

REGISTRATION FORM

PLEASE COMPLETE WITH A BLACK PEN
DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?



Name of other learner(s): _____

YES / NO

LEARNER INFORMATION

OFFICE USE ONLY

YEAR _____

LEARNER

Full names: _____ Preferred name _____

Surname : _____

Date of Birth : _____

ID number: _____

Nationality: ☐ RSA ☐ Other: _____

Religious denomination : _____

Gender: ☐ M ☐ F

Ethnic group: _____

Language

Afrikaans ☐ English ☐ Other: ☐

Learners Language: ☐ Afrikaans ☐ English
☐ Other: _____

Date of admission _____

Attached learner photo: _____

Next of kin (Not parents' information)

Name: _____

Contact number _____

Alternative Contact number: _____

Relation: _____

Babies	Choose
Full day	
Half day with dinner	



Toddler	Choose
Full day	
Half day with lunch	
Half day without lunch	

Potty Trainers	Choose
Full day	
Half day with lunch	
Half day without lunch	

Family code: _____ Waiting list: A B
Register class: _____ Number on waiting list: _____
Admission number: _____ 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 ☐ e-composed ☐ Widow/ Widower

Parents deceased ☐ Mother ☐ Father ☐ None

LEANER HEALTH INFORMATION

Chronic diseases: _____

Allergies : _____

Medication _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name : _____

Telephone no: _____

Business address _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng: Yes No

Previous school: _____

BIOLOGICAL PARENT/ LEGAL GUARDIAN 1 INFORMATION

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

BIOLOGICAL PARENT/LEGAL GUARDIAN 2 INFORMATION

Title: _____		Postal address: _____	
Full names: _____		_____	
Surname: _____		_____	
Initials: _____		Occupation status	
Preferred name: _____		<input type="checkbox"/> Own Employer Non-Professional	
ID number: _____		<input type="checkbox"/> Own Employer Professional	
Language: <input type="checkbox"/> Afrikaans <input type="checkbox"/> English <input type="checkbox"/> Other: _____		<input type="checkbox"/> House wife <input type="checkbox"/> Part time	
Communication preference: <input type="checkbox"/> SMS <input type="checkbox"/> E-mail		<input type="checkbox"/> Contract worker <input type="checkbox"/> Pensioner	
<input type="checkbox"/> Mail <input type="checkbox"/> Per hand		<input type="checkbox"/> Student <input type="checkbox"/> Temporary	
Language preference: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Unemployed	
Mobile number : _____		Occupation: _____	
Home tel: _____		Employer: _____	
Fax: _____		Work telephone number: _____	
E-mail: _____		Employer physical address: _____	
Residential address : _____		_____	
_____		Is the learner living with this parent? <input type="checkbox"/> Ja <input type="checkbox"/> Nee	

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, authorize 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 _____ 2024

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: _____

Language: ☐ Afrikaans ☐ English ☐ Other: _____

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: _____

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 Morsjorsies Kleuterskool / 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 payable in/over:

☐

1 Month

☐

12 months

Conditions

1. 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.
2. 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.
3. This authorization 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 authorization was effective to the extent that the money was legally owed to the School. .
5. If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I / We agree that the payment instruction may be debited against my / our account on the following or previous business day.
6. DebiCheck is an authentication process initiated from your bank to authorize the mandate.

MANDATE

7. I / we acknowledge that all payment instructions issued by the Stratcol User shall be treated by my / our abovementioned bank as if the instructions had been issued by me / us personally.

CANCELLATION

8. I / we agree that although this authority and mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / we also

understand that I / we cannot reclaim amounts, which have been withdrawn from my / our account (paid) in terms of this authority and mandate if such amounts were legally owing to the Stratcol User.

ASSIGNMENT

9. I / we acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party. I hereby agree that the party authorized 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 authorized party..

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

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Morsjorsies Kleuterskool _____

(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

☐

Monthly

☐

Internet transfer

- 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 notice should my child no longer attend school. In the last term, I undertake to give notice in 1 September as October, November and December 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. **I accept that there is an annual re-registration fee of R500 payable in October .**
- g. If you prefer to receive statements by e-mail, please indicate e-mail address
- h. I/We the parents/guardian of _____ undertake to honor the agreement 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 organized 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 driver's licenses 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 organized activities and he/she resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this for 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 Morsjorsies Kleuterskool 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: _____

IDEMNITY

I/We the parents of / I the guardian of _____ (name of learner) indemnify unconditionally and without restriction Morsjorsies Kleuterskool and/or the shareholders of Morsjorsies Kleuterskool or any person employed by Morsjorsies Kleuterskool or any person acting on behalf of Morsjorsies Kleuterskool against any losses, claims, injury of death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Morsjorsies Kleuterskool. .

Signed at _____ on _____ day of _____ Year. _____

Signature of Parent / Guardian: _____