ENROLMENT FORM - 20

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL? Yes No

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 mobile number: _____

Learner e-mail address: _____

Admission date: _____

Year in 20 : _____

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 Western Cape : 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: _____

Continue to page 2...

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: ☐ Afrikaans ☐ English ☐ Other: _____

Communication preference: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Language preference: _____

Mobile 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: _____

Mobile 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

Continue to page 3...

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: _____

_____

_____

Preferred name: _____

ID number: _____

Home language: ☐ Afrikaans ☐ English ☐ Other: _____

Communication preference: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Language preference: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

_____

Residential address: _____

_____

_____

Postal address: _____

_____

_____

Postal Code: _____

Surname:

Initials:

E-mail:

B) COMPANY / CLOSED CORPORATION / TRUST

Name:

Title: _____

_____

Registration number: _____

Language preference: _____

Contact number: _____

Fax number: _____

Business address: _____

_____

_____

Postal address: _____

_____

_____

Postal Code: _____

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CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Mondeor Eco School 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 Mondeor Eco School 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 Mondeor Eco School and/or the shareholders of Mondeor Eco School or any person employed by Mondeor Eco School or any person acting on behalf of Mondeor Eco 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 Mondeor Eco School.

Signed at _____ on _____ day of _____ 20___.

Signature of Parent / Guardian: _____