

ENROLMENT FORM - 2019

PLEASE COMPLETE WITH A BLACK PEN

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



No

Name of other learner(s) :

LEARNER INFORMATION	OFFICE USE ONLY		
LEARNER			
Full names:	Family code: Waiting list: A B Number on waiting list: Number on waiting list: B		
	ID copy:		
Preferred name: Date of birth:	Admission number: Proof of residence:		
ID number:	Birth certificate:		
	FAMILY INFORMATION		
Nationality: RSA Other:	Family status: Both parents Single parent - Unmarried		
Religious denomination:	Foster care Childrens home Single parent - Divorced		
Gender: Male Female	Other Re-composed Widow/Widower		
Ethnic group:	Parents deceased: Mother Father None		
Home language: Afrikaans English Other:			
Learner's language preference: Afrikaans English			
Other:			
Learner mobile number:	Allergies:		
Learner e-mail address:			
Admission date:	MEDICAL AID INFORMATION		
Grade in 2019 :	Name:		
Years in grade for 2019 :	Telephone number:		
Years in phase for 2019 :	Member number:		
Pre-primary education attended: Formal Informal	Primary member:		
Other:	FAMILY DOCTOR INFORMATION		
Attach learner photo:	Name:		
	Telephone number:		
Photo	Business address:		
	INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY		
Method of transport:	First registration of learner in Limpopo : Yes No		
Method of transport: Private Taxi Bus Taxi/Bus registration number:	Learner attended school last year:		
Name of driver:	If yes, in which Province/Country:		
Contact number:	Previous school:		
NEXT OF KIN INFORMATION	Telephone Number:		
Name:	Address:		
Contact number:	Province:		
Alternative contact number:	Highest grade in previous school:		
Relation:	Reason for leaving the school:		

