

APPLICATION FORM

Please note this form must be signed and completed in full by both parents/legal guardian, prior to admission. All application documentation appears in the checklist below. Please fill in the checklist accordingly.

Documentation Checklist	(✓) or n/a	For Office Use Only
1. Application Form signed by both parents/legal guardian		
2. ID document/passport of both parents/legal guardian, in addition the ID of the person responsible for payment (if other than parent/legal guardian)		
3. Birth certificate or ID document or passport of pupil		
4. Copy of inoculation records		
5. Proof of payment of admission fees		

Please note that completion of this form and an interview does not imply automatic acceptance .

Please indicate how you heard about our school:

1. Pupil's Details

Attendance Option: (✓)	Half Day	Full Day	Start Date (dd/mm/yy):	
Surname:				
First Names:				
ID/Passport No:		Date of Birth:		Age:
Gender: (✓)	Male	Female	Home Language:	
SA Resident: (✓)	Yes	No	Study Permit: (✓)	Yes No N/A
Nationality:		Religion:		
Previous care facility/school attended by pupil:			Contact details of facility:	

APPLICATION FORM



2. Medical and Emergency Information

Emergency Contact Person:			
Telephone Number:		Cell Phone Number:	

Family Doctor:		Telephone Number:	
Address:			
Medical Aid Company:		Membership No:	
Has the pupil received all the necessary inoculations? If no, give details.			Yes No
Does the pupil have any allergies? If yes (✓), give details.			Yes No
Does/has the pupil suffer/suffered from any illness or disability? If yes (✓), give details.			Yes No
Is the pupil receiving any medical treatment or chronic medication for any condition? If yes (✓), give details.			Yes No
Has the pupil suffered, or been treated for, any psychological or emotional upset? If yes (✓), give details.			Yes No
Has the pupil had any operations? If yes (✓), give details.			Yes No
Please specify any other relevant information pertaining to the pupil's health and well-being.			

2.1 Consent

I, _____, being the parent/legal guardian of _____ hereby cede my power as parent/guardian to act as in *loco parentis* to the principal of the school or his/her representatives, should medical treatment/surgery to my child be deemed necessary. As far as I know, my child is physically capable of participating in the various activities and he/she is in good health and all relevant medical information is detailed in the form above.

_____ Signature of Mother/Guardian	_____ Date	_____ Signature of Father/Guardian	_____ Date
---------------------------------------	---------------	---------------------------------------	---------------

APPLICATION FORM



3. Indemnity Form

I, _____, acknowledge that whilst my son/daughter is attending The Learning Mill the school cannot accept any liability for mishap, loss or injury which may be suffered during attendance at the school or during participation in any pre-arranged school excursions, or extra-curricular activities. within or outside school premises.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of our/my child and that I shall be held responsible for the payment of medical and/or hospital accounts where applicable should any injury or loss be sustained by my child. I specifically indemnify and hold the School and its staff blameless against any claims of any nature arising out of any injury, damage or loss sustained in pursuance of the aforesaid participation. including cost of all treatments.

I hereby indemnify The Learning Mill in respect of all occurrences relating to and consequences arising thereof relating to the above.

_____ Signature of Mother/Guardian		_____ Signature of Father/Guardian	
Print Name:		Print Name:	
Date (dd/mm/yy):		Date (dd/mm/yy):	



APPLICATION FORM



4. General Details

Pupil resides with: (✓)	Parents	Mother	Father	Other
Next of kin/alternative contact:			Telephone:	
Relationship to child:			No. of children in family:	

	Mother/Legal Guardian				Father/Legal Guardian			
Full Name:								
Relationship to Pupil:								
Marital Status: (✓)	Married	Divorced	Single	Widowed	Married	Divorced	Single	Widowed
ID Number:								
Work Telephone:								
Home Telephone:								
Cell Phone:								
Email Address:								
Residential Address:								
Postal Address:								
Occupation:								
Name of Employer:								
Employer's Address:								
Employer's Telephone:								
Email Address (w):								
If there is any background information, LEGAL or family history of which we should be aware, please specify below.								

