

ENROLMENT APPLICATION

THIS ENROLMENT IS VALID FROM THE DATE OF THE SIGNED DECLARATION (ON THE LAST PAGE) UNTIL WRITTEN CANCELLATION OF ENROLMENT (30-day notice period) IS RECEIVED FROM THE ACCOUNT HOLDER AND/OR PARENT/GUARDIAN

Date: _____

PERSONAL DETAILS OF STUDENT/S

CHILD 1

Name & Surname: _____

Date of Birth: _____ Grade to be enrolled in: _____

Current grade: _____ Current school: _____

CHILD 2

Name & Surname: _____

Date of Birth: _____ Grade to be enrolled in: _____

Current grade: _____ Current school: _____

CHILD 3

Name & Surname: _____

Date of Birth: _____ Grade to be enrolled in: _____

Current grade: _____ Current school: _____

ENROLMENT DATE

Enrolment date at HBPS:	JAN	FEB	MAR	APR	MAY	JUN	YEAR:
	JUL	AUG	SEPT	OCT	NOV		

RESIDENTIAL ADDRESS OF CHILD/REN IF DIFFERENT FROM PARENTS:

ACCOUNT HOLDER - PERSON RESPONSIBLE FOR PAYMENT

Name & Surname: _____ ID Number: _____

Residential Address: _____

Postal Address: _____

E-mail Address: _____ Telephone number: _____

IN CASE OF AN EMERGENCY

Contact Person: _____ Telephone number: _____

Doctor: _____ Telephone number: _____

Medical information: _____

CELLPHONE NUMBER/S FOR WHATSAPP COMMUNICATION

Name & Surname: _____ Cell Number: _____

Name & Surname: _____ Cell Number: _____

PERSONAL DETAILS OF PARENTS / GUARDIANS

FATHER / GUARDIAN

MOTHER / GUARDIAN

Surname: _____

Surname: _____

Full names: _____

Full names: _____

Date of birth: _____

Date of birth: _____

Nationality: _____

Nationality: _____

ID/Passport: _____

ID/Passport: _____

Mother tongue: _____

Mother tongue: _____

Marital status: _____

Marital status: _____

Residential address: _____

Residential address: _____

Cell nr: _____

Cell nr: _____

E-mail: _____

E-mail: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Tel nr (W): _____

Tel nr (W): _____

Any other information you want to share regarding your child and his/her well-being?

PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTATION:

1. Full Birth Certificate
2. Latest School Report
3. Medical Aid Information (if applicable)

DECLARATION

1. The information supplied on the application form is truthful
2. I will fulfil my financial obligation towards the school
3. I will give 1 calendar months' notice if my child's contract must be canceled at the school
4. I give my permission to my child to participate in bus tours, excursions, etc. of the school and expect that the learners be supervised at all times. I am, however, aware that neither the school or the supervisor(s) can be held responsible for any loss/damage to personal belongings.
5. I will take full responsibility for my child's academic commitments after school hours & during weekends/holidays as per the school guidelines.
6. I agree that this enrolment is valid from the date of signature until written cancellation of enrolment is provided to the school.

PARENT/GUARDIAN

I, _____, ID number _____

and I, _____, ID number _____

hereby confirms that I/we have read, fully understand and bind myself/ourselves to the above declaration. I/We bind myself/ourselves to these terms and conditions.

Thus, done and signed at _____ on this _____ day of _____ 20____

Signature: PARENT/GUARDIAN _____

Signature: PARENT/GUARDIAN _____

CONTINUE ON THE NEXT PAGE

ACCOUNT HOLDER

I, _____, ID number _____

hereby confirm that I am the account holder and have read and fully understand and bind myself to the above declaration and further that I am personally responsible for the payment of the account or any penalty cost or administration fees, as stipulated above and in the Rules & Regulations document. I bind myself to these terms and conditions.

Thus, done and signed at _____ on this _____ day of _____ 20____

Signature: ACCOUNT HOLDER _____

CONTRACT WITH SCHOOL IN REGARDS TO PAYMENT

Agreement between Henties Bay PRIVATE SCHOOL and _____

_____ and _____

_____ (Both Parents/Guardians),

in regards to the payment of school fees:

- I/We accept responsibility for the payment of fees for above child before or on first (1st) day of each month
- I/We agree to inform the Principal in writing if I/We am/are unable to pay the fees. My child's admission will be secured for one (1) month
- I/We understand that the school will take the necessary legal steps to recover any outstanding fees
- I/We agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I/We undertake to give notice in October as November doesn't serve as a notice month
- I/We understand that I/We will be held liable for December school fees where learner(s) completed a school year/grade with Henties Bay PRIVATE SCHOOL, regardless of when notice was given
- I/We undertake to notify the school of any changes in e-mail, residential- and or work address
- I/We declare that the forms have been completed correctly. I/We have read and understand the acceptance requirements and school rules. I/We the parents/guardian undertake to honour the agreement as set out above

I / We the parents / guardian of _____

_____ (student/s)

undertake to honour the agreement as set out above.

Thus, done and signed at _____ on this _____ day of _____ 20____

SIGNATURE: Parent/Guardian

SIGNATURE: Parent/Guardian