Enrolment Form– Lowveld Academy Primary School

primary@lowveldacademy.co.za *015 004 1194*

OFFICE USE ONLY

FAMILY CODE: _____ ADMISSION NUMBER: _____

REGISTER CLASS: _____ WAITING LIST: YES / NO NR ON WAITING LIST: _____

LEARNER INFORMATION

FULL NAMES: _____

SURNAME: _____

PREFERRED NAME:_____

DATE OF BIRTH: _____

ID NUMBER: _____

PASSPORT NUMBER:_____

NATIONALITY ☐ RSA ☐ OTHER : _____

RELIGIOUS DENOMINATION: _____

ETHNIC GROUP: _____

HOME LANGUAGE: ☐ AFRIKAANS ☐ ENGLISH ☐ OTHER: _____

LEARNERS LANGUAGE PREFERENCE: ☐ SAME AS ABOVE ☐ OTHER: _____

LEARNERS POSITION IN FAMILY: _____

ADMISSION DATE: _____

GRADE IN 20____: _____

Documents needed:

- Copy of learners birth certificate
- Copy of learners passport (if applicable)
- Copy of parents ID's / Passport
- Copy of accountable persons ID
- Copy of last report card
- Transfer letter
- Proof of Residence
- Copy of Health card
- Bank account confirmation letter
- Copy of medical aid card

PHOTO

Female ☐

Male ☐

ENROLMENT FOR GRADE 4 TO 7 INDICATE FIRST ADDITIONAL LANGUAGE PREFERENCE: ☐ **AFRIKAANS** ☐ **XITSONGA**

YEARS IN GRADE FOR 20___: _____ YEARS IN PHASE FOR 20___:_____

PRE-PRIMARY EDUCATION ATTENDED: ☐ FORMAL ☐ INFORMAL OTHER: _____

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL? YES /NO NAME OF LEARNER: _____

NEXT OF KIN INFORMATION

NAME: _____

CONTACT NUMBER: _____

RELATION: _____

METHOD OF TRANSPORT ☐ PRIVATE ☐ TAXI/BUS

TAXI/BUS REGISTRATION: _____

NAME OF DRIVER: _____

CONTACT NUMBER: _____

FAMILY INFORMATION– FAMILY STATUS

BOTH PARENTS ☐ SINGLE PARENT– UNMARRIED ☐ SINGLE PARENT –DIVORCED ☐ WIDOWWIDOWER ☐ OTHER

PARENTS DECEASED: ☐ NONE ☐ FATHER ☐ MOTHER

LEARNER HEALTH INFORMATION

CHRONIC DISEASES: _____

ALLERGIES: _____

MEDICATION: _____

FAMILY DOCTOR NAME: _____

FAMILY DOCTOR CONTACT NR: _____

MEDICAL AID NAME: : _____

MEDIICAL AID CONTACT NUMBER: _____

MEDICAL AID MEMBER NUMBER: _____

INFORMATION OF PREVIOUS SCHOOL/ PLAY GROUP/ NURSERY

FIRST REGISTRATION IN LIMPOPO: ☐ YES ☐ NO LEARNER ATTENDED SCHOOL LAST YEAR: ☐ YES ☐ NO

IF YES IN WHICH PROVINCE OR COUNTRY:_____

PREVIOUS SCHOOL:_____ TELEPHONE NUMBER:_____

ADDRESS:_____ PROVINCE:_____

HIGHEST GRADE IN PREVIOUS SCHOOL: _____ REASON FOR LEAVING THE SCHOOL:_____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

The parties choose the following address as their *domicilium citandi et executandi* / address where legal documents may be served:

TITLE: _____

FULL NAMES: _____

SURNAME: _____

INITIALS: _____

ID NUMBER: _____

HOME LANGUAGE: AFRIKAANS ☐ ENGLISH ☐ OTHER ☐

LANGUAGE PREFERENCE: _____

COMMUNICATION PREFERENCE: SMS ☐ E-MAIL ☐

MOBILE NUMBER: _____

ALTERNATIVE NUMBER: _____

EMAIL: _____

(SHOULD YOU NOT HAVE AN EMAIL ADDRESS WE STRONGLY URGE YOU TO GET ONE AS MOST OF OUR COMMINICATION WILL BE VIA EMAIL)

RESIDENTIAL ADDRESS: _____

_____CODE: _____

POSTAL ADDRESS: _____

_____CODE:_____

OCCUPATION STATUS:_____

OCCUPATION: _____

EMPLOYER:_____

SALARY / PAYMENT DATE:_____

WORK TELEPHONE NUMBER: _____

EMPLOYER PHYSICAL ADDRESS: _____

_____CODE:_____

IS THE LEARNER LIVING WITH THIS PARENT?: ☐ YES ☐ NO

IS THIS PARENT ACCOUNTABLE FOR PAYMENT OF SCHOOL FEES?

