

**Application for Admission:**

<b>SECTION A: LEARNER INFORMATION</b>	
Surname:	
Initials:	
Full Name:	
Name known by:	
Gender:	
ID no:	
Date of birth:	
First day of school will be:	
<b>CONTACT DETAILS OF LEARNER</b>	
<b>Residential address:</b> (Attach proof of residence if different to parents)	
Home telephone no:	
Father Cell no:	
Mother Cell no:	
Citizenship of learner:	RSA ..... Other .....
If other, specify country:	
Language most commonly used at home:	

**SECTION B: Details pertaining to the learner's parents / guardians: (a Certified copy of both parents' / guardians' ID documents MUST accompany this application)**

Title:	
Initials:	
Surname:	
Full Name:	
Gender:	
Home Language:	
ID no:	
<b>Residential address:</b> (Attach proof of residence)	Code .....
<b>Postal address:</b> (To which communications must be sent)	Code .....
Home Tel no:	
Work Tel no:	
Fax no:	
Cell no:	
Email:	
Occupation:	
Employer:	
Work address:	
Relationship to learner:	
Marital status:	Single ..... Married ..... Widowed ..... Divorced .....
<b>Details of second parent / guardian</b>	
Title:	
Initials:	
Surname:	
Full Name:	
ID no:	
Relationship to learner:	
Marital status:	Single ..... Married ..... Widowed ..... Divorced .....
Occupation:	
Employer:	
Gender:	
Work Tel no:	
Cell no:	
Email:	
Residential address:	Code .....

**SECTION C: Current School Information**

<b>Current School:</b>	None .....
Name of School:	

**SECTION D: Details pertaining to matters of health.**

Applicant received vaccination / has been immunised against: <b>(Supply copy of clinic card)</b> <b>Admission to our school can be denied if immunizations are not up to date, all available immunizations are compulsory.</b>	Haemophilus Influenza Type B ..... Rubella ..... Polio ..... Smallpox ..... Measles ..... Tuberculosis ..... Tetanus ..... Hepatitis B ..... Meningitis ..... Rotavirus ..... Pneumococcal disease ..... Diphtheria ..... Pertussis .....
Are there any medical issues of which the school needs to know? Describe:	
Allergies of learner:	
Problems with milestone development:	
Family history that we should know of:	
In case of emergency, the school must:	Contact emergency services .... Contact parents .... Both .... Other ...
Emergency contact/s details (name/s and number/s):	
Learner blood type:	
Medical Aid (Please attach copy of card):	
Medical Aid membership no:	
Main member (Name and ID number):	

**\* In emergencies we will use the nearest doctor or hospital or make use of an ambulance which will be for your own account.**

**\* Please attach copies of identity documents of emergency contacts should these differ to parents.**

**MEDICAL DETAILS:**

Doctor(s) name:	
Telephone number(s):	
Chronic illness:	

**ADMINISTERING OF MEDICINE AT THE SCHOOL WHEN NECESSARY:**

I, \_\_\_\_\_ parent of \_\_\_\_\_, give my permission that a staff member of Little Genius Educare, may give my child the appropriate medicine as deemed necessary in cases where we cannot be reached.

Any other medicine that must be given to your child must be supplied by yourself and written in the medicine book provided. These medicines must be clearly marked and placed in the medicine box provided. Please note that we will not give your child any medication if you do not comply with the above request.

\_\_\_\_\_  
Sign (Mother) Date

\_\_\_\_\_  
Sign (Father) Date

<b>SECTION E: Data pertaining to the payment of school fees.</b>	
<b>Please note that Little Genius Educare is a private school in terms of the relevant legislation, and that by enrolling your child at the school, you are accepting an obligation to contribute financially towards the education he/she receives. Please refer to the Little Genius Educare Fee Structure.</b>	
I understand that Little Genius Educare is a private school, and I am willing and able to meet my obligations in this regard in full. YES ..... NO .....	
Name the person responsible for payment of school fees:	Title:      Initials:      Surname:
Relationship to learner:	
Postal address of the person responsible for payment of school fees:	Code .....
Home Tel no:	
Work Tel no:	
Employer:	
Word address:	
Cell no:	
Email:	

**SECTION F: Consent for credit check**

The school may need to obtain credit reports and / or other related information on the account holder as part of the learner admission process. This information forms part of the learner admission contract.

The information will be treated as confidential. Please read and sign below:

I / We, the undersigned, hereby authorise LG Educare and any of its associates to conduct credit inquiries and / or obtain credit reports as far as my / our credit profile is concerned. The information will be treated as confidential.

