

MOREBLESSINGS
DIVINE ACADEMY



EXCELLENCE IN EDUCATION

- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7

16 Thisle Road
Kempton Park
1619

Cell: **061 645 7335**
Whatsapp: **084 651 9985**

ENROLMENT FORM

PLEASE COMPLETE ALL SECTIONS

CHILD'S SURNAME	CHILD'S FORENAMES (as per birth)

CHILD'S DATE OF BIRTH		
<p style="font-size: 1.2em;">____ / ____ / ____</p> <p style="font-size: 0.8em;">(DD/MM/YYYY)</p>		
GENDER		
MALE		FEMALE

DIVISION FOR WHICH APPLICATION IS BEING MADE							
Mark with a cross (X) where applicable							
GRADE 1		GRADE 2		GRADE 3		GRADE 4	
GRADE 5		GRADE 6		GRADE 7			

ALL OF THE FOLLOWING DOCUMENT MUST ACCOMPANY THIS ENROLMENT FORM
ALL THE FIELDS MUST BE COMPLETED IN FULL
APPLICATION WILL NOT BE CONSIDERED WITHOUT ALL DOCUMENTS

1. The learner's most recent School Report
2. One recent ID size photograph of the Learners to be attached
3. A copy of the learner's Birth Certificate and Clinic card
4. Copies of parents' / guardian's ID document
5. Transfer card from the previous School
6. Non-Refundable Registration fee of R300

CHILD'S BIOGRAPHICAL INFORMATION

1. Place of Birth _____
2. ID / Passport _____
3. Citizenship _____
4. Home Language (s) _____
5. Religion / Denomination _____
6. Allergies _____
7. Lives with _____
8. Siblings already attending this School & Grade _____
9. Total Number of years spent at school _____
10. Last School attended: _____
Name of School _____
Address of School _____

Telephone of School _____
Class /Grade /Form _____
Commenced _____

FATHER/GUARDIAN BIOGRAPHICAL INFORMATION

1. Surname _____
2. Forenames _____
3. ID/Passport Number _____
4. Relationship to child _____
5. Marital Status _____
6. Language _____
7. Ethnic Group _____
8. Occupation (nature of work) _____
9. Employer (if self-employed, state name of company) _____
10. Employer's Address _____
11. Residential Address _____

12. Postal Address _____
13. Telephone Numbers _____
Home _____
Business _____
Email _____

MOTHER/GUARDIAN BIOGRAPHICAL INFORMATION

1. Surname _____
2. Forenames _____
3. ID/Passport Number _____
4. Relationship to child _____
5. Marital Status _____
6. Language _____
7. Ethnic Group _____
8. Occupation (nature of work) _____
9. Employer (if self-employed, state name of company) _____
10. Employer's Address _____
11. Residential Address _____

12. Postal Address	_____
13. Telephone Numbers	_____
Home	_____
Business	_____
Email	_____
Call	_____

EMERGENCY CONTACT PERSON (NOT FATHER OR MOTHER)

Name (1) Relationship to child.....
 Phone (H)..... Work..... Cell.....

Name (1) Relationship to child.....
 Phone (H)..... Work..... Cell.....

I/WE HEARD ABOUT MOREBLESSINGS DIVINE ACADEMY FROM.....

PREMISES OR IS PARTICIPATING IN ACADEMY RELATED ACTIVITIES

1. Your child's progress will be monitored. We will advise you if your child's progress is concerning to the Academy

DISCLAIMERS

2. The Academy does not accept liability for theft or loss of, or damage or destruction to any property of whatever nature brought on to the Academy premises by your child
3. Unless specifically indicated otherwise, you consent to your child participating, under proper supervision in sports and other activities which may entail some risk of physical injury
4. The Academy will make every effort to provide a safe and secure environment, however it is specifically recorded that the Academy does not accept liability for accidents, injuries or disability caused to your child while in transit to and from the Academy.
5. Malicious damage to property of the Academy will be regarded in a most severe light and may result in claims for damages

PARENTS GENERAL OBLIGATIONS

6. You shall inform the Academy of any special educational needs of your child known to you
7. You are required to encourage your child in his or her studies, give appropriate support at home, keep the Academy informed of matters which affect your child; maintain a courteous and constructive relationship with Academy staff; and attend meetings and otherwise keep in touch with the Academy where your child's interests require you to do so

