



APPLICATION FOR ENROLMENT

This application form must be signed by both parents. The form must be returned with the **R500.00** registration fee per pupil, which is **non-refundable**. The school's banking details are on page 5 of this form. Return the application form with supporting documents to admin@waterbergacademy.co.za. **No application will be processed without the proof of payment of the registration fee, the accompanying documents and the necessary signatures on the attached Conditions of Enrolment.**

How did you hear about Waterberg Academy?

Word of Mouth Marketing Website

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE APPLICATION FORM:

- A copy of the pupil's birth certificate.
- A copy of the pupil's latest school report. (Not applicable for pupils entering into Grade 000 - R)
- Two passport size photographs of pupil.
- The application and enrolment forms must be signed by both parents or legal guardians.
- In the instance of a 3rd party (i.e. a sponsor), both the sponsor and parents or legal guardians must sign the application and enrolment forms.
- Copies of both parents and/or 3rd party e.g. Sponsor or Guardian Identity Documents and/or Passport.
- Proof of residence (Municipal rates account).
- A copy of parents Medical Aid Membership Card.
- A copy of the pupil's passport and study visa if the pupil is a foreigner.
- Proof of payment of the registration fee of R500.00.
- *In the case of divorced or seperated parents, please complete an additional and separate "Section B" for each household and submit a copy of the Divorce Settlement Agreement, detailing Guardianship, Custody, Maintenance and Access to child.*
- Headmasters Confidential Report - the onus is on the parent to ensure that this report is returned to Waterberg Academy via e-mail.

NAME OF PUPIL			
GENDER		DATE OF BIRTH	
DAY SCHOLAR / BOARDER		CURRENT AGE	
GRADE APPLICATION		COMMENCEMENT DATE	

FOR OFFICE USE:	_____	_____	_____
	Registration Fee Payment	Date	Receipt Number
FOR OFFICE USE:	_____	_____	_____
	Once off Non-Refundable Desk Fee	Date	Receipt Number
FOR OFFICE USE: Boarders Only	_____	_____	_____
	Once off Non-Refundable Bed Fee	Date	Receipt Number
FOR OFFICE USE: Foreign Pupils Only	_____	_____	_____
	Once off Refundable Deposit	Date	Receipt Number

Finance Department Account Number Allocation	
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Section A: Applicant's Information

Surname:																																
First Name(s):																																
Preferred Name:																																
Date Of Birth:	Day:			Month:			Year:																									
Gender	Male						Female																									
Date of Proposed Entry:	Day:			Month:			Year:				Into Grade:																					
ID / Passport Number:																																
Identity Type:	South African ID								South African Passport								Foreign Passport															
Nationality																																
Home Language	English				Afrikaans				IsiNdebele				IsiXhosa				IsiZulu				Sesotho											
	Sepedi				Setwana				SiSwati				Tshivenda				XiTsonga				Other:											
If other, please specify:																																
Religious affiliation:																																
Mobile Phone Number:																																
E-Mail Address:																																

Current School Information:

Present School:																												
School Telephone Number:																												
Headmaster or -mistress:																												
Current Teacher:																												
Grade:																												
Years in Phase:			Pre-Prep	<input type="checkbox"/>			Junior Prep	<input type="checkbox"/>			Senior Prep	<input type="checkbox"/>			High School	<input type="checkbox"/>												
Years in Grade:																												

Medical Information (in case of emergency) Please read the "Implications of the Medications and Related Substances Amendment Act, 2002"

Medical Aid:																																	
Membership Number:																																	
Plan:																																	
Main Member Full Names:																																	
Main Member ID Number:																																	
Dependant Full Name:																																	
Dependant Date of Birth:																																	
Dependant Number:																																	
Family Doctor:																																	
Telephone Number:																																	
Medical Notes:																																	
Chronic Medication:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. _____</td> <td style="width: 10%; text-align: center;">for</td> <td style="width: 40%;">_____</td> </tr> <tr> <td>2. _____</td> <td style="text-align: center;">for</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td style="text-align: center;">for</td> <td>_____</td> </tr> </table>																								1. _____	for	_____	2. _____	for	_____	3. _____	for	_____
1. _____	for	_____																															
2. _____	for	_____																															
3. _____	for	_____																															
Allergies:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 95%;">_____</td> </tr> <tr> <td>2.</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> </tr> </table>																								1.	_____	2.	_____	3.	_____			
1.	_____																																
2.	_____																																
3.	_____																																
Handicaps or Disabilities:																																	

Emergency Contact Details (in the event of parents / guardians can't be contacted)

Name:																								
Telephone Number:																								
Relationship to Learner:																								

Section C: 3rd Party (e.g. Sponsor / Legal Guardian) Information

Legal Guardian

Surname:																				
First Name(s):																				
Preferred Name:																				
Relationship to applicant:																				
Date Of Birth:	Day:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Month:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Year:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
ID / Passport Number:																				
Identity Type:	South African ID					South African Passport					Foreign Passport									
Nationality																				
Mobile Phone Number:																				
Do you wish to receive SMS's from the school on this number?											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
E-Mail Address:																				
Do you wish to receive e-mails from the school at this address?											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Residential Address:																				
																Postal Code:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
	Owner	Lessee	Other																	
Postal Address:																				
																Postal Code:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Occupation:																				
Employer:																				
Contact Number:																				

OR

Sponsor

Surname:																				
First Name(s):																				
Preferred Name:																				
Date Of Birth:	Day:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Month:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Year:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
ID / Passport Number:																				
Identity Type:	South African ID					South African Passport					Foreign Passport									
Nationality																				
Mobile Phone Number:																				
Do you wish to receive SMS's from the school on this number?											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Home Telephone Number:																				
E-Mail Address:																				
Do you wish to receive e-mails from the school at this address?											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Residential Address:																				
																Postal Code:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
	Owner	Lessee	Other																	
Postal Address:																				
																Postal Code:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Occupation:																				
Employer:																				
Contact Number:																				

Section D: Parents / Legal Guardians / Sponsors Confirmation of Agreement of Enrolment

Parents Agreement

We agree that our child's admission is subject to the Conditions of Enrolment as determined by the Board of Governors and accept financial liability as per the Waterberg Academy Fee Payment Policy.

Signatures:

Father
Dated: Day: Month: Year:

Legal Guardians Agreement

We agree that our child's admission is subject to the Conditions of Enrolment as determined by the Board of Governors and accept financial liability as per the Waterberg Academy Fee Payment Policy.

Signatures:

Legal Guardian 1
Dated: Day: Month: Year:

Sponsors Agreement

We agree that our child's admission is subject to the Conditions of Enrolment as determined by the Board of Governors and accept financial liability as per the Waterberg Academy Fee Payment Policy.

Signatures:

Sponsor 1
Dated: Day: Month: Year:

WATERBERG ACADEMY BANKING DETAILS:

For security reasons, and for the safety of your children and our staff, we do not encourage cash payments to be made at the school premises. The preferred method of payment is via EFT (Electronic Banking), or a cash deposit at any branch of First National Bank. There is a FNB branch in Vaalwater.

Bank: First National Bank
Branch Code: 260247
Account Name: Waterberg Academy
Account Number: 620 438 22445
Swift Code: FIRZAJJXXX
Sort Code/Transit Code/IFSC Code: 250655
Reference: Pupil's Name or Statement Reference Number