

info@woodburyschool.co.za - PO Box 395 STUTTERHEIM 4930 - Tel: (043) 555 0425 - www.woodburyschool.co

### SEEDLINGS 5 - 9 years (Grade R - 3) 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<br>or<br>N/A | Office<br>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:                     |  |  |  |  |  |
|--|--|--|--|--|--|
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|  |  |  |  |  |  |
| Why would you like a Montessori-inspired Education for your child? |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| What is your Worldview or Belief System or Religious Orientation?  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. THE CHILD'S PERSONAL DETAILS                                    |  |  |  |  |  |

| Year & Grade Applying  | Intended                               | I   |  |  |  |  |
|--|--|---|--|--|--|--|
| For:   | Commen                                 | ncement   |  |  |  |  |
|  | Date:                                  |   |  |  |  |  |
| Date of Birth:   | Age upor                               | n   |  |  |  |  |
| (dd/mm/yy)   | Commen                                 | ncement:  |  |  |  |  |
| Child's Surname:   |  |   |  |  |  |  |
| Child's First Names:   |  |   |  |  |  |  |
| Child's Call Name:   |  |   |  |  |  |  |
| Male or Female:  | Home La                                | nguage:   |  |  |  |  |
| Other Language(s):   | Does he/<br>understa                   | /she<br>and English?  |  |  |  |  |
| Identity or Passport   |  | ity (if not   |  |  |  |  |
| Number:  | South Af                               | rican)  |  |  |  |  |
| (Planned/unplanned, adopted  |  | premature/full term, natural<br>spital/home birth, breastfed/bottlefed,           |  |  |  |  |
| What is his/her Birth Orc  | ler? (Only child or oldest/middle/your | ngest or 1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> /4 <sup>th</sup> etc.) |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| What are the ages of the other Children (under 18) living in the same house (please include non-siblings too)? |  |   |  |  |  |  |
|  |  |   |  |  |  |  |

# 2. THE CHILD's HISTORY (continued)

| 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. (Sitting, crawling, walking, talking, potty-training) |
|---|
| 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  |
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|   |
|   |
| 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 Emer                | geno  | cy Contact Person:           |               |      |                                |  |
|-----------------------------|---|------------------------------|---------------|------|--------------------------------|--|
| Landline:                   |   |                              | Cell:         |      |                                |  |
| Family Doctor               | :   |                              | Telephone     | :    |                                |  |
| Medical Aid:                |   |                              | Number:       |      |                                |  |
| Has the Child b             | been  | fully vaccinated? If no, ple | ease give de  | tail | ls.                            |  |
|                             |   |                              |               |      |                                |  |
| Does the Child              | l cur   | rently suffer from any Alle  | rgies? If yes | , pl | ease give details.             |  |
|                             |   |                              |               |      |                                |  |
| Does the Child              | Does the Child currently suffer from any Chronic Illness? If yes, please give details.      |                              |               |      |                                |  |
|                             |   |                              |               |      |                                |  |
| Is the Child cui            | rrent   | tly on Medication? If yes, p | olease give o | deta | ails.                          |  |
|                             |   |                              |               |      |                                |  |
| Has the Child s<br>details. | suffe   | red from any past Serious    | Conditions    | or I | Illnesses? If yes, please give |  |
|                             |   |                              |               |      |                                |  |
| What Childhoo               | What Childhood Diseases has the Child had? (i.e.German Measels, Measels, Mumps, Chickenpox) |                              |               |      |                                |  |
|                             |   |                              |               |      |                                |  |
| Has the Child h             | had a   | any Surgical Procedures or   | Operations    | ? If | yes, please give details.      |  |
|                             |   |                              |               |      |                                |  |

