardian                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                |      |
| Initials & Surname in print<br>Mother/Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date | Initials & Surname in print<br>Father/Guardian | Date |

| BANKING DETAILS |                                        |
|-----------------|----------------------------------------|
| Bank            | FNB                                    |
| Branch          | STUTTERHEIM                            |
| Branch Code     | 210421                                 |
| Account Name    | TALLTREES LEARNING COMMUNITY (PTY) LTD |
| Account Number  | 62786804685                            |
| Reference       | Child's Name                           |

\*Please note that CASH DEPOSIT FEES will be charged to your child's account

## TERMS AND CONDITIONS

I/we, \_\_\_\_\_, the undersigned:

- ☐ Hereby certify that the information provided by us on this application form is true, complete and accurate.
- ☐ Have read the Woodbury website and accept enrolment of our child at the school according to the philosophies, policies and conditions laid down therein.
- ☐ Understand that the Woodbury reserves the right in its sole discretion to amend and/or alter any of the provisions of the school's website including the philosophies, policies and conditions.
- ☐ Give permission that photographs of our child may be used on the Woodbury website and Facebook Page.
- ☐ Understand that all textbooks, workbooks and all work done by a child are the property of Woodbury for recordkeeping purposes.
- ☐ Are aware that tuition fees are calculated annually for 12 months but provision is made for monthly payments on the 1st in advance (1st January – 1st December).
- ☐ Accept that interest will be charged *ad temporae morae* (currently 11.25%) on any overdue amount. It will also be revised annually when Renewal Forms are completed.
- ☐ Hold ourselves accountable for the prompt payment of tuition fees and for any late payment penalties added onto overdue accounts.
- ☐ Understand that in the case of missing TWO months' payments a Letter of Demand will be issued and that Woodbury reserves the right to refuse admission to a child with outstanding fees.
- ☐ Should the breach of contract not be rectified within 7 days the FULL TERM'S tuition is immediately payable.
- ☐ Should the term's tuition not be paid timeously, an Acknowledgement of Debt AND a Consent to Emollients Attachment Order AND an Affordability Assessment need to be completed and signed.
- ☐ Should the Acknowledgement of Debt terms not be adhered to, the parent will be handed over to our attorneys and a summons will be issued.
- ☐ Understand that attendance of this school is a privilege and that learners that do not subscribe to the school's rules, ethos and work ethic will be asked to leave to protect the rights of other learners. This will result in the forfeiture of the deposit.
- ☐ Understand that tuition fees are due irrespective of absenteeism due to illness, vacation or for any other reason whatsoever.
- ☐ Understand that in the event that I/we wish to remove my/our child from Woodbury, one full term's written notice must be submitted to the school, on or prior to the final day of the penultimate term of attendance.
- ☐ We understand that failure to do so will result in the forfeiture of the deposit, in addition to being liable for one full term's fees in lieu of notice.
- ☐ Undertake to ensure that my/our child is punctual at the beginning of each day and is collected on time at the end of each day.
- ☐ Undertake to reimburse Woodbury Private School for any damage to school property that may be caused by my/our Child.
- ☐ Understand that while every reasonable effort will be made to prevent losses or damage to my/our Child's clothing and equipment, the school cannot be held liable.

|                                                |      |                                             |      |
|------------------------------------------------|------|---------------------------------------------|------|
|                                                |      |                                             |      |
| Signature of Mother/Guardian                   |      | Signature of Father/Guardian                |      |
|                                                |      |                                             |      |
| Initials & Surname in print of Mother/Guardian | Date | Initials & Surname in print Father/Guardian | Date |