



## ENROLMENT FORM

ADDRESS: 79 RUBIDA STREET

TEL: 012-8074681

### PARTICULARS OF CHILD

SURNAME \_\_\_\_\_

FIRST NAME/S \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SEX: \_\_\_\_\_

HOME LANGUAGE: \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY: \_\_\_\_\_ POSITION IN FAMILY: \_\_\_\_\_

PREVIOUS NURSERY SCHOOL ATTENDED: \_\_\_\_\_

WHO WILL BRING THE CHILD TO SCHOOL: \_\_\_\_\_

PRIMARY SCHOOL YOU INTENT SENDING YOUR CHILD TO: \_\_\_\_\_

PLEASE INDICATE SPECIAL CARE REQUIRED IF ANY: \_\_\_\_\_

DATE OF ENROLMENT: \_\_\_\_\_

AGE AT ENROLMENT: \_\_\_\_\_

INITIAL \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**CHECK LIST**

IMMUNISATION RECORD \_\_\_\_\_ BIRTH CERTIFICATE \_\_\_\_\_  
 COPY OF ID \_\_\_\_\_ INDEMNITY \_\_\_\_\_  
 REGISTRATION FEE \_\_\_\_\_ DEBIT ORDER \_\_\_\_\_

**PARTICULARS OF PARENTS**

PLEASE ATTACH A COPY OF PARENTS ID'S \_\_\_\_\_

MARITAL STATUS OF PARENTS \_\_\_\_\_

WITH WHOM DOES THE CHILD LIVE? \_\_\_\_\_

<b>PARTICULARS</b>	<b>MOTHER</b>	<b>FATHER</b>
SURNAME		
FIRST NAMES		
ID NUMBER		
OCCUPATION		
TITLE (MR, MRS etc)		
EMPLOYER		
TEL NO WORK		
TEL NO HOME		
CELL NO		
E-MAIL ADDRESS		
HOME ADDRESS		
POSTAL ADDRESS		
WORK ADDRESS		

INITIAL \_\_\_\_\_

**CONTACT PERSON OTHER THAN PARENTS**

**IN CASE OF EMERGENCY**

<b>PARTICULARS</b>	<b>FRIEND</b>	<b>NEXT OF KIN</b>
NAME AND SURNAME		
RELATIONSHIP		
PHYSICAL ADDRESS		
TEL NO WORK		
TEL NO HOME		
CELL NO		

**TRANSPORT**

WHO IS AUTHORISED TO COLLECT YOUR CHILD FROM SCHOOL?

<b>NAME</b>	<b>CONTACT NUMBER</b>

**SPECIAL INSTRUCTIONS**

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**GENERAL REMARKS**

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INITIAL \_\_\_\_\_

**MEDICAL FORM**

SURNAME: \_\_\_\_\_

MAIN MEMBER: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ TEL NO: \_\_\_\_\_

MEDICAL AID: \_\_\_\_\_ MEDICAL AID NO: \_\_\_\_\_

1. DOES HE / SHE SUFFER FROM

DIABETES: \_\_\_\_\_ ASTHMA: \_\_\_\_\_ EPILEPSY: \_\_\_\_\_ CARDIAC MURMUR: \_\_\_\_\_

2. WHAT CHILDHOOD SICKNESS HAS YOUR CHILD HAD? \_\_\_\_\_

3. LIFE THREATENING ALLERGIES: \_\_\_\_\_

4. OTHER ALLERGIES: \_\_\_\_\_

5. IS YOUR CHILD ON ANY REGULAR MEDICATION? STATE WHICH: \_\_\_\_\_

6. HAS HE / SHE HAD ANY MAJOR OPERATIONS? \_\_\_\_\_

7. ANY BEHAVIOURAL PROBLEMS \_\_\_\_\_

8. ANY SPEECH OR HEARING PROBLEMS ? \_\_\_\_\_

9. ANY COMPLICATIONS DURING BIRTH ? \_\_\_\_\_

10. IS YOUR CHILD'S IMMUNISATION UP TO DATE? \_\_\_\_\_

11. RELEVANT FAMILY HISTORY (EPILEPSY, DEAFNESS, BLINDNESS ETC)? \_\_\_\_\_

	YES	NO	SIGNATURE	SIGNATURE
Do both parents consent to the staff member on duty authorising all and any medical treatment which the child may require in the case of an emergency?				
Should your family doctor/ dentist not be available, do both parents consent to another doctor / dentist to be consulted in the case of an emergency?				

Signature of parent / guardian : \_\_\_\_\_ Date : \_\_\_\_\_

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**PERSON RESPONSIBLE FOR ACCOUNT**

NAME: \_\_\_\_\_

ID NUMBER : \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TEL NO HOME: \_\_\_\_\_

TEL NO WORK: \_\_\_\_\_

CELL NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING METHODS OF PAYMENT ARE ACCEPTABLE:**

**NO CHEQUES WILL BE ACCEPTED**

1. **ANNUAL:** Full payment to be paid by 15 January \_\_\_\_\_ to qualify for a \_\_\_\_\_% discount.
2. **MONTHLY:**
3. **QUARTERLY:** Four equal payments due on the first day of the school year, and thereafter payments dated the first day of April, July, and October in advance to qualify for a 5% discount.

