



REGISTRATION FORM - 2019

PLEASE COMPLETE WITH A BLACK PEN

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

Yes No



DATE: 13 DEC 2018

Name of other learner(s) : _____

LEARNER INFORMATION

OFFICE USE ONLY

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: RSA Other: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: Afrikaans English Other: _____

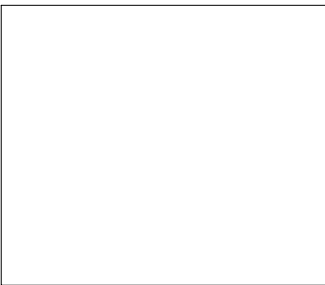
Learner's language preference: Afrikaans English
 Other: _____

Learner mobile number: _____

Learner e-mail address: _____

Admission date: _____

Grade in 2019 : _____

Attach learner photo: 

Family code: _____

Register class: _____

Admission number: _____

Waiting list: A B

Number on waiting list: _____

ID copy: _____

Application fee: _____

Proof of residence: _____

Birth certificate: _____

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried
 Foster care Children's home Single parent - Divorced
 Other Re-composed Widow/Widower

Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Bank account number: _____

Account holder: _____

Account type: Cheque Transmission Savings

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng : Yes No

Learner attended school last year: Yes No

If yes, in which Province/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: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Mobile number: _____

Home Tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?: Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Mobile number: _____

Home Tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent Yes No

Babies	Choose	Potty Trainers	Choose
Full Day		Full Day	
Half Day		Half Day With Lunch	
Option above for three days in a week		Half Day Without Lunch	
		Option above for three days in a week	
Toddlers	Choose	After Care Gr 1 – Gr 7	Choose
Full Day		With Lunch	
Half Day With Lunch		Without Lunch	
Half Day Without Lunch		Option above for three days in a week	
Option above for three days in a week			

ACCOUNTABLE PERSON'S INFORMATION

Biological Parent 1

Biological Parent 2

Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
Mail By hand

Language preference: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

Postal Code: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Language preference: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

Postal Code: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Bank account number: _____

Account holder: _____

DEBIT ORDER AUTHORISATION

I herewith authorize that the bankers of Morsjorsies Kleuterskool / Opi Huk Naskool may recover the following payments for _____ per debit order from my bankers (as indicated above under Banking Details) on the ____ day of every month:(no later than the 5th)

School fees for 2019 payable in/over:

1 Month

6 Months

Outstanding fees - Payment of R_____for:

1 Month

Conditions

- Should the debit order payment for a month be rejected, a double payment for the next month may be charged as well as banking fees for the rejected payment.
- If a debit order is rejected for the second time, it will not be offered for payment again and I understand that I am liable for the full school fee and the costs thereof.
- This authorization may be cancelled by giving the School 30 days written notice, and I agree that I am not entitled to any refunds of money withdrawn while this authorization was effective to the extent that the money was legally owed to the School.
- I hereby agree that the party authorized to make withdrawals against my account, may not transfer or cede any of their rights to a third party without my written consent and I that I may not delegate any of my obligation in terms of this contract to a third party without the written consent of the authorized party.

Signature of Account holder: _____ Signed at: _____ Date: _____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Morsjorsies Kleuterskool / Opi Huk Naskool and _____

(Name of parent / guardian) with regards to the payment of school fees.

- a. Accept responsibility for the payment of fees for above child before or on the seventh (5th) day of each month:

Monthly by Debit Order

- 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.
- I understand that the school will take the necessary legal steps to recover any outstanding fees for my expense.
- 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 1 September as September, October, November and December doesn't serve as a notice month.
- I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.
- If you prefer to receive statements by e-mail, please indicate e-mail address
- I / We the parents / guardian of _____ undertake to honor the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

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

- 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 organized manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
- 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 driver's licenses may be asked to transport them.
- 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.
- 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 organized activities and he / she resides in good health.
- 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.
- I undertake to inform the school if any of the above information may change.
- I undertake to support my child to obey the Code of Conduct and the disciplinary system of Morsjorsies Kleuterskool / Opi Huk Naskool as included in the Policy of the school.
- 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 Morsjorsies Kleuterskool / Opi Huk Naskool and/or the shareholders of Morsjorsies Kleuterskool / Opi Huk Naskool or any person employed by Morsjorsies Kleuterskool / Opi Huk Naskool or any person acting on behalf of Morsjorsies Kleuterskool / Opi Huk Naskool 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 Morsjorsies Kleuterskool / Opi Huk Naskool.

Signed at _____ on _____ day of _____ 2018.

Signature of Parent / Guardian: _____