



BEDFORDVIEW PRE-PRIMARY SCHOOL

Established in January 1971

22 Kings Road, Bedfordview, 2007

www.bppschoo.co.za

Tel: 011-455-3424 Fax: 086-566-9516 E-Mail: info@bppschoo.co.za

ENROLMENT FORM FOR YEAR: _____

STARTING DATE: _____

1. PARTICULARS OF CHILD :

1.1. Full Name: _____

1.2. Surname: _____

1.3. Sex: _____ Religion: _____

1.4. Date of Birth: _____ Age: _____

1.5. Learner's I.D Number : _____

1.6. Name known by/Nickname: _____

1.7. No.of Children in family: _____ Age of sibling/s: _____

2. PARENTS' PARTICULARS :

2.1. **Father's** Name and Surname: _____ Title: _____

2.2. **Mother's** Name and Surname: _____ Title: _____

2.3. Marital Status: Married:___ Single:___ Widowed:___ Divorced:___ Separated:___

2.4. If divorced: Name of guardian/ custodian: _____

2.5.

Physical Address:	Postal Address:

Initial: _____

2.6.

Occupation Mother :		Occupation Father :	
Company Name :		Company Name :	
Company Address:		Company Address:	
Contact details: (Mother)	Home:	Work:	Cell:
Email :			
Contact details: (Father)	Home:	Work:	Cell:
Email :			

3. HISTORY :

3.1. Has your child previously attended a school (playgroup etc.)? _____

3.2. If so, name the school attended: _____

3.3. Has your child been recommended for Occupational Therapy / Speech Therapy and/or have they attended either? _____

3.4. If so, name of therapist: _____

3.5. Please state if any complications were experienced at birth. _____

4. SCHOOL FEES :

- 4.1. Please refer to the fee schedule in the Prospectus for the fee structure.
- 4.2. Non-attendance for any reason whatsoever will not result in any reduction of fees.
- 4.3. **One full term's notice in writing** must be submitted to the office prior to withdrawing your child from the school or in default thereof payment of two months fees in lieu of notice will be charged.
- 4.4. A R3500 deposit per child is payable on acceptance by the school. **The deposit will be refunded only after the child has attended the school for a full school year**, and will be taken as part-payment against the November fees. (Should fees be paid annually or per term a refund will be issued in November).
- 4.5. Please note that from time to time increasing costs will necessitate increases in the School fees.
- 4.6. **Where School fees are in arrears for three months, these accounts will be handed over for collection and the place held for that child given to another child on the waiting list. Any cost incurred will be for the account of the respective parent.**

Initial: _____

- 4.7. **Parents wishing to pay the fees on a monthly basis will be required to complete a Debit Order Mandate** and payments will be deducted from the nominated account on the date stipulated on the mandate. All other methods of monthly payments will require approval by the School Governing Body.

5. PERMISSION FROM PARENTS :

- 5.1. I hereby give permission for my child to participate in any extra activities planned for the class during his/her attendance at the Bedfordview Pre-Primary School, on the school property.
- 5.2. I cede my powers as parent/guardian to the principal of the school or her representative should emergency medical treatment/surgery be deemed necessary for my child. To the best of my/our knowledge he/she is in good health.
- 5.3. I/We do not object to my child's photograph being taken at various school events, on the school property and used to promote the school on the school's website, Facebook page, the D6 School Communicator and/or in local news publications.

6. INDEMNITY :

- 6.1. We/I accept that all reasonable precautions will be taken to ensure the safety and welfare of our/my child and that we/I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained which cannot be ascribed to the negligence on the part of the staff responsible.

Medical Aid: _____

Membership No.: _____

Principal Member: _____

Family Doctor: _____ Telephone No.: _____

The person responsible should please note the following:

(please state aspects that the teaching staff should be aware of e.g. any allergies, tendency towards abnormal bleeding, epilepsy, dietary requirements, religious practices etc.)

- 6.2. We/I hereby indemnify the school, its staff and/or employees from liability in respect of:
- 6.2.1. The loss of or damage to any item/s or property of my child whilst such child is in the care of the school;
- 6.2.2 Any injury suffered by my child whilst such child is in the care of the school provided that such injury is not caused or attributable to the negligence of the school, its staff and/or employees.

- 6.3. In case of an emergency, where both parents cannot be reached:

1.Name:	Relation to child:	Home/Work number:	Cell:
2.Name:	Relation to child:	Home/Work number:	Cell:

Initial: _____

7. UNDERTAKING BY PARENTS IN RESPECT OF THIS AGREEMENT :

I/We the undersigned,

(Full name of Father/Guardian)

ID No

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(Full name of Mother/Guardian)

ID No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Parents/Guardians of _____
 (Full name and surname of learner)

- **Hereby accept responsibility and agree to pay the school fees in terms of the fee schedule.**
- I/We undertake that, in the event of a divorce, we hereby undertake to immediately notify the school in writing of the name and address of the guardian and custodian of the child.
- I/We choose *domicilium citandi et executandi* for all purposes in terms arising from this Agreement the above residential address.
- I/We undertake to notify Bedfordview Pre-Primary School in writing of any change regarding name or address and contact numbers, failing which I/We undertake to pay all tracing charges incurred by Bedfordview Pre-Primary or it’s collection agents or attorneys.
- I/We undertake to pay all costs disbursed by Bedfordview Pre-Primary School to it’s collection agents or attorneys in securing my/our compliance with the provisions of the Agreement on the Attorney and Client Scale which shall include costs of all attendances, tracings and collection commissions charged whether action has been instituted or not.
- I/We will be paying the determined school fees as follows:
 In full / termly / monthly.
 Payments will be made by DEBIT ORDER (required for Monthly payments) / EFT.
- I/We understand that should I/We fail to pay any one instalment on the due date; the full balance will immediately become due and payable.
- I/We consent to my/our data being listed with the credit bureau in the event of my/our failing to comply with the terms stipulated in this Agreement.
- I/We consent to the jurisdiction of the Magistrate’s Court in terms of Section 45 of the Magistrate’s Court Act, in regard to any actions arising out of this Agreement.
- No additions to and alterations, variations or consensual cancellation hereof shall be of any effect unless reduced to writing and signed by me/us and on behalf of Bedfordview Pre-Primary School.

Initial: _____

Thus done and signed at _____ on _____ 20_____

Signature of Father/Guardian

Signature of Mother/Guardian

On behalf of Bedfordview Pre-Primary

Please note: A non-refundable administration fee of **R450.00** per child is payable on application for enrolment. **Please attach proof-of-payment to this application form.**

*Banking details for direct deposits and EFT payments:
Nedbank, Eastgate branch (192405), SAVINGS Account number: 292 408 9743, Ref. Child's name*

For marketing purposes:

How did you hear about our School

Website Drive past

Facebook From a friend

Other: _____

***We wish you a very happy stay at
Bedfordview Pre-Primary School***

Initial: _____