☐ YES ☐ NO ☐ OTHER **Payment Date**: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

The parties choose the following address as their *domicilium citandi et executandi* / address where legal documents may be served:

TITLE: _____

FULL NAMES: _____

SURNAME: _____

INITIALS: _____

ID NUMBER: _____

HOME LANGUAGE: AFRIKAANS ☐ ENGLISH ☐ OTHER ☐

LANGUAGE PREFERENCE: _____

COMMUNICATION PREFERENCE: SMS ☐ E-MAIL ☐

MOBILE NUMBER: _____

ALTERNATIVE NUMBER: _____

EMAIL: _____

(SHOULD YOU NOT HAVE AN EMAIL ADDRESS WE STRONGLY URGE YOU TO GET ONE AS MOST OF OUR COMMINICATION WILL BE VIA EMAIL)

RESIDENTIAL ADDRESS: _____

_____CODE: _____

POSTAL ADDRESS: _____

_____CODE:_____

OCCUPATION STATUS:_____

OCCUPATION: _____

EMPLOYER:_____

SALARY / PAYMENT DATE:_____

WORK TELEPHONE NUMBER: _____

EMPLOYER PHYSICAL ADDRESS: _____

_____CODE:_____

IS THE LEARNER LIVING WITH THIS PARENT?: ☐ YES ☐ NO

IS THIS PARENT ACCOUNTABLE FOR PAYMENT OF SCHOOL FEES?

☐ YES ☐ NO ☐ OTHER **Payment Date**: _____

IF SELECTED OTHER ABOVE– PLEASE COMPLETE BELOW DETAILS OF PERSON ACCOUNTABLE FOR SCHOOL FEES

TITLE: _____ / BUSINESS NAME: _____

FULL NAMES: _____

SURNAME: _____

INITIALS: _____

ID NUMBER: _____ /

BUSINESS REGISTRATION NR: _____

LANGUAGE PREFERENCE: _____

COMMUNICATION PREFERENCE: ☐ SMS ☐ E-MAIL

MOBILE NUMBER: _____

ALTERNATIVE NUMBER: _____

EMAIL: _____

(SHOULD YOU NOT HAVE AN EMAIL ADDRESS WE STRONGLY URGE YOU TO GET ONE AS MOST OF OUR COMMINICATION WILL BE VIA EMAIL)

RESIDENTIAL ADDRESS: _____

_____CODE: _____

POSTAL ADDRESS: _____

_____CODE:_____

OCCUPATION STATUS:_____

OCCUPATION: _____

EMPLOYER:_____

WORK TELEPHONE NUMBER: _____

EMPLOYER PHYSICAL ADDRESS: _____

_____CODE:_____

Payment Date: _____

SCHOOL FEES PAYMENT CONTRACT

Payment of School fees agreement between Lowveld Academy Primary School and _____
(Full names and surname of parent / natural and/or legal guardian).

A. I hereby accept responsibility for the payment of school fees for the above child before or on the seventh (7th) day of each month and that the school may refuse access to a learner if there are any fees outstanding by the 7th day of a month.

B. I hereby consent to the payment of school fees by way of a Debit order and the signing thereof as per **Annexure "A"** attached hereto. I hereby authorise the school to submit the relevant forms at the financial institution applicable for a monthly deduction of school fees and/or any amount in arrears.

☐ Monthly (via debit order) ☐ Annually ☐ Per Term

C. I understand that the school will take the necessary legal steps to recover any outstanding fees and that I will be held liable for recovery cost on an attorney-client scale, including collection fees, interest, commission and tracing fees..

D. Outstanding fees from a previous year must be settled first before registering for a new year.

E. I agree to give one (1) calendar month 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.

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

G. If you prefer to receive statements by e-mail, please indicate e-mail address: _____

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

Signature of Parent / Guardian: _____

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

1. I / We the parents / guardians 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 medical and / hospital fees enforced upon, in case of an injury which cannot be ascribed to 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 Lowveld Academy Primary School as included in the Policy of the school.

Signature of Parent / Guardian: _____

INDEMNITY

I/We the parents / guardians of _____(name of learner) indemnify unconditionally and without restriction Lowveld Academy Primary School and/ or the shareholders of Lowveld Academy Primary School or any person employed by Lowveld Academy Primary School or any person acting on behalf of Lowveld Academy Primary School against losses, claims, injury or death that may be caused to the above learner by virtue of his / her use of any of the facilities provided by Lowveld Academy Primary School.

Signature of Parent / Guardian: _____

PROTECTION OF PERSONAL INFORMATION

I hereby acknowledge that I have read and understood the Protection of Personal Information Act, Act 4 of 2013, and that I have familiarized myself with the contents of the Protection of Personal Information Policy of Lowveld Academy Primary School ("the School'). I confirm that I am familiar with the contents of **Annexure "B"** attached hereto.

Signature of Parent / Guardian: _____

Signed at _____ on _____ day of _____20_____

CONCESSIONS

Should the above-mentioned learner be granted concessions, I acknowledge that the school is entitled to charge an additional fee of R3,300 per annum (R300 per month over 11 months) to cover the costs associated with providing concession support, including the services of a concession educator where applicable.

Signature of Parent / Guardian: _____