



REGISTRATION FORM - 2018

PLEASE COMPLETE WITH A BLACK PEN

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

Yes No



DATE: 2 MAY 2017

Name of other learner(s) : _____

LEARNER INFORMATION

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 cell phone number: _____

Learner e-mail address: _____

Admission date: _____

Grade in 2018 : _____

Years in grade for 2018 : _____

Years in phase for 2018 : _____

Pre-primary education attended: Formal Informal
 Other: _____

Registered for social grant: Yes No

Receives social grant: Yes No

Benefit from school nutrition programme: Yes No

Learner resides in a hostel: Yes No

Name of hostel: _____

Method of transport: Private Taxi Bus

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: _____ Waiting list: N H
Register class: _____ Number on waiting list: _____
Admission number: _____ ID copy:
Transfer card:
Report card:
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 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: <input type="checkbox"/> Afrikaans <input type="checkbox"/> English <input type="checkbox"/> Other: _____ Communication preference: <input type="checkbox"/> SMS <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> By hand Language preference: _____ Cell phone number: _____ Home tel: _____ Fax: _____ E-mail: _____ Residential address: _____ _____ _____	Postal address: _____ _____ _____ Occupation status: <input type="checkbox"/> Own Employer Non-Professional <input type="checkbox"/> Own Employer Professional <input type="checkbox"/> House wife <input type="checkbox"/> Part time <input type="checkbox"/> Contract worker <input type="checkbox"/> Pensioner <input type="checkbox"/> Student <input type="checkbox"/> Temporary <input type="checkbox"/> Full time <input type="checkbox"/> Unemployed Occupation: _____ Employer: _____ Work telephone number: _____ Employer physical address: _____ _____ _____ Is the learner living with this parent?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____ Full names: _____ Surname: _____ Initials: _____ Preferred name: _____ ID number: _____ Home language: <input type="checkbox"/> Afrikaans <input type="checkbox"/> English <input type="checkbox"/> Other: _____ Communication preference: <input type="checkbox"/> SMS <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> By hand Language preference: _____ Cell phone number: _____ Home tel: _____ Fax: _____ E-mail: _____ Residential address: _____ _____ _____	Postal address: _____ _____ _____ Occupation status: <input type="checkbox"/> Own Employer Non-Professional <input type="checkbox"/> Own Employer Professional <input type="checkbox"/> House wife <input type="checkbox"/> Part time <input type="checkbox"/> Contract worker <input type="checkbox"/> Pensioner <input type="checkbox"/> Student <input type="checkbox"/> Temporary <input type="checkbox"/> Full time <input type="checkbox"/> Unemployed Occupation: _____ Employer: _____ Work telephone number: _____ Employer physical address: _____ _____ _____ Is the learner living with this parent?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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.

Signed at _____ on _____ day of _____ 2017.

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: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Cell phone 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 Laerskool Queenswood, Nedbank Limited NEDBANK SOUTH AFRICA, may recover the following payments for _____ per debit order from my bankers (as indicated above under Banking Details) on the ___ day of every month:

- School fees for 2018 payable in/over: 1 Month 12 months
- Outstanding fees - Payment of R _____ for: 1 Month 12 months
- Extramural Activities (Specify): _____ After School Centre

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 authorisation 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 authorisation was effective to the extent that the money was legally owed to the School.
- I hereby agree that the party authorised 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 authorised party.

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

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Laerskool Queenswood and _____ (Name of parent / guardian) with regards to the payment of school fees.

1. Laerskool Queenswood is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.
2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.
3. Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.
4. Payment of school fees to Laerskool Queenswood will be made as follows:
(Please tick the applicable block with a cross)
 - Full payment (Once-off) on or before the last date as determined during the annual parent meeting.
 - Payment over 12 months.
 - Alternative arrangements will be made with the School in writing at my own responsibility and initiative.
5. Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.
6. I / We are aware of the application process for exemption of school fees for 2018 and if exemption is required, we will complete the relevant application form.
7. Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.
8. I choose the following address as my *domicilium citandi et executandi* for delivery or serving of any notices or pleadings.
Residential address (Not a postal address):

9. 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 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 Laerskool Queenswood 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: _____