ENROLMENT APPLICATION FORM

2027 ENROLMENT

Established: 2017

Physical Address: ERF 4932 Umunga street Birch Acres, Kempton Park

Phone 063 520 2952 078 207 3894

GRADE _____ **YEAR** _____ **R950**

Director & Principal
Dr. F. Nharara

LEARNER INFORMATION

Surname								
Names								
Preferred Name								
Gender	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	2021	2022	2023	2024	2025	2026	2027
	Grade							

Medical information

Does the learner have a condition that reqiuires 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						
Residental address						
Street					Number	
Suburb						
Town / City						
Province						
Country				Postal code		
Postal address if different from residental address						
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						
Residental address						
Street					Number	
Suburb						
Town / City						
Province						
Country				Postal code		
Postal address if different from residental address						
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						
Residental address						
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 & Surname: _____ Cell number: _____

Undertaking to pay all fees and moneys

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 & 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 not withstanding 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	Enrolment date	