**PLEASE NOTE ALL SCHOOL FEES MUST BE PAID BEFORE OR ON THE 5<sup>TH</sup> OF EVERY MONTH.**

ACCOUNT HOLDER:	<b>SION COLLEGE</b>
BANK:	<b>STANDARD BANK</b>
BRANCH:	<b>CASTLE WALK</b>
TYPE:	<b>CURRENT ACCOUNT</b>
ACC NO:	<b>411310550</b>
REFERENCE:	<b>CHILDS NAME AND SURNAME</b>

**NOTES:**

- 1 A non-refundable registration fee and first month's fees are payable, by all new enrolments on acceptance into the school. This should be made in cash or EFT payment.
- 2 Any special outings, visits, functions or extra items will be charged separately.
- 3 Failure to pay fee timeously, or at all, shall constitute a material breach of this agreement.
- 4 The school reserves the right of admission.
- 5 Annual increase in school fees will be communicated in December of each year and become effective in January of the following year.
- 6 **Fees have been calculated over 12 months, from January to December, irrespective of absenteeism, due to illness or vacation and are payable as agreed annually, quarterly and monthly.**
- 7 **Parents leaving at the end of October or November are still liable for December fees.**

INITIAL \_\_\_\_\_

- 8 Three months written notice must be given to the school if the child will not be returning to the school for the subsequent term or year. In the event of a failure to furnish such notice, the parent will be liable for an amount equivalent to one term's school fees.
- 9 The child shall be allowed to participate in the various day to day activities within the school grounds.
- 10 The parent / guardian of the child shall be notified in writing of any school excursions that may be arranged from time to time outside the school grounds no later than 48 hours prior to the excursion. In the absence of such written refusal, the parents shall be deemed to have consented to the participation of the child in the said excursion.
- 11 The child shall be under constant supervision by the principle and staff of the school, and all reasonable precautions will be taken in order to avoid any accident or mishap. However, in the event of such an accident, mishap, harm or damage occurring, the principle, staff and the school do not accept any legal responsibility therefore.
- 12 The educational programme of the school will commence at 8h00 and finish at 12h30.
- 13 All clothing and/or other possessions of the child should be clearly marked with his/ her name.
- 14 No jewellery and / or other valuables are to be brought to school.
- 15 Breakfast and lunch will be served, while a healthy snack will be provided at +-10am and +-15h00. Sweets, chocolates, cakes etc are to be limited to birthdays and special days only.
- 16 School hours are from 06h30 to 17h30. Children are to be collected timeously.

I accept and agree to all requirements as set out in this registration form.

\_\_\_\_\_  
Signature Parent / guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Principle & witness)

\_\_\_\_\_  
Date

INITIAL \_\_\_\_\_



# INDEMNITY FORM

I, \_\_\_\_\_-(full names and surname) being the parent / guardian of \_\_\_\_\_(full names and surname of pupil) hereby :

- 1 Agree to accept and abide by all the terms and conditions governing SION COLLEGE with which I declare myself fully acquainted.
- 2 Agree that while I accept that SION COLLEGE will take every reasonable precaution against harm or loss occurring, indemnify SION COLLEGE and or their staff, agents or employees in respect of all loss or damage, whether to person or property, from any cause howsoever arising, which may be sustained by the pupil stipulated above or to his / her property or possession, whilst on the school property or under school control during any school excursion, sporting activity or outing.
- 3 Agree that in emergency circumstances that the Principle of SION COLLEGE of his or her representatives, has the power the authorise whatever treatment / surgery, he/ she in their sole discretion deems necessary for the pupil , and in doing so agree that the principle and or her representatives shall act loco parentis. I agree further that I shall be responsible for the payment of all medical and / or hospital accounts, where applicable , should an injury be sustained to the pupil stipulated above whilst on the school property , or under school control during any school excursion , sporting activity or outing
- 4 Agree to ensure that the child has been properly immunised against whooping cough, diphtheria, tetanus and polio and vaccinated against tuberculosis and will furnish the necessary proof upon enrolment.
- 5 I agree that the designated and responsible staff member may administer an analgesic preparation of the correct dosage for the purpose of reducing an elevation in temperature or for pain if we have been unable to contact the parent or guardian.
- 6 Agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the pupil's enrolment at SION COLLEGE.
- 7 Agree to abide be all the school regulations and to settle all fees monthly in advance over 12 months and to give at least three (3) months written notice of my intention to terminate the agreement or enrolment.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signed \_\_\_\_\_