



**Learner Information:**

First Name:

Second Name:

Surname:

Gender:

Date of birth:

Place of Birth:

Identity number:

Passport number:

Ethnic group:

Religion:

Home Language:

Preferred Language:

Position of child in the family:

Siblings in Bizweni Pre Primary:

Name of Siblings in Bizweni Pre Primary:

**The following documents must be submitted with the application document:**

a copy of the birth certificate

a copy of the clinic card

recent photo

proof of address

a copy of the ID documents of both parents

proof of medical aid details

report Card (previous school)

**Please indicate**

- Aftercare

Yes

No

- Meals

Yes

No

Physical address:

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Postal address:

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**Medical details:**

Allergies:

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Illnesses past/ present:

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History of hospitalization:

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Current health status:

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Medical Aid Name:

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Medical Aid Number:

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Name of Main Member:

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Medical Aid plan:

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Preferred hospital in case of an emergency:

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Any other information that the school must be aware of regarding the child.

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**Marital status of parents:**

Married	<input type="checkbox"/>
Widower	<input type="checkbox"/>
Widow	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Step Father	<input type="checkbox"/>
Step Mother	<input type="checkbox"/>

**Primary Guardian Details:**

Title:

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Name:

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Surname:

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Gender:

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Birth date:

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Identity Number:

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Passport Number:

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Home Language:

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Preferred Language:

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Physical address of Primary Guardian:

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Postal address (if not the same as Physical address):

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**Contact details:**

Home telephone number:

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Cell phone number:

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Alternative number:

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e-mail address:

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Occupation:

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Employee:

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**Secondary Guardian Details:**

Title:

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Name:

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Surname:

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Gender:

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Birth date:

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Identity Number:

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Passport Number:

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Home Language:

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Preferred Language:

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Physical address of Primary Guardian:

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Postal address (if not the same as Physical address):

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**Contact details:**

Home telephone number:

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Cell phone number:

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Alternative number:

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e-mail address:

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Occupation:

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Employee:

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Emergency Contacts (Allowed to fetch learner from school)

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**Emergency Contact 1:**

Title:

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Name:

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Surname:

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Gender:

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Contact number:

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**Emergency Contact 2:**

Title:

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Name:

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Surname:

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Gender:

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Contact number:

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**Emergency Contact 3:**

Title:

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Name:

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Surname:

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Gender:

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Contact number:

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I, THE UNDERSIGNED GIVE PERMISSION FOR MY CHILD,  
TO BE TRANSPORTED TO MY GENERAL PRACTITIONER LISTED ABOVE, IN A NON LIFE  
TREATENING SCENARIO, AND FOR MY CHILD, TO BE ACCOMPANIED TO THE GENERAL  
PRACTITIONER BY A MEMBER OF THE BIZWENI PRE PRIMARY TEACHING TEAM.  
I GIVE PERMISSION FOR MY CHILD, TO BE TRANSPORTED TO THE EMERGENCY ROOM  
OF THE REFERRED HOSPITAL) FOR THE TREATMENT OF MY CHILD IN CASE OF A

MEDICAL EMERGENCY, AND FOR MY CHILD, TO BE ACCOMPANIED TO THE HOSPITAL BY A MEMBER OF THE BIZWENI PRE PRIMARY TEACHING TEAM.

I/ we as parent(s)/ guardians encourage and support the staff in its Christian philosophy and discipline.

I/ we accept that whilst every effort will be made in the care and safety of my child, I will not hold anybody responsible – either owners or employees of Bizweni Pre-Primary – in the event of an accident or injury to my child. I accept that the school cannot be held responsible for the children’s clothing or property brought to school.

I /we give permission for my child/children to accompany the school on all outings and excursions which may be undertaken as part of the curriculum, whilst my child is enrolled at Bizweni Pre-Primary.

(You will be notified in advance of any outings involving your child.)

I/we will meet our financial obligations to Bizweni Pre-Primary and Daycare when due.

I / we understand that 1(one) calendar month’s notice in writing is required should we wish to withdraw our child.

#### POLICY ON PAYMENT OF FEES

I/ we (name and surname of parent(s) agree that all fees are payable in ADVANCE i.e. Beginning of each month.

I/ we (name and surname of parent(s) agree that fees are payable for 12 months of the year: January – December.

(Fees will be revised each year.)

#### **Please note that:**

Fees received after the 7<sup>th</sup> of every month will have a **R120** penalty added to their account. Any fees that are **2 months** in arrears will be handled as follows:-

The child will be suspended from school until the outstanding fees have been met. In the event that fees remain outstanding the child’s position will be given to the next child on the waiting list, and details of outstanding fees will be handed over to our legal advisors.

I/ we (name and surname) have read the conditions of the contract and accept and agree to fully co-operate with the management and staff of the Bizweni Pre-Primary and Daycare Centre.

Signed (mother): \_\_\_\_\_

Signed (father): \_\_\_\_\_

Date: \_\_\_\_\_