5. Authorized person to pick child up

Name:	Relationship:	Tel:
Name:	Relationship:	Tel:

APPLICATION FORM



6. Fees

6.1 Details of Person Responsible for Payment

Person responsible for payment of school fees: (✓)	Father	Mother	Other
--	--------	--------	-------

If other, please supply the following details and attach a copy of ID document

Surname:		First Name:	
ID Number:			
Relationship to Pupil:		Home Tel:	
Cell Phone Number:		Work Tel:	
Email Address:			
Residential Address:			
Postal Address:			
Occupation:			
Name of Employer:			
Employers Address:			
Employers Telephone:		Email (w):	

6.2 Admission Fees - Refer to fee structure form

6.3 School Fees

Select 1 of the following attendance options: (✓)	Half day: 7:15 - 13:30	Full day: Temporarily Unavailable
---	---------------------------	--------------------------------------

Select 1 of the following payment options: (✓)	Option 1: Annual Payment	Option 2: Quarterly Payment	Option 3: Monthly Payment
--	-----------------------------	--------------------------------	------------------------------





7. Terms and Conditions

In terms of family law, parents are jointly and severally liable for the payment of school fees irrespective of their marital status, and irrespective of maintenance and court order which may exist between the parties. By signing this Application, I/we acknowledge liability for payment of all fees and that if this application has been signed by more than one parent, the liability of signatories will be joint and several. I/we choose *domicilium citandi et executandi* for any correspondence or the service of any court processes at the residential address recorded on the application form and acknowledge liability for all attorney and own client costs, plus collection commission in the event of any outstanding accounts being handed over to the school's attorneys for collection.

I/We, the undersigned:

- Hereby certify that the information provided by us on this application form is true, complete and accurate.
- Are aware that annual fees are payable in advance, on or before the first day of the first term.
- Are aware that termly fees are payable in advance, on or before the first day of each term.
- Are aware that monthly fees are payable in advance, on or before the first day of each month and are payable over eleven months (1st January– 1st November).
- Accept that a late payment penalty fee of 10% is charged on monthly overdue accounts.
- Hold ourselves accountable for the prompt payment of school fees and for any late payment penalties added onto overdue accounts.
- Understand that the School reserves the right to refuse admission to a child with outstanding fees.
- Understand that the School reserves the right to refuse administration of school report/s to a child with outstanding fees.
- Understand that school fees are due irrespective of absenteeism due to illness, vacation or for any other reason whatsoever.
- Understand that in the event that I /we wish to remove my/our child from the school, one full month's written notice must be submitted to the office, on or prior to the final day of the penultimate term of attendance.
- We understand that failure to do so will result in the forfeiture of the deposit, in addition to being liable for one full month's fees and in lieu of notice.
- Undertake to ensure that the pupil is punctual at the beginning of each school day and is collected on time at the end of each school day. Furthermore I/we accept that the late collection of my/our child is subject to a late collection charge of R50 per 30 minutes or part thereof, which is payable immediately to the teacher on duty.
- Undertake to reimburse the school for any damage to school property that may be caused by the pupil.
- Understand that while every reasonable effort will be made to prevent losses or damage to the pupil's clothing and equipment, the school cannot be held liable.
- Understand and have discussed the school's rules and code of conduct with my/our child.

 _____ Signature of Mother/Guardian		 _____ Signature of Father/Guardian	
Print Name:		Print Name:	
Date (dd/mm/yy):		Date (dd/mm/yy):	



THE LEARNING MILL

Parental Consent Form for Use of Images of Children

The Learning Mill understands the need for children to be safeguarded from exploitation. This parental consent form ensures the safety and welfare of all our students who partake in activities associated with our school.

I/we,.....the parent(s)/legal guardian(s) of:

(Child's full name).....

(Child's full name).....

(Child's full name).....

Hereby give/ do not give **The Learning Mill** permission to use any still and/or moving image, video footage, photographs and/or frames and/or audio footage depicting my/our children named above, taken by any employee of our school, on behalf of **The Learning Mill**, for any of the following uses:

- Sales and marketing materials such as leaflets, flyers, brochures or any other printed media designed for this purpose
- Development of materials for educational or publicity purposes
- Promotion of The Learning Mill on social media platforms such as Facebook, Instagram, etc.

Consent will apply to international publications and will be valid for an indefinite period. **The Learning Mill** will under no circumstances sell any moving image, video footage, photographs and/or frames and/or audio footage to a third party.

Signed.....Date.....

Signed.....Date.....

Address.....

..... Postcode.....