



# ENROLMENT FORM - 2018

PLEASE COMPLETE WITH A BLACK PEN

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

Yes  No



DATE: 19 APR 2017

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

## 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: \_\_\_\_\_

Registered for social grant:  Yes  No

Receives social grant:  Yes  No

Benefit from school nutrition programme:  Yes  No

Learner resides in a hostel:  Yes  No

Name of hostel: \_\_\_\_\_

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: \_\_\_\_\_ Waiting list:  A  B

Register class: \_\_\_\_\_ Number on waiting list: \_\_\_\_\_

Admission number: \_\_\_\_\_ ID copy:

Transfer card:

Report card:

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

**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, authorise 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 \_\_\_\_\_ 2017.

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

**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 Laerskool Danie Malan, ABSA Bank Limited ABSA ELECTRONIC SETTLEMENT CNT, 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  10 months

 Outstanding fees - Payment of R\_\_\_\_\_ for:  1 Month  10 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 Laerskool Danie Malan and \_\_\_\_\_ (Name of parent / guardian) with regards to the payment of school fees.

1. Laerskool Danie Malan is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.
2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.
3. Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.
4. Payment of school fees to Laerskool Danie Malan will be made as follows:  
(Please tick the applicable block with a cross)
  - A Full payment (Once-off) on or before the last date as determined during the annual parent meeting.
  - B Payment over 10 months.
  - C Alternative arrangements will be made with the School in writing at my own responsibility and initiative.
5. Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.
6. I / We are aware of the application process for exemption of school fees for 2018 and if exemption is required, we will complete the relevant application form.
7. Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.
8. I choose the following address as my *domicilium citandi et executandi* for delivery or serving of any notices or pleadings.  
Residential address (Not a postal address):  
\_\_\_\_\_  
\_\_\_\_\_
9. 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 Laerskool Danie Malan 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: \_\_\_\_\_