

Enrolment Form 2020

SCHOOL PARTICULARS

Please indicate with a tick which school you will be enrolling your child in

	<u>School</u>	<u>Address</u>	<u>Telephone No.</u>
	New Beginning Pre-primary Bourke (Pty) Ltd	34 & 40 Bourke St, Sunnyside, 0002	012 343 8225
	New Beginning Pre-primary Hulton (Pty) Ltd	72 Hulton Rd, The Orchards x11, 0182	012 549 3310
	New Beginning Pre-primary Leyds (Pty) Ltd	280 Leyds St, Arcadia, 0083	012 344 2814
	New Beginning Pre-primary Olienhout (Pty) Ltd	15 Olienhout St, Chantelle, 0201	012 525 1053

CHILD'S PARTICULARS

Surname:	SUPPLY
First Names:	I. D.
Nickname:	PHOTO
Gender:	
Date of Birth:	
Home Language:	
FIRST SCHOOL DAY: (DD/MM/YYYY)	

PARTICULARS OF THE ONLY PERSONS ALLOWED TO FETCH YOUR CHILD FROM SCHOOL:

Name and Surname:	I. D. Number
1.	
2.	
3.	
4.	
5.	

PARENTS' PARTICULARS

	<u>FATHER</u>	<u>MOTHER</u>
Surname:		
First Names:		
Second Names:		
I. D. Number:		
Marital Status:		
Home Telephone:		
Cellular Phone No:		

	FATHER	MOTHER
E-mail Address:		
Home Address:		
(Domicilium citandi et executandi)		
Postal Address:		

PARENTS' PARTICULARS		
Occupation:		
Employer:		
Work Telephone:		
Work Address:		

MEDICAL INFORMATION OF CHILD			
PAEDIATRICIAN:			
TELEPHONE NUMBER(S):			
Immunisation:			
<u>Disease:</u>	<u>Date:</u>	<u>Disease:</u>	<u>Date:</u>
Polio:		Whooping Cough:	
Measles:		Tuberculosis:	
Rubella:		Diphtheria:	
Mumps:		Tetanus:	

Allergies:
Any other medical conditions that we should know of? (Asthma, Epilepsy, Diabetics, etc.):
Any operations or accidents:
Any physical abnormalities:
Present health condition:

Information required in case of Medical / Hospital Treatment

Medical Fund:
 Medical Aid Number:
 Name of main member:
 Name & address of employer:

CONSENT FOR MEDICAL/HOSPITAL/SURGICAL TREATMENT.

I herewith authorize the Principal or his/her representative/staff of the School, to act on my behalf and in the best interest of my child, should medical/hospital/surgical treatment be required for my child and also authorize them to administer medicine - provided by me - as prescribed, to my child. I accept that all reasonable precaution will be taken for the safety and well-being of my child and that I will be held responsible for payment of all medical/hospital accounts emanating from such treatment as stated above. I undertake to pay in cash, on demand, all disbursements made by the school in the subject connection, on my behalf.

INDEMNITY CLAUSE:

I understand and accept that all reasonable precaution will be taken to protect my child from accidental injuries or disease whilst in care of the school's staff. I, therefore, unconditionally indemnify the Owner(s), and employees of the school from all claims of any nature in this respect against anyone or all of them. I also give permission that my child may be taken on any outing that the school may arrange during the year and that he/she may be transported by the school or a contractor appointed by the school, at my own risk and concede that there will be no claim(s) lodged against the owner(s) and/or employees of the school for any reason whatsoever in this connection.

WHO CAN WE PHONE IN AN EMERGENCY IF WE CANNOT GET HOLD OF YOU?

Name & Surname:		
Relationship:		
Telephone/Cell: Phone:		
Home Address:		

JURISDICTION:

The parties agree to the jurisdiction of the Magistrate's Court according to Article 45 of Act 32 of 1944 as amended.

RULES AND REGULATIONS:

I acknowledge that I:

- (a) have acquainted myself with the content and meaning of the school Rules and Regulations and regard myself as bound by the said rules and regulations which I undertake to adhere to at all times.
- (b) am aware thereof and accept that the school Rules and Regulations may be amended as and when deemed necessary by the school management provided due notice has been given to all the parents.
- (c) have acquainted myself with the content and the meaning of this Enrolment form.
- (d) am also aware of the possible consequences of default on the part of any or all of the parties referred to in clause 1 of the School Rules and Regulations.

SIGNED AT ON THIS DAY OF

AS WITNESS: _____ PARENT : _____

AS WITNESS: _____ PRINCIPAL: _____

For NEW BEGINNING PRE-PRIMARY SCHOOL