

# ENROLMENT FORM - 2018

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes  No



Name of other learner(s) : \_\_\_\_\_

DATE: 16 NOV 2017

## LEARNER INFORMATION

**LEARNER**

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality:  RSA  Other: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

Gender:  Male  Female

Ethnic group: \_\_\_\_\_

Home language:  Afrikaans  English  Other: \_\_\_\_\_

Learner's language preference:  Afrikaans  English  
 Other: \_\_\_\_\_

Learner cell phone number: \_\_\_\_\_

Learner e-mail address: \_\_\_\_\_

Admission date: \_\_\_\_\_

Grade in 2018 : \_\_\_\_\_

Years in grade for 2018 : \_\_\_\_\_

Years in phase for 2018 : \_\_\_\_\_

Pre-primary education attended:  Formal  Informal  
 Other: \_\_\_\_\_

Attach learner photo:

Photo

Method of transport:  Private  Taxi  Bus

Taxi/Bus registration number: \_\_\_\_\_

Name of driver: \_\_\_\_\_

Contact number: \_\_\_\_\_

## NEXT OF KIN INFORMATION

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Alternative contact number: \_\_\_\_\_

Relation: \_\_\_\_\_

## OFFICE USE ONLY

Family code: \_\_\_\_\_

Register class: \_\_\_\_\_

Admission number: \_\_\_\_\_

Waiting list:  A  B

Number on waiting list: \_\_\_\_\_

ID copy:

Application fee:

Proof of residence:

Birth certificate:

## FAMILY INFORMATION

Family status:  Both parents  Single parent - Unmarried  
 Foster care  Childrens home  Single parent - Divorced  
 Other  Re-composed  Widow/Widower

Parents deceased:  Mother  Father  None

## LEARNER HEALTH INFORMATION

Chronic diseases: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

## MEDICAL AID INFORMATION

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Member number: \_\_\_\_\_

Primary member: \_\_\_\_\_

## FAMILY DOCTOR INFORMATION

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Business address: \_\_\_\_\_

## INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng :  Yes  No

Learner attended school last year:  Yes  No

If yes, in which Province/Country: \_\_\_\_\_

Previous school: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_

Highest grade in previous school: \_\_\_\_\_

Reason for leaving the school: \_\_\_\_\_

**BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Home language:  Afrikaans  English  Other: \_\_\_\_\_

Communication preference:  SMS  E-mail  
 Mail  By hand

Language preference: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation status:  Own Employer Non-Professional  
 Own Employer Professional  
 House wife  Part time  
 Contract worker  Pensioner  
 Student  Temporary  
 Full time  Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the learner living with this parent?:  Yes  No

**BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Home language:  Afrikaans  English  Other: \_\_\_\_\_

Communication preference:  SMS  E-mail  
 Mail  By hand

Language preference: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation status:  Own Employer Non-Professional  
 Own Employer Professional  
 House wife  Part time  
 Contract worker  Pensioner  
 Student  Temporary  
 Full time  Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the learner living with this parent?:  Yes  No

**ACCOUNTABLE PERSON'S INFORMATION** Biological Parent 1 Biological Parent 2 Other

Only if 'Other', please complete section A or B below:

**A) INDIVIDUAL**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Home language:  Afrikaans  English  Other: \_\_\_\_\_Communication preference:  SMS  E-mail Mail  By hand

Language preference: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

**B) COMPANY / CLOSED CORPORATION / TRUST**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Registration number: \_\_\_\_\_

Language preference: \_\_\_\_\_

Contact number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

**BANKING DETAILS**

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch code: \_\_\_\_\_

Account type:  Cheque  Transmission  Savings

Bank account number: \_\_\_\_\_

Account holder: \_\_\_\_\_

**DEBIT ORDER AUTHORISATION**

I herewith authorize that the bankers of TZURIA LEARNING CENTRE , First National Bank Limited REMOTE BANKING SERVICE 560, may recover the following payments for \_\_\_\_\_ per debit order from my bankers (as indicated above under Banking Details) on the \_\_\_ day of every month:

School fees for 2018 payable in/over:  1 Month  11 months

Outstanding fees - Payment of R\_\_\_\_\_ for:  1 Month  11 months

Extramural Activities (Specify): \_\_\_\_\_

Conditions

- Should the debit order payment for a month be rejected, a double payment for the next month may be charged as well as banking fees for the rejected payment.
- If a debit order is rejected for the second time, it will not be offered for payment again and I understand that I am liable for the full school fee and the costs thereof.
- This authorisation may be cancelled by giving the School 30 days written notice, and I agree that I am not entitled to any refunds of money withdrawn while this authorisation was effective to the extent that the money was legally owed to the School.
- I hereby agree that the party authorised to make withdrawals against my account, may not transfer or cede any of their rights to a third party without my written consent and I that I may not delegate any of my obligation in terms of this contract to a third party without the written consent of the authorised party.

Signature of Account holder: \_\_\_\_\_ Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT**

Agreement between TZURIA LEARNING CENTRE and \_\_\_\_\_ (Name of parent / guardian) with regards to the payment of school fees.

a. Accept responsibility for the payment of fees for above child before or on the seventh (7th) day of each month:

A Monthly

B Cash

C Internet transfer

E Stop order

b. I agree to inform the Principal in writing if I am unable to pay the fees. My child's admission will be secured for one (1) month.

c. I understand that the school will take the necessary legal steps to recover any outstanding fees.

d. I agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.

e. I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.

f. If you prefer to receive statements by e-mail, please indicate e-mail address

g. I / We the parents / guardian of \_\_\_\_\_ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES**

1. I, parent / guardian of \_\_\_\_\_ hereby give permission that he / she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he / she is physically able to participate in any organised activities and he / she resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of TZURIA LEARNING CENTRE as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**INDEMNITY**

I/We the parents of/I the guardian of \_\_\_\_\_ (name of learner) indemnify unconditionally and without restriction TZURIA LEARNING CENTRE and/or the shareholders of TZURIA LEARNING CENTRE or any person employed by TZURIA LEARNING CENTRE or any person acting on behalf of TZURIA LEARNING CENTRE against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by TZURIA LEARNING CENTRE .

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 2017.

Signature of Parent / Guardian: \_\_\_\_\_