Full names and surname of person responsible for school fees:

ID/s:

Signature/s:

Date:

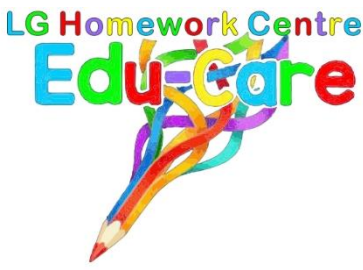
### **SECTION G: Declaration / Undertaking of parents / guardians**

1. We have read and understood the statements on this form. The information supplied by us, individually or together, is complete and true in every respect. If any of the supplied information is found to be incomplete, incorrect, untrue or misleading, the School may cancel any offer of a place and refuse to accept any future application in respect of the same applicant.
2. We accept that the school may:
  - 2.1 at its sole discretion, report to the parent, or guardian, any breaches of discipline by the applicant as it deems necessary / advisable.
  - 2.2 report to the same people on any matter concerning the progress, conduct, well-being or health of the applicant.
  - 2.3 take such steps as it deems reasonable in the event of the applicant becoming ill, being injured, or for any reason requiring medical attention.
3. As parents / guardians we jointly and severally accept responsibility for such school fees as are payable in terms of the law. Should we fail to meet this legal responsibility, and fall into arrears in terms of school fee payments, we accept that we will be liable for the arrears PLUS collection commission and all costs of recovery, including fees charged by attorneys on the scale as agreed between attorney and client.
4. We accept liability for any damage to the school or school property caused by the applicant, however it may occur.
5. Should this application be successful, we acknowledge and accept that a non-refundable enrolment fee will be required for learner registration.

**SECTION H: Checklist (all signatures are essential). Attached documents must be certified copies of originals. No consideration can be done until the checklist below is complete. If the form has not been signed, it will not be processed. Please tick (√) below.**

Have sections A, B, C, D, E, F and G of this form been completed?	
Have both parents / guardians signed the form?	
Has the applicant's most recent <b>clinic card</b> been included?	
Have certified copies of <b>parents' / guardians' ID documents</b> been included?	
If applicant is an SA citizen, has certified copy of <b>birth certificate</b> been included?	
If applicant is not a SA citizen, has a copy of <b>passport</b> been included?	
Are the details of the person responsible for school fees entered?	
Have you read and understood section G: declaration and undertakings of parent / guardians?	
Has the <b>proof of residence</b> been included?	
Proof of payment for application fee is attached?	
Consent for credit check has been signed, Section F?	

Signature of parent / guardian:	
Signature of second parent / guardian:	
Signature of person responsible for school fees:	



# LG Homework Centre (PTY)LTD

18 Erns Jansen Street, Heuwelsig, Bloemfontein

Phone Number: 072 623 9573

Email: info@lgeducare.co.za

## PARENT CONTRACT

Entered into between

**LITTLE GENIUS EDU-CARE**

and

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(Father of the child)

and

---

(Mother of the child)

Or

---

(Guardian of the child)

Of

---

(child's name)

### **PARENT/GUARDIAN DECLARATION AND CONTRACT OF ENROLMENT:**

The person/s whose details appear on the face hereof, declare that he/she/they are the Parent/s or legal guardian/s of the Child/Children, whose details appear on the face hereof. The rights and obligations contained in this Contract are binding on every person who signs this Contract and must be carried out in order for the Child to be successfully enrolled and retained at the Centre.

**FEE STRUCTURE:**

REGISTRATION IS DONE FOR (mark with an x):

Homework Centre:	Per Month		(X)
Grade 00 - R:	R1 250.00		
Grade 1 - 4:	R1 950.00		

I, the undersigned, agree that by affixing my signature hereto that I have read, understood and have no objections to the fee structure as set out above.

**Monthly fees are payable strictly in advance by the 1<sup>st</sup> of the current month.**

**Failure to do so will result in the child not being permitted back to the school.**

**This contract will only be terminated should Little Genius Edu Care receive one months notice in writing. You will be liable for all outstanding monies for the term. No verbal terminations will be accepted.**

**Kindly note that a registration fee of R500 is payable by 30 October 2020 should you be joining Little Genius Edu-Care in order to secure your place.**

**This is non-refundable should you no longer wish to send your child.**

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_ DAY OF \_\_\_\_\_  
\_\_\_\_\_ 20 .

\_\_\_\_\_  
WITNESS 1

\_\_\_\_\_  
FATHER

\_\_\_\_\_  
WITNESS 2

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20 .

\_\_\_\_\_  
WITNESS 1

\_\_\_\_\_  
MOTHER

\_\_\_\_\_  
WITNESS 2