



Mobile: 071 493 3171

Web: [www.taumontessori.co.za](http://www.taumontessori.co.za)

Email: [school@taumontessori.co.za](mailto:school@taumontessori.co.za)

Address: 145 Malan Street Riviera 0084

## Tau Montessori School Application Form

Name and Surname of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Special needs of child: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

\_\_\_\_\_

Please circle where applicable:

1. Full day / half day

2. Meals / own food

Name, Surname, ID#, email, mobile number and physical address of father: \_\_\_\_\_

\_\_\_\_\_

Name, Surname, ID#, email, mobile number and physical address of mother: \_\_\_\_\_

\_\_\_\_\_

Please attach a copy of both parents' ID Documents as well as your child's immunisation records.