



# ENROLMENT APPLICATION FORM

Established: 2017

Physical Address: Phone  
ERF 4932 063 520 2952  
Umunga street 078 207 3894  
Birch Acres, Kempton Park

GRADE \_\_\_\_\_

YEAR \_\_\_\_\_

Director & Principal  
Dr. F. Nharara

## LEARNER INFORMATION

Surname							
Names (As they appear on birth certificate or ID)							
Preferred Name							
Gender (Tick relevant)	Male		Female		Race		
Date of birth	Year			Month		Day	
ID Number							
Home Language							
Learner Cell Phone Number							
First admission date at Solid Beginnings School					Grade		

## New Applicants

Is learner presently attending school?	Yes		No					
If "No" state reasons for non attendance								
Name of last school				Province				
Grades enrolled for in	Year	2020	2021	2022	2023	2024	2025	2026
	Grade							

## Medical information

Does the learner have a condition that requires special attention?	Yes		No			
If "Yes", state the condition or medication						
Does the learner suffer from any allergies?	Yes		No			
If "Yes", state the allergies						
Medical Practitioner/ Family Doctor's Name				Tel number		

## Medical Aid Information

Main Member's Name				Member number:				
Beneficiary's Name								
Are you registered for social grant?	Yes		No					
Mode of Transport to School	Foot		Car		Taxi		Train	
Transporter's Name and Contact Details								

Number of children in the family		Position of learner in the family					
Siblings Enrolled at Solid Beginnings							
Sibling 1: Full Names:						Grade:	
Sibling 2: Full Names:						Grade:	
Sibling 3: Full Names:						Grade:	

## Immigrants only

Passport Number	Permit No (if available): _____						
Country of Origin							
Date of Entry in South Africa	Year		Month		Day		

**(A) Father (If deceased the Guardian)**

Are you the person responsible for the account?	Yes		No	
Relationship to learner	Father		Guardian	
Title		Surname		
Name				
ID / Passport Number				
Occupation				
Employer				
Home telephone Number				
Work telephone Number				
Cell phone Number				
Email				
<b>Residential address</b>				
Street			Number	
Suburb				
Town / City				
Province				
Country			Postal code	
<b>Postal address if different from residential address</b>				
P.O.Box / Private Bag Number				
Suburb				
Country			Postal code	

**(B) Mother (If deceased the Guardian)**

Are you the person responsible for the account?	Yes		No	
Relationship to learner	Mother		Guardian	
Title		Surname		
Name				
ID / Passport Number				
Occupation				
Employer				
Home telephone Number				
Work telephone Number				
Cell phone Number				
Email				
<b>Residential address</b>				
Street			Number	
Suburb				
Town / City				
Province				
Country			Postal code	
<b>Postal address if different from residential address</b>				
P.O Box / Private Bag Number				
Suburb				
Country			Postal code	

**(C) Person with whom Learner lives if not with A or B**

Are you the person responsible for the account?	Yes	No	
Relationship to learner			
Title	Surname		
Name			
ID / Passport Number			
Occupation			
Employer			
Home telephone Number			
Work telephone Number			
Cell phone Number			
Email			
<b>Residential address</b>			
Street			Number
Suburb			
Town / City			

**(D) Person to contact in case of emergency**

In case of emergency and A, B and/or C are not available, who should we contact?

Relationship to learner			
Title	Surname		
Name			
Telephone Number			
Cell phone Number			

Living with	Both parents	Mother	Father	Guardian	
	Grandparents	Brother	Sister		
Deceased	Both parents	Mother	Father	None	

Only the parents/guardians may fetch learners from school. Please submit the name and ID number of any other person who may collect your child from school.

Name &amp; Surname: \_\_\_\_\_

Cell number: \_\_\_\_\_

**Undertaking to Pay All Fees and Other Financial Commitments**

I, the parent / Legal guardian of \_\_\_\_\_ whose information is contained in (A) and/or (B) and/or (C) hereby accept the irrevocable responsibility to pay the full amount of money that is due to SOLID BEGINNINGS SCHOOL, whether it be for tuition, excursions or statutory fees as contained in the CODE OF CONDUCT and/or any other monies resulting from damages caused by the learner. Failure to pay will result in the school, at its sole discretion barring the learner from the premises and terminating the provision of tuition to the learner. I/We hereby give permission for my/our name(s) to be listed on the bureau as a defaulter should there be any amount outstanding in terms of this agreement. Furthermore, I hereby give permission to allow any queries confirming or to verify my current location at any listed bureau.

Name &amp; Surname \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Indemnity and Consent to the Processing of Personal Information

I hereby give my consent for my son / daughter (the learner) to take part in any standard or extramural activities of the school, including educational games, educational tours, excursions and camps. I fully understand and accept that all the above mentioned activities shall be undertaken at the learner's own risk and I undertake on behalf of myself, family and executers to indemnify, hold harmless and absolve Solid Beginnings School, the Principal and his / her staff against and from any or all claim whatsoever that may arise in connection with any loss or damage to the property or injury to the person of the learner in the course of any of the above mentioned activities notwithstanding that the school and staff will take all reasonable precautions for the safety and welfare of the learners. I further consent that any media captured during school activities where my child appears may be used on the school media and communication platforms, provided that extra precautionary measures are adhered as per the school's Personal Information Protection Policy guidelines.

Name Parent / Guardian

Signature Parent / Guardian

Date

### Acceptance of Code of Conduct

I, the undersigned, hereby declare that:

- a) I received a copy of the CODE OF CONDUCT: SOLID BEGINNINGS SCHOOL;
- b) I am familiar with the content of the CODE OF CONDUCT: SOLID BEGINNINGS SCHOOL;
- c) I accept and am bound by the conditions contained in the CODE OF CONDUCT: SOLID BEGINNINGS SCHOOL;
- d) I accept that successful enrolment is reliant upon payment of the full registration fee as well as acceptance of the conditions of the Application and of the CODE OF CONDUCT: SOLID BEGINNINGS SCHOOL;
- e) All the information provided by me in this application is correct.

Learner: Name

Learner: Signature

Date

Father: Name

Father: Signature

Date

Mother: Name

Mother: Signature

Date

Guardian: Name

Guardian: Signature

Date

### FOR ADMINISTRATIVE USE ONLY / CHECKLIST

#### Have the following been received?

Copy of birth certificate / Identity document	Yes	
Learner photographs	Yes	
Report from previous school	Yes	
Removal Letter and Learner Profile		
All the parent(s) / guardian information provided	Yes	
Indemnity and POPI Consent Forms	Yes	
Requested learner documents and proof	Yes	
Registration fees	Yes	

#### Have the following been signed?

Undertaking to pay the full amount of fees owed	Yes	
Acceptance of Code of Conduct	Yes	

Application Approved	Yes	No
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Enrolment date	
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