



Enrolment Form: Lowveld Academy Secondary School

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015 793 3750



OFFICE USE ONLY

FAMILY CODE: _____ ADMISSION NUMBER: _____

REGISTER CLASS: _____ WAITING LIST: YES / NO NR ON WAITING LIST: _____

LEARNER INFORMATION

FULL NAMES: _____

SURNAME: _____

PREFERRED NAME: _____

DATE OF BIRTH: _____

ID NUMBER: _____

PASSPORT NUMBER: _____

NATIONALITY ☐ RSA ☐ OTHER : _____

RELIGIOUS DENOMINATION: _____

ETHNIC GROUP: _____

HOME LANGUAGE: ☐ AFRIKAANS ☐ ENGLISH ☐ OTHER: _____

LEARNERS LANGUAGE PREFERENCE: ☐ SAME AS ABOVE ☐ OTHER: _____

ADMISSION DATE: _____

GRADE IN 20__ : _____

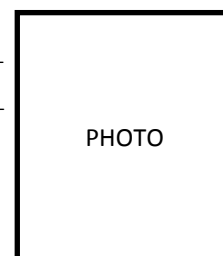
YEARS IN GRADE FOR 20__ : _____ YEARS IN PHASE FOR 20__ : _____

PRIMARY/ SECONDARY EDUCATION ATTENDED: ☐ FORMAL ☐ INFORMAL ☐ OTHER: _____

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL? ☐ YES ☐ NO NAME OF LEARNER: _____

Documents needed:

- Copy of learners birth certificate
- Copy of parents ID's
- Copy of accountable persons' ID
- Copy of last report card
- Transfer letter
- Proof of Residence



☐ Male

☐ Female

NEXT OF KIN INFORMATION

NAME: _____

CONTACT NUMBER: _____

RELATION: _____

METHOD OF TRANSPORT ☐ PRIVATE ☐ TAXI/BUS

TAXI/BUS REGISTRATION: _____

NAME OF DRIVER: _____

CONTACT NUMBER: _____

FAMILY INFORMATION– FAMILY STATUS

☐ BOTH PARENTS ☐ SINGLE PARENT– UNMARRIED ☐ SINGLE PARENT –DIVORCED ☐ WIDOW/WIDOWER
☐ FOSTER CARE ☐ CHILDRENS HOME ☐ RE-COMPOSED ☐ OTHER
PARENTS DECEASED: ☐ NONE ☐ FATHER ☐ MOTHER

LEARNER HEALTH INFORMATION

CHRONIC DISEASES: _____

ALLERGIES: _____

MEDICATION: _____

FAMILY DOCTOR NAME: _____

FAMILY DOCTOR CONTACT NR: _____

MEDICAL AID NAME: : _____

MEDICAL AID CONTACT NUMBER: _____

MEDICAL AID MEMBER NUMBER: _____

INFORMATION OF PREVIOUS SCHOOL/ PLAY GROUP/ NURSERY

FIRST REGISTRATION IN LIMPOPO: ☐ YES ☐ NO

LEARNER ATTENDED SCHOOL LAST YEAR: ☐ YES ☐ NO

IF YES IN WHICH PROVINCE OR 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: _____

ID NUMBER: _____

HOME LANGUAGE: ☐ AFRIKAANS ☐ ENGLISH ☐ OTHER

LANGUAGE PREFERENCE: _____

COMMUNICATION PREFERENCE: ☐ SMS ☐ E-MAIL

MOBILE NUMBER: _____

ALTERNATIVE NUMBER: _____

EMAIL: _____

(SHOULD YOU NOT HAVE AN EMAIL ADDRESS WE STRONGLY URGE YOU TO GET ONE AS MOST OF OUR COMMUNICATION WILL BE VIA EMAIL)

RESIDENTIAL ADDRESS: _____

_____ CODE: _____

POSTAL ADDRESS: _____

_____ CODE: _____

OCCUPATION STATUS: _____

OCCUPATION: _____

EMPLOYER: _____

SALARY / PAYMENT DATE: _____

WORK TELEPHONE NUMBER: _____

EMPLOYER PHYSICAL ADDRESS: _____

_____ CODE: _____

IS THE LEARNER LIVING WITH THIS PARENT?: ☐ YES ☐ NO

IS THIS PARENT ACCOUNTABLE FOR PAYMENT OF SCHOOL FEES?

