



ENROLMENT FORM

FULL NAMES OF LEARNER: _____

SURNAME OF LEARNER: _____

PREFERRED NAME OF LEARNER: _____

DATE OF BIRTH: _____

ID NUMBER OF LEARNER: _____

GENDER OF LEARNER: _____


NATIONALITY: _____ OTHER: _____

RELIGIOUS DENOMINATION: _____

ETHNIC GROUP: _____

HOME LANGUAGE: _____ OTHER: _____

PLEASE TICK THE FOLLOWING BLOCKS:

	Early Morning	School Only	School Aftercare	+	School Lunch
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Please attach copies of Birth Certificate, Immunizations Record, Parents ID's, Passport and photo of Learner.

LEARNER HEALTH INFORMATION:

CHRONIC DISEASES: _____

ALLERGIES: _____

MEDICATION: _____

MEDICAL AID NAME: _____

PRIMARY MEMBER: _____

MEDICAL AID NUMBER: _____

FAMILY DOCTOR: _____

CONTACT NUMBER: _____

NEXT OF KIN NAME: _____

CONTACT NUMBER: _____

RELATION: _____

PARENT / GUARDIAN 1 INFORMATION: (Person responsible for account payment)

TITLE: _____

FULL NAMES: _____

SURNAME: _____

PREFERRED NAME: _____

SA ID NUMBER: _____

PASSPORT NUMBER: _____

HOME LANGUAGE: _____ OTHER: _____

CELL PHONE NUMBER: _____

HOME TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

OCCUPATION: _____

EMPLOYER: _____

WORK TELEPHONE NUMBER: _____

EMPLOYER PHYSICAL ADDRESS: _____

PARENT / GUARDIAN 2 INFORMATION:

TITLE: _____

FULL NAMES: _____

SURNAME: _____

PREFERRED NAME: _____

SA ID NUMBER: _____

PASSPORT NUMBER: _____

HOME LANGUAGE: _____ OTHER: _____

CELL PHONE NUMBER: _____

HOME TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

OCCUPATION: _____

EMPLOYER: _____

WORK TELEPHONE NUMBER: _____

EMPLOYER PHYSICAL ADDRESS: _____

IS THE LEARNER LIVING WITH BOTH PARENTS: YES _____ NO _____

DECLARATION BY PARENT / GUARDIAN:

I, _____ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorize the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at _____ on _____ day of _____ 20__.

Signature of Parent / Guardian _____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

AGREEMENT between Irene Pre-Primary School and _____
(Name of parent / guardian) with regards to the payment of **school fees**.

- I accept responsibility for the payment of school fees for my child before the 5th of each month.
- I agree to inform the Principal in writing if I am unable to pay the fees.
- I understand that the school will take the necessary **legal** steps to recover any outstanding fees.
- I agree to give one (1) calendar months' 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.
- I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules and regulations.

Signature of Parent / Guardian: _____

Date: _____

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

- I hereby give permission that my child 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.
- 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.
- 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 I good health.
- 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.
- I undertake to inform the school if any of the above information may change.
- I undertake to support my child to obey the Code of Conduct and the disciplinary system of Irene Pre-Primary School as included in the Policy of the school.

Signature of Parent / Guardian: _____

Date: _____

INDEMNITY

I, the parent / guardian of _____(name of learner) indemnify unconditionally and without restriction Irene Pre-Primary School and/or the Governing Body of Irene Pre-Primary School or any person employed by Irene Pre-Primary School or any person acting on behalf of Irene Pre-Primary School 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 Irene Pre-Primary School.

Signed at _____ on _____ day of _____ 20__.

Signature of Parent / Guardian _____