DATE: 20 NOV 2018

Tite: Postal address: Full names:	BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION		
Surname: Occupation status: Own Employer Non-Professional Initialis: Own Employer Non-Professional Drumber: Mail By hand Language preference: SMS E-mail House trip Goupation status: Contract worker Pensioner Bolde number: Fax: Employer E-mail: Employer Work telephone number: E-mail: Employer Residential address: Employer Non-Professional Uitalia: Occupation: Full names: Surname: Surname: Own Employer Non-Professional Interse: Surdent Surname: Own Employer Non-Professional Interse: Own Employer Surname: Own Employer Non-Professional Interse: Own Employer Non-Professional Surname: Own Employer Non-Professional Interse: Own Employer Non-Professional Doumber: Own Employer Non-Professional Interse: Own Employer Professional Interse: Own Employer Non-Professional Interse: Own	Title:	Postal address:	
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Initials: Preferred name: Do number: Home language: Afrikaans English Other: Communication preference: Mail By hand Language preference: Mobile number: Home tet: Fax: E-mail: Residential address: Initials: Preferend name: Initials: Preferend name: Occupation status: Occupation status: Own Employer Non-Professional House wife Part time Contract worker Pensioner Surmame: Initials: Preferend name: Surmame: Initials: Preferend name: Surmame: Initials: Preference: SMS Englage preference: SMS Englage preference: SMS Employer Initials: Preferend name: Interter: Interter: Mail By hand Cocupation: Employer Professional House wife Part time Contract worker Pensioner Student Theme tet: Fax: Employer Professional Mail By hand Cocupation: Employer physical address: Employer physical address:	Surname:		
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ID number: Afrikaans English Other: Yomunication preference: SNS E-mail \mathbf{\mathbf{Mail}} By hand Language preference: Mail Walie number: Mail Home le!: Fax: Fax: E-mail: E-mail: E-mail: Residential address:	Preferred name:		
Home language: Afrikaans English Other: Communication preference: SMS E-mail Mail By hand Cocupation: Full time Home tel: Fax: E-mail: Residential address: Initials: Preference: Sumame: Initials: Preference: Sumame: Initials: Preference: Mail By hand Cocupation: Full time Unemployed Communication preference: Mobile number: Home tel: Full names: Sumame: In number: Mobile number: Fax: E-mail: Residential address: Imail: Imail	ID number:		
Communication preference: SMS Mail By hand Cocupation: Employer: Mobile number: Work telephone number: Home tel: Employer: Fax: Employer physical address: E-mail: Is the learner living with this parent?: Yees No BloLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION Title: Full names: Sumame: Initials: Preferred name: ID number: Home tel: Sumame: Indial By hand Mail By hand Communication preference: Mobile number: Home tel: Fax: E-mail: Residential address: Indials: Down Employer Non-Professional Other: Communication preference: Mobile number: Home tel: Fax: E-mail: Residential address: Image reference: Mobile number: Home tel: Fax: E-mail: Residential address: Image: Intials: Image: Intials: ID number: Home tel: Fax: E-mail: Residential address: Image: Image: Image: Image: Image: ID number: Home tel: Fax:<	Home language: Afrikaans English Other:		
Mail By hand Language preference: Cocupation: Home lel: Employer: Fax: Employer physical address: E-mail: Is the learner living with this parent?: Yes No	Communication preference: SMS E-mail		
Language preference: Mobile number: Fax: E-mail: Residential address: Initials: Prefered name: Ion number: Home language: Afrikaans English Other: Communication preference: Mail By hand Language preference: Mobile number: Home tel: Fax: E-mail: Interse Sumame: Initials: Prefered name: Ion number: Home tel: Fax: E-mail: Residential address: Ion number: Home tel: Fax: E-mail: Residential address: Ion number: <	Mail By hand		
Home tell: Home tell: Fax: E-mail: Residential address:	Language preference:	Occupation:	
From test: Fax: Fax: E-mail: Residential address:	Mobile number:		
I. W. E-mail:	Home tel:		
Residential address:	Fax:	Employer physical address:	
Is the learner living with this parent?: Yes No BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION Title:	E-mail:		
Is the learner living with this parent?: Yes No BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION Title:	Residential address:		
BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION Title: Full names: Surname: Initials: Preferred name: ID number: Home language: Afrikaans English Other: Communication preference: SMS Mail By hand Language preference: Mail Fax: E-mail E-mail: Cocupation: Employer: Work telephone number: Fax: Employer physical address: E-mail: Employer physical address: Image: Is the learner living with this parent?: Yes		Is the learner living with this parent?	
Title:		Yes No	
Full names: Surname: Surname: Initials: Preferred name: ID number: Home language: Afrikaans English Other: Communication preference: Mail By hand Language preference: Mobile number: Home tel: Fax: E-mail: Residential address: Image: Image: Student: Image: Student: Image: Image: <tr< th=""><th>BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION</th><th></th></tr<>	BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION		
Full names:	Title:	Postal address:	
Surname: Initials: Preferred name: Initials: Preferred name: ID number: Home language: Afrikaans English Other: Communication preference: SMS E-mail Mobile number: Home tel: Fax: E-mail: Residential address: Image: Image: <t< th=""><th></th><th></th></t<>			
Initials: Occupation status: Own Employer Non-Professional Preferred name: Own Employer Professional ID number: House wife Home language: Afrikaans English Other: Ommunication preference: SMS Mail By hand Language preference: Occupation: Home tel: Employer: Fax: English E-mail: Work telephone number: Fax: Employer physical address: E-mail: Imployer physical address: Imployer physical address: Imployer physical address: Imployer physical address: Imployer physical address:			
Preferred name: Own Employer Professional ID number: House wife Home language: Afrikaans English Other: Ommunication preference: SMS Mail By hand Language preference: Mail Home tel: E-mail Fax: English E-mail: E-mail Residential address: Employer physical address: Image: Is the learner living with this parent?:		Occupation status: Own Employer Non-Professional	
ID number: House wife Part time Home language: Afrikaans English Other: Communication preference: SMS E-mail Mail By hand Language preference: Full time Mobile number: Home tel: Fax: E-mail: Residential address: Is the learner living with this parent?: Yes		Own Employer Professional	
Communication preference: SMS E-mail Student Temporary Mail By hand Full time Unemployed Language preference: Occupation: Employer: Mobile number: Employer: Work telephone number: Fax: E-mail: Employer physical address: E-mail: Is the learner living with this parent?: Yes		House wife Part time	
Communication preference: SMS E-mail Student Temporary Mail By hand Full time Unemployed Language preference: Occupation: Employer: Mobile number: Employer: Work telephone number: Fax: E-mail: Employer physical address: E-mail: Is the learner living with this parent?: Yes	Home language: Afrikaans English Other:	Contract worker Pensioner	
Language preference: Mobile number: Home tel: Fax: E-mail: Residential address: Is the learner living with this parent?: Yes		Student Temporary	
Mobile number: Employer: Home tel: Work telephone number: Fax: Employer physical address: E-mail: Employer physical address: Residential address: Is the learner living with this parent?:	Mail By hand	Full time Unemployed	
Mobile number: Employer: Home tel: Work telephone number: Fax: Employer physical address: E-mail: Employer physical address: Residential address: Is the learner living with this parent?:	Language preference:	Occupation:	
Home tel: Work telephone number: Fax: E-mail: E-mail: Employer physical address: Residential address: Is the learner living with this parent?:	Mobile number:		
Fax: Employer physical address: E-mail:			
E-mail:			
Residential address:			
Is the learner living with this parent?: Yes No	Desidential address:		
		Is the learner living with this parent?: Yes No	
DECLARATION BY PARENT / GUARDIAN			

l,		(Name of Parent / Guardian)	, hereby declare that the information supplied
in this form is true and just $% \left({{{\mathbf{r}}_{\mathbf{r}}}_{\mathbf{r}}} \right)$ and that I, by way of m	iy signature her	eunder, authorise the Chairperson of th	e School Governing Body or his/her
representative to control and confirm any of the de	tails supplied.	I am aware that should any information	supplied be found not to be true, I may be
liable to a criminal offence.			
Signed at	on	day of	2018.

Signature of Parent / Guardian:

	DATE: 20 NOV 2018					
ACCOUNTABLE PERSON'S INFORMATION						
Biological Parent 1	Biological Parent 2 Other					
Only if 'Other', please complete section A or B below:						
A) INDIVIDUAL	B) COMPANY / CLOSED CORPORATION / TRUST					
Title:	Title:					
Full names:	Name:					
Surname:	Registration number:					
Initials:	Language preference:					
Preferred name:	Contact number:					
ID number:	Fax number:					
Home language: Afrikaans English Other:	Business address:					
Communication preference: SMS E-mail						
Mail By hand						
Language preference:	Postal address:					
Mobile number:						
Telephone number:	Postal Code:					
Fax number:						
E-mail:						
Residential address:						
Postal address:						
Postal Code:						

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

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

Signature of Parent / Guardian:

undertake to honour the agreement as set out above.

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.

Date:

- 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 Lowveld Academy Secondary 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 Lowveld Academy Secondary School and/or the shareholders of Lowveld Academy Secondary School or any person employed by Lowveld Academy Secondary School or any person acting on behalf of Lowveld Academy Secondary 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 Lowveld Academy Secondary School.

Signed at	on	day of	2018
Signature of Parent / Guardian:			

DATE: 20 NOV 2018

(Name of

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