



# ENROLMENT FORM - 2023

PLEASE COMPLETE WITH A BLACK PEN

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

Yes

No

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

DATE: 11 MAY 2022

## LEARNER INFORMATION

<b>LEARNER</b>	
Full names:	_____
Surname:	_____
Preferred name:	_____
Date of birth:	_____
ID number:	_____
Nationality:	<input type="checkbox"/> RSA <input type="checkbox"/> Other
Religious denomination:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic group:	_____
Home language:	_____
Learner's language preference:	_____
Dexterity:	_____
Learner mobile number:	_____
Learner e-mail address:	_____
Admission date:	_____
Grade in 2023 :	_____
Years in grade for 2023 :	_____
Years in phase for 2023 :	_____
Pre-primary education attended:	<input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Other: _____
Attach learner photo:	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div>

Method of transport:	_____
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: <input type="checkbox"/> A <input type="checkbox"/> B
Register class: _____	Number on waiting list: _____
Admission number: _____	ID copy: <input type="checkbox"/>
	Application fee: <input type="checkbox"/>
	Proof of residence: <input type="checkbox"/>
	Birth certificate: <input type="checkbox"/>

## FAMILY INFORMATION

Family status:	<input type="checkbox"/> Both parents	<input type="checkbox"/> Single parent - Unmarried	
	<input type="checkbox"/> Foster care	<input type="checkbox"/> Childrens home	<input type="checkbox"/> Single parent - Divorced
	<input type="checkbox"/> Other	<input type="checkbox"/> Re-composed	<input type="checkbox"/> Widow/Widower
Parents deceased:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> 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 Mpumalanga:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learner attended school last year	<input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_

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 Professional  
 Own Employer Non-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: \_\_\_\_\_

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 Professional  
 Own Employer Non-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: \_\_\_\_\_

Communication preference:  SMS  E-mail  Mail  
 By hand

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

Mobile 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BANKING DETAILS**

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

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

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

Account type:  Cheque  Transmission  Savings

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

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

**CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT****SCHOOL FEES STRUCTURE FOR 2023****ANNUAL REGISTRATION FEE:**

Grade RRR - Grade 1: R 1500.00 (incl. stationery) &amp; Grade 2 - 7: R 800.00

**PER MONTH (JANUARY TILL NOVEMBER)**

Grade RRR: R1850 - R 2250    Grade RR: R 1 950.00    Grade R: R 2 200.00    Grade 1: R 2 400.00    Grade 2 - 7: R 2 890.00

**PER TERM (LESS 2,5% DISCOUNT ALREADY APPLIED)**

Grade RR: R 5 230.00    Grade R: R 5 900.00    Grade 1: R 6 435.00    Grade 2 - 7: R 7 750.00

**PER SEMESTER (LESS 5% DISCOUNT ALREADY APPLIED)**

Grade RR: R 10 190.00    Grade R: R 11 495.00    Grade 1: R 12 540.00    Grade 2 - 7: R 15 100.00

**PER ANNUM (LESS 7,5% DISCOUNT ALREADY APPLIED)**

Grade RR: R 19 840.00    Grade R: R 22 385.00    Grade 1: R 24 420.00    Grade 2 - 7: R 29 405.00

**FEE AGREEMENT:****SCHOOL FEES CAN BE PAID IN THE FOLLOWING WAYS:**

1. Monthly: Salaries received month-end: School fees are to be paid in full in advance from January to November (eg beginning of January for January's fees). School fees need to be paid before the 7th of the month. Salaries received on the 15th of the month: School fees need to be paid in full by the 22th of the month.

2. Per Term: (2,5% discount on school fees) If you choose to pay per term, the term invoice needs to be settled within 7 calendar days. The billing schedule for term based school fees are as follows: 01 January 2023 - invoice is due by the 07 January 2023. 01 April 2023 - invoice is due by the 07 April 2023. 01 July 2023 - invoice is due by the 07 July 2023. 01 October 2023 - invoice is due by the 07 October 2023.

3. Per Semester: (5% discount on school fees) If you choose to pay per semester, the semester invoice needs to be settled within 7 calendar days. The billing schedule for semester based school fees are as follows: 01 January 2023 - invoice is due by the 07 January 2023. 01 July 2023 - invoice is due by the 07 July 2023.

4. Per Year: (7,5% discount on school fees) If you choose to pay per year, the school fees needs to be paid in full within the first week of the new school year, otherwise the discount falls away and your account will be charged with the monthly fee.

Annual Registration fee: Is payable for new students on registration and by old students every year at the end of November in order to ensure a place in the school for the following year. Registration fees are non-refundable!

**OPTION FORM - I WISH TO BE INVOICED AS FOLLOWS (PLEASE CIRCLE 1, 2, 3 OR 4):**

1. Per Month
2. Per Term
3. Per Semester
4. Per Annum

**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 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 Highlands Private 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: \_\_\_\_\_