| MEDICAL CONSENT                          |  |                              |                       |  |  |  |
|--|--|------------------------------|-----------------------|--|--|--|
|  |  |                              |                       |  |  |  |
| l,                                       | I,, being the parent/legal guardian of |                              |                       |  |  |  |
|  |  | hereby cede my pow           | er as                 |  |  |  |
| parent/guardian to act as                | in loco parentis to th                 | e directress of TallTrees Le | earning Community     |  |  |  |
| (Pty) Ltd T/A Woodbury Pr                | rivate School or his/h                 | ner representatives, should  | medical               |  |  |  |
| treatment/surgery to my                  | child be deemed nec                    | essary. As far as I know, m  | y child is physically |  |  |  |
| capable of participating in              | the various activities                 | s and he/she is in good hea  | alth and all relevant |  |  |  |
| medical information is det               | tailed in the form abo                 | ove.                         |                       |  |  |  |
|  |  |                              |                       |  |  |  |
|  |  |                              |                       |  |  |  |
|  |  |                              |                       |  |  |  |
| Signature of Moth                        | er/Guardian                            | Signature of Fath            | er/Guardian           |  |  |  |
|  |  |                              |                       |  |  |  |
| Initials & Surname in                    | Date                                   | Initials & Surname in        | Date                  |  |  |  |
| print Mother/Guardian                    |  | print Father/Guardian        |                       |  |  |  |
| 4. OTHER RELEVANT INFOR                  | MATION                                 |                              |                       |  |  |  |
|  |  |                              |                       |  |  |  |
| Is there a family history of             | any form of learning                   | g disability?                |                       |  |  |  |
|  |  |                              |                       |  |  |  |
|  |  |                              |                       |  |  |  |
| What are the Child's curre               | ent main interests or                  | favourite activities or favo | urite toy(s)?         |  |  |  |
| What are the cima s carre                | The main meet ests of                  | iavourité délivitées or lavo | unice to y(5).        |  |  |  |
|  |  |                              |                       |  |  |  |
| What is the Child's favour               | ite colour, food and (                 | drink?                       |                       |  |  |  |
|  |  |                              |                       |  |  |  |
| Does the Child have any strong dislikes? |  |                              |                       |  |  |  |
| bees the elma have any st                | ong alames.                            |                              |                       |  |  |  |
|  |  |                              |                       |  |  |  |
| Anything else you think is               | relevant and that we                   | should know?                 |                       |  |  |  |
|  |  |                              |                       |  |  |  |
|  |  |                              |                       |  |  |  |
|  |  |                              |                       |  |  |  |

#### 5. THE PARENTS OR LEGAL GUARDIANS' INFORMATION

| Full Name and<br>Surname:                                  | Mother/Legal Guardian            |          |        | Father/Legal Guardian |                                  |         |     |        |         |
|--|----------------------------------|----------|--------|-----------------------|----------------------------------|---------|-----|--------|---------|
| Surname.   |                                  |          |        |                       |                                  |         |     |        |         |
| Relationship to Child:                                     |                                  | ı        | T      |                       |                                  | I       |     |        |         |
| Marital Status:  | Married                          | Divorced | Single | Widowed               | Married                          | Divorce | d S | Single | Widowed |
|  | Access Rights to Child?          | Ye       | S      | No                    | Access Rights to Child?          |         | Yes |        | No      |
| If Divorced or a Single Parent:                            | Child living with you?           |          | S      | No                    | Child living with you?           |         | Yes |        | No      |
|  | Are you th<br>Legal<br>Guardian? | Ye       | S      | No                    | Are you th<br>Legal<br>Guardian? |         | Yes |        | No      |
| Identity Number:   |                                  |          |        |                       |                                  |         |     |        |         |
| Work Telephone:  |                                  |          |        |                       |                                  |         |     |        |         |
| Home Telephone:  |                                  |          |        |                       |                                  |         |     |        |         |
| Cell phone:  |                                  |          |        |                       |                                  |         |     |        |         |
| E-mail Address:  |                                  |          |        |                       |                                  |         |     |        |         |
| Residential<br>Address:                                    |                                  |          |        |                       |                                  |         |     |        |         |
| Postal Address:  |                                  |          |        |                       |                                  |         |     |        |         |
| Occupation:  |                                  |          |        |                       |                                  |         |     |        |         |
| Name of Employer:  |                                  |          |        |                       |                                  |         |     |        |         |
| Employer's<br>Address:                                     |                                  |          |        |                       |                                  |         |     |        |         |
| Employer's<br>Telephone Number:<br>Work E-mail<br>Address: |                                  |          |        |                       |                                  |         |     |        |         |
| Next of Kin's Name & Contact Number:                       |                                  |          |        |                       |                                  |         |     |        |         |