POLICIES OF THE ACADEMY

8. You undertake to comply with all the rules and regulations of the Academy and knowledge that it is your responsibility to make yourself familiar with the policies
9. You are responsible for your child
10. You will ensure that your child observes all Academy rules and policies

ACCEPTANCE AND DEPOSIT/ENROLMENT FEE

11. Admission of your child is subject to you signing this contract and paying the enrolment fee

2. Failure by your child to attend School for any reason whatsoever (save for by reason of death or long term hospitalisation) will not reduce your liability for School fees. The application fee and enrolment fee will be kept by the Academy

PAYMENT OF FEES

- 13. It is your responsibility to pay the fees applicable to your child to attend the Academy, School fees are payable on the 3rd day of each month in advance.
- 14. Academy fees will be viewed from time to time and may be increased by an amount which the Academy considers reasonable. We will endeavor to give you at least two calendar month's notice of any increase in the fees due for particular term

TERMINATION AND NOTICE REQUIREMENTS

- 15. You have the right to cancel this contract at any time, for any reason, provided that you give the Academy a full month's notice, in writing, of this intention before the withdrawal of the child from the Academy. Alternatively, a full month's fees is payable to the Academy in letter of notice
- 16. The Academy also has the right to cancel this contract at any time, for any reason, provided that it gives you full month's notice, in writing, of its decision to terminate this contract

GENERAL

- 17. For the purpose of this agreement the parties choose as their domicilium citandi et executandi the addresses stated on the registration form
- 18. A party may at any time change its domicilium address by notice in writing, provided that the new domicilium address is in the Republic of South Africa and consists of, or includes, a physical address at which process can be served.
- 19. All the particulars that you may furnish or that you have furnished to the Academy on this contract or otherwise from time to time are or will be, to the best of your knowledge and belief, full, true and accurate

PARENT

Signed on this..... day of.....20.....

Parent's Signature.....

Director's Signature.....



**MOREBLESSING DIVINE
ACADEMY**
18 Thistle Road
Kempton Park
+27 61 645 7335 +27 68 255 0905

Dear Parents

Please note school fees is paid every month by 3rd of every month unless you have made other arrangements on payment dates with the administrator.

Whether it's a school holiday or not, fees is expected from January to December on time by the deadline (3rd of every month) unless you have given one month written notice to transfer your child to another school.

N/B: We are a private School/Creche and bills accumulate every month e.g. rentals, salaries, municipality bills etc regardless of holidays or not.

Please help us maintain our premises and teachers by always paying on time every month.

I, Mrs/ Mrs/ Ms.....parent of.....
class agree to pay fees for my Child/ Children every month or before deadline.

Signature of Parent:.....

Date:...../...../.....



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INDEMNITY

I ID/Passport Nr..... of parent/guardian
of..... (name of child) hereby authorize **MOREBLESSING
DIVINE ACADEMY** to take appropriate first aid response and to contact me , or transfer
above child to relevant doctors , ambulance services and hospitals in the event of an
emergency .All medical cost will be for ny own account.

The staff must get hold of me first on these number
...../..... in case of not managing to get

hold of me I authorize them to take my child to:

- 1) Clinic or Hospital
- 2) Private doctor or private hospital

Doctor`s name and telephone
number.....

Medical aid details.....

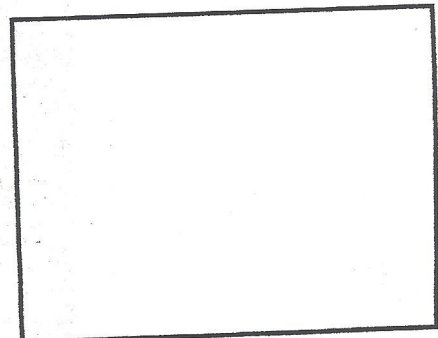
Medical number.....

Additional information staff and creche needs to know from parent about any
sickness and how to react in case of emergency

Signature of parent / Guardian : Date:...../...../.....

Name of parent / Guardian :

Signature of Principal : Date:...../...../.....



Stamp