



# ENROLMENT FORM - 2025

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes

No

Name of other learner(s) : \_\_\_\_\_

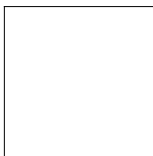
DATE: 18 SEP 2024

## LEARNER INFORMATION

### LEARNER

Full names: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Preferred name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
ID number: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Religious denomination: \_\_\_\_\_  
Gender: ☐ Male ☐ Female  
Ethnic group: \_\_\_\_\_  
Home language: \_\_\_\_\_  
Preferred tuition language: \_\_\_\_\_  
Dexterity: ☐ Left ☐ Right ☐ Both  
Learner mobile number: \_\_\_\_\_  
Learner e-mail address: \_\_\_\_\_  
Admission date: \_\_\_\_\_  
Grade in 2025 : \_\_\_\_\_  
Years in grade for 2025 : \_\_\_\_\_  
Years in phase for 2025 : \_\_\_\_\_  
Pre-primary education attended: ☐ Formal ☐ Informal  
☐ Other: \_\_\_\_\_

Attach learner photo:



Method of transport: \_\_\_\_\_  
Taxi/Bus registration number: \_\_\_\_\_  
Name of driver: \_\_\_\_\_  
Contact number: \_\_\_\_\_

## NEXT OF KIN INFORMATION

Name: \_\_\_\_\_  
Contact number: \_\_\_\_\_  
Alternative contact number: \_\_\_\_\_  
Relation: \_\_\_\_\_

## OFFICE USE ONLY

Family code: \_\_\_\_\_ Waiting list: ☐ A ☐ B  
Register class: \_\_\_\_\_ Number on waiting list: \_\_\_\_\_  
Admission number: \_\_\_\_\_ ID copy: ☐  
Application fee: ☐  
Proof of residence: ☐  
Birth certificate: ☐  
Clinic card ☐

## FAMILY INFORMATION

Family status: ☐ Both parents ☐ Single parent - Unmarried  
☐ Foster care ☐ Childrens home ☐ Single parent - Divorced  
☐ Other ☐ Re-composed ☐ Widow/Widower  
Parents deceased: ☐ Mother ☐ Father ☐ None

## LEARNER HEALTH INFORMATION

Chronic diseases: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medication: \_\_\_\_\_

## MEDICAL AID INFORMATION

Name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Member number: \_\_\_\_\_  
Primary member: \_\_\_\_\_

## FAMILY DOCTOR INFORMATION

Name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Business address: \_\_\_\_\_

## INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng: ☐ Yes ☐ No  
Learner attended school last year ☐ Yes ☐ No  
If yes, in which Province/Country: \_\_\_\_\_  
Previous school \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Province \_\_\_\_\_  
Highest grade in previous school \_\_\_\_\_  
Reason for leaving the school \_\_\_\_\_

**BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

Marital status: ☐ Common law marriage ☐ Divorced  
☐ Married ☐ Separated ☐ Single  
☐ Widowed

Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Comm language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is the learner living with this parent? ☐ Yes ☐ No

Residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation status: ☐ Own Employer Professional  
☐ Own Employer Non-Professional  
☐ House wife ☐ Part time  
☐ Contract worker ☐ Pensioner  
☐