| INDEMNITY   |  |  |                      |  |  |  |
|---|--|--|----------------------|--|--|--|
|   |  |  |                      |  |  |  |
| l,  | ,, acknowledge that whilst   |  |                      |  |  |  |
| my son/daughter,  |  | is atten                                       | ding TallTrees       |  |  |  |
| Learning Community (Pty) L  | td T/A Woodbury F  | Private School, the commun                     | ity (which includes, |  |  |  |
| but is not limited to, the par  | but is not limited to, the parents, directors or staff), cannot accept any liability for mishap, |  |                      |  |  |  |
| loss or injury which may be   | suffered during att  | endance on campus, or dur                      | ing participation in |  |  |  |
| any excursions, or extra-cur  | ricular activities.  |  |                      |  |  |  |
| I accept that all reasonable  | precautions will be  | taken to ensure the safety                     | and welfare of       |  |  |  |
| our/my child and that I shal  | l be held responsib  | le for the payment of medic                    | al 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 respec   | t of all occurrences   | relating to the above.                         |                      |  |  |  |
|   |  |  |                      |  |  |  |
|   |  |  |                      |  |  |  |
| Signature of Mother   | r/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 Num | ber: |  |

#### 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)              | R3 653 (Payable upon Acceptance)               |  |  |  |
| TOTAL Admission Fees Payable      | R4 653   |  |  |  |

| Curriculum Supplies | R2 000 p/year (Payable on 1 October) | Art, Technology,<br>Stationery & Printing<br>Supplies | R1 500 p/year (Payable on 1<br>November) |
|---------------------|--------------------------------------|---|--|
|---------------------|--------------------------------------|---|--|

| TOTAL Ann | nual Supplies Fees Payable | R3 500 |  |
|-----------|----------------------------|--------|--|
|           |                            |        |  |

## **6.3 TUITION FEES**

| 2 - 4 years | R1 980<br>p/month | 5 – 9 years<br>(Gr R - 3) |  | 9 - 12 years<br>(Year 4 - 6) | R4 141<br>p/month |
|-------------|-------------------|---------------------------|--|------------------------------|-------------------|
|-------------|-------------------|---------------------------|--|------------------------------|-------------------|

# 6.4 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                |
| SUB-TOTAL                   |        |                         |
| Tuition                     |        |                         |
| TOTAL                       |        |                         |

| Payment Option: |             | 1 Annual Payment |              | 4 Termly Payments |       | 12 Monthly Payments |       |
|-----------------|-------------|------------------|--------------|-------------------|-------|---------------------|-------|
| Payment         | Dehit       | t Order          | Future Dated | Manual EFT        | *Dire |                     | Cash  |
| method:         | Debit Order |                  | EFT          | IVIAIIUAI LI I    | Depo  | sit                 | Casii |

| LIABILITY FOR FEES                    |   |                               |                  |  |  |  |
|---------------------------------------|---|-------------------------------|------------------|--|--|--|
|                                       |   |                               |                  |  |  |  |
| I/we,,                                |   |                               |                  |  |  |  |
| acknowledge that by signi             | acknowledge that by signing this application, I/we acknowledge liability for payment of all |                               |                  |  |  |  |
| fees and that if this application     | ation has been signed   | d by more than one parent,    | the liability of |  |  |  |
| • •                                   | •   | se domicilium citandi et exe  | •                |  |  |  |
| ,                                     | •   | ocesses at the residential ad | •                |  |  |  |
| •                                     | <i>,</i> .  | for all attorney and own cli  |                  |  |  |  |
|                                       |   | tanding accounts being han    | • •              |  |  |  |
|                                       | •   | tarianing accounts being han  | aca over to the  |  |  |  |
| community's attorneys for collection. |   |                               |                  |  |  |  |
|                                       |   |                               |                  |  |  |  |
|                                       |   |                               |                  |  |  |  |
| Signature of Moth                     | Signature of Fathe  | r/Guardian                    |                  |  |  |  |
|                                       |   |                               |                  |  |  |  |
|                                       |   |                               |                  |  |  |  |
| Initials & Surname in                 | Date  | Initials & Surname in         | Date             |  |  |  |
| print Mother/Guardian                 | Date  | print 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                           |

