

# ENROLMENT FORM - 2024



PLEASE COMPLETE WITH A BLACK PEN

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

Yes

No

Name of other learner(s) : \_\_\_\_\_

DATE: 18 APR 2023

## LEARNER INFORMATION

**LEARNER**

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality:  South Africa  Other

Other Nationality: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

Gender:  Male  Female

Ethnic group: \_\_\_\_\_

Home language: \_\_\_\_\_

Learner's language preference: \_\_\_\_\_

Dexterity:  Left  Right  Both

Learner mobile number: \_\_\_\_\_

Learner e-mail address: \_\_\_\_\_

Admission date: \_\_\_\_\_

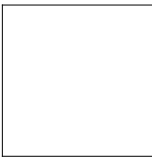
Grade in 2024 : \_\_\_\_\_

Years in grade for 2024 : \_\_\_\_\_

Years in phase for 2024 : \_\_\_\_\_

Pre-primary education attended:  Formal  Informal

Other: \_\_\_\_\_

Attach learner photo: 

Method of transport: \_\_\_\_\_

Taxi/Bus registration number: \_\_\_\_\_

Name of driver: \_\_\_\_\_

Contact number: \_\_\_\_\_

## NEXT OF KIN INFORMATION

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Alternative contact number: \_\_\_\_\_

Relation: \_\_\_\_\_

## OFFICE USE ONLY

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  Childrens 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: \_\_\_\_\_

## INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Limpopo:  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: \_\_\_\_\_

Nationality:  South Africa  Other

Other Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

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 Professional  
 Own Employer Non-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: \_\_\_\_\_

Nationality:  South Africa  Other

Other Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

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 Professional  
 Own Employer Non-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

**DECLARATION BY PARENT / GUARDIAN**

I \_\_\_\_\_ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

I understand that as I have chosen to enroll my child in a Christian School and that we will be submitted to Biblical principles and guidelines and fully embrace the Kingdom culture of the school.

Signed at \_\_\_\_\_ on \_\_\_\_\_ Page 2/4 \_\_\_\_\_ 20\_\_.

**Continue to page 3...**

Signature of Parent / Guardian : \_\_\_\_\_

**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: \_\_\_\_\_

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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BANKING DETAILS**

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch code: \_\_\_\_\_

Account type:  Cheque  Transmission  Savings

Bank account number: \_\_\_\_\_

Account holder: \_\_\_\_\_

**CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT**

Agreement between Pfunanane Academy 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 (7th) day of each month:

- C Internet transfer  
 D 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 \_\_\_\_\_ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

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 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 Pfunanane Academy as included in the Policy of the school. I understand that the school operates under Biblical guidelines and will create policies that are in line with the Word of God. I support the school's view that the Word of God is the ultimate authority above personal preference, culture or ideology.

8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 2023.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**INDEMNITY**

I/We the parents of/I the guardian of \_\_\_\_\_ (name of learner) indemnify unconditionally and without restriction Pfunanane Academy and/or the shareholders of Pfunanane Academy or any person employed by Pfunanane Academy or any person acting on behalf of Pfunanane Academy 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 Pfunanane Academy.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 2023.

Signature of Parent / Guardian : \_\_\_\_\_