☐ YES ☐ NO ☐ OTHER **Payment Date:** _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

TITLE: _____

FULL NAMES: _____

SURNAME: _____

INITIALS: _____

ID NUMBER: _____

HOME LANGUAGE: ☐ AFRIKAANS ☐ ENGLISH ☐ OTHER

LANGUAGE PREFERENCE: _____

COMMUNICATION PREFERENCE: ☐ SMS ☐ E-MAIL

MOBILE NUMBER: _____

ALTERNATIVE NUMBER: _____

EMAIL: _____

(SHOULD YOU NOT HAVE AN EMAIL ADDRESS WE STRONGLY URGE YOU TO GET ONE AS MOST OF OUR COMMUNICATION WILL BE VIA EMAIL)

RESIDENTIAL ADDRESS: _____

_____ CODE: _____

POSTAL ADDRESS: _____

_____ CODE: _____

OCCUPATION STATUS: _____

OCCUPATION: _____

EMPLOYER: _____

SALARY / PAYMENT DATE: _____

WORK TELEPHONE NUMBER: _____

EMPLOYER PHYSICAL ADDRESS: _____

_____ CODE: _____

IS THE LEARNER LIVING WITH THIS PARENT?: ☐ YES ☐ NO

IS THIS PARENT ACCOUNTABLE FOR PAYMENT OF SCHOOL FEES?

☐ YES ☐ NO ☐ OTHER **Payment Date:** _____

IF SELECTED OTHER ABOVE– PLEASE COMPLETE BELOW DETAILS OF PERSON ACCOUNTABLE FOR SCHOOL FEES

TITLE: _____ / BUSINESS NAME: _____

FULL NAMES: _____

SURNAME: _____

INITIALS: _____

ID NUMBER: _____ /

BUSINESS REGISTRATION NR: _____

LANGUAGE PREFERENCE: _____

COMMUNICATION PREFERENCE: ☐ SMS ☐ E-MAIL

MOBILE NUMBER: _____

ALTERNATIVE NUMBER: _____

EMAIL: _____

(SHOULD YOU NOT HAVE AN EMAIL ADDRESS WE STRONGLY URGE YOU TO GET ONE AS MOST OF OUR COMMUNICATION WILL BE VIA EMAIL)

RESIDENTIAL ADDRESS: _____

_____ CODE: _____

POSTAL ADDRESS: _____

_____ CODE: _____

OCCUPATION STATUS: _____

OCCUPATION: _____

EMPLOYER: _____

WORK TELEPHONE NUMBER: _____

EMPLOYER PHYSICAL ADDRESS: _____

_____ CODE: _____

Payment Date: _____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Lowveld Academy Secondary School and _____ (Name of parent / guardian) with regards to payment of school fees.

- A. I accept responsibility for the payment of fees for above child before or on the seventh (7th) day of each month and that the school may refuse access to a learner if there are any fees outstanding by the 7th day of a month.
- B. I accept that the implementation of a Debit order for payment of school fees is compulsory, with the exception of once off annual payment and per term payments.

☐

Monthly (via debit order)

☐

Annually

☐

Per Term

- C. I understand that the school will take the necessary legal steps to recover any outstanding fees and that I will be held liable for recovery cost on an attorney-client scale, including collection fees, interest, commission and tracing fees.
- D. Outstanding fees from a previous year must be settled first before registering for a new year.
- E. I agree to give one (1) calendar month 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.
- F. I declare that forms have been completed correctly. I have read and understand the acceptance requirements and school rules.
- G. If you prefer to receive statements by e-mail, please indicate e-mail address: _____

I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

PERMISSION TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

1. I, parents of / I 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 medical and / hospital fees enforced upon, in case of an injury which cannot be ascribed to 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.

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 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 _____ 20____

Signature of Parent / Guardian: _____

PHOTO CONSENT

During the school year, we take photographs of school activities involving students to share the school's positive vibe and updates. By which incidentally, some photographs may capture your child's participation, directly or indirectly.

These photos may be published through our website, social media pages, news bulletins and ads.

With this, we seek for your consent in allowing us to publish photos which may involve your child to the said platforms.

Signed at _____ on _____ day of _____ 20____

Signature of Parent / Guardian: _____