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

| TERMS AND CONDITIONS  |   |   |                                   |  |  |  |
|---|---|---|-----------------------------------|--|--|--|
| 16  |   | Ale a consideration and                       |                                   |  |  |  |
| I/we,, the undersigned:  B Hereby certify that the information provided by us on this application form is true, complete and accurate.  |   |   |                                   |  |  |  |
|   |   | our child at the school according to the      |                                   |  |  |  |
| conditions laid down therein.   | e and accept enrollient of t  | our child at the school according to the      | ie prinosopriies, policies and    |  |  |  |
|   |   | discustion to amound and/or alter an          | , of the provisions of the        |  |  |  |
| ☑ 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. |   |   |                                   |  |  |  |
|   |   |   | La Mara alla como                 |  |  |  |
|   | Understand that all new applicants have to attend an Observation Period prior to being accepted to Woodbury.                    |   |                                   |  |  |  |
|   |   | on the Woodbury website and Faceb             |                                   |  |  |  |
|   | orkbooks and all work done  | by a child are the property of Wood           | bury for recordkeeping            |  |  |  |
| purposes.   |   |   |                                   |  |  |  |
|   |   | onths but provision is made for mont          | hly payments on the 1st in        |  |  |  |
| advance (1st January – 1st Decemb   | •   |   |                                   |  |  |  |
|   |   | rrently 11.25%) on any overdue amo            | unt. It will also be revised      |  |  |  |
| annually when Renewal Forms are   | ·   |   |                                   |  |  |  |
| Hold ourselves accountable for t  | he prompt payment of tuition  | on fees and for any late payment per          | nalties added onto overdue        |  |  |  |
| accounts.   |   |   |                                   |  |  |  |
| Understand that in the case of m  | nissing TWO months' payme   | nts a Letter of Demand will be issued         | I and that Woodbury reserves      |  |  |  |
| the right to refuse admission to a o  | child with outstanding fees.  |   |                                   |  |  |  |
| 2 Should the breach of contract no  | ot be rectified within 7 days   | the FULL TERM'S tuition is immediate          | ely payable.                      |  |  |  |
| 2 Should the term's tuition not be  | paid timeously, an Acknowl  | edgement of Debt AND a Consent to             | Emollients Attachment Order       |  |  |  |
| AND an Affordability Assessment r   | need to be completed and si   | gned.   |                                   |  |  |  |
| 2 Should the Acknowledgement of   | Debt terms not be adhered   | to, the parent will be handed over t          | o our attorneys and a summons     |  |  |  |
| will be issued.   |   |   |                                   |  |  |  |
| ② Understand that attendance of t   | his 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  | o protect the rights of other   | learners. This will result in the forfei      | ture of the deposit.              |  |  |  |
| ② Understand that tuition fees are  | due irrespective of absente   | eism due to illness, vacation or for a        | ny other reason whatsoever.       |  |  |  |
| 2 Understand that in the event that   | at I/we wish to remove my/o   | our child from Woodbury, one full te          | rm's written notice must be       |  |  |  |
| submitted to the school, on or price  | or to the final day of the per  | ultimate term of attendance.                  |                                   |  |  |  |
| 2 We understand that failure to do  | so will result in the forfeitu  | re of the deposit, <u>in addition to</u> bein | g liable for one full term's fees |  |  |  |
| in lieu of notice.  |   |   |                                   |  |  |  |
| ② Undertake to ensure that my/ou  | 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 Moth   | er/Guardian   | Signature of Fat                              | ner/Guardian                      |  |  |  |
|   |   |   |                                   |  |  |  |
| Initials & Surname in   | Data  | Initials & Surname in                         | Data                              |  |  |  |
| print Mother/Guardian   | Date  | print Father/Guardian                         | Date                              |  |  |  |