

- My child WILL be returning to The Way in 2018.
- My child WILL NOT be returning to The Way in 2018.

FAMILY DETAILS

FAMILY SURNAME: _____ **Home Language:** _____

No of children in Family: _____ **Learner's position in family:** _____

PERSONAL DETAILS OF LEARNER			
Surname		Name	
ID No.		Date of Birth	
Gender		Home Language	
Grade (2017)		Dexterity of Learner	Right handed <input type="checkbox"/> Left handed <input type="checkbox"/> Ambidextrous <input type="checkbox"/>

Father or Guardian's details:

Surname: _____

First Name/s _____

Initials: _____

ID Number: _____

Occupation: _____

Company: _____

Marital Status: _____

Mother or Guardian's details:

Surname: _____

First Name/s _____

Initials: _____

ID Number: _____

Occupation: _____

Company: _____

Marital Status: _____

Contact details:

Father's Home No. _____ Mother's Home No. _____

Father's Work No. _____ Mother's Work No. _____

Father's Cell No. _____ Mother's Cell No. _____

Father's Fax No. _____ Mother's Fax No. _____

Father's e-mail: _____ (please print clearly)

2.

Mother's e-mail _____ (please print clearly)

S.A. Resident: _____ If no, please state nationality _____

Father's Residential Address:

Mother's Residential Address:

_____ Code: _____

_____ Code: _____

Father's Postal Address:

Mother's Postal Address:

_____ Code _____

_____ Code _____

Medical Details:

Allergies:

Medical Aid: _____ Number: _____ Main Member: _____

House Doctor: _____ Telephone No. _____

Alternative Contacts (Other than PARENTS)

Full Names: _____ Full Names: _____

Relationship: _____ Relationship: _____

Home Phone No: _____ Home Phone No: _____

Work Phone No: _____ Work Phone No: _____

Cell No: _____ Cell No: _____

Signature: _____ Date: _____



3.

LEARNER/S PHOTOGRAPHS

My child / children _____

MAY BE photographed

MAY NOT BE photographed (please indicate)

for publication in newspapers or on THE WAY website as well as for marketing purposes.

Parent's signature: _____ Date: _____

FINANCIAL DETAILS – Person responsible for payment of School Fees:

Name and Surname: _____

ID Number: _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Method of Payment:

EFT ↑

Direct Deposit ↑

Debit Order ↑

PLEASE NOTE THAT WE DO PREFER PAYMENT BY DEBIT ORDER.

Signature of person responsible for payment of School Fees:



GENERAL INDEMNITY FORM

1. I, _____ (full name), the parent / guardian of _____ hereby give my consent for my child to participate in the extra-curricular activities of the School on or off the school premises, including games, sport, educational excursions / tours and School camps.
2. I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child, and that I shall be held responsible for the payment of medical and/or hospital accounts where applicable.
3. I authorise the staff / leaders of such group activities to take my child to a doctor or hospital for treatment in case of an emergency.
4. I am aware that further Indemnity forms will be sent home for signature for every extra-curricular activity of the school.
5. As far as I am aware, my child is in good health. The persons responsible should, however, please note the following:
(Please state aspects that the staff should be aware of e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc.)

Father / Guardian's signature: _____ Tel: (H) _____
(W) _____
(Cell) _____

Mother / Guardian's signature: _____ Tel: (H) _____
(W) _____



INDEMNITY FOR LEARNERS REMAINING AT SCHOOL AFTER SCHOOL HOURS

I / We _____ (Full names)

parent(s) / guardian(s) of _____ (Full names)

in Grade _____:

1. understand that there is no supervision for children after the school day or extra mural events have ended and that the school is thus not responsible for any children still remaining on the property. (a privately owned Aftercare is available).
2. accept that it is my responsibility to collect my child/ren from school at the end of the school day and after extra mural events. I hereby indemnify the school, all members of the staff and the executive against all claims of any nature which may be made against them arising out of any injury sustained by any child or any other occurrence which may result from the child/ren being left on the school premises after the school day has ended or after any extra mural event.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

Guardian's signature: _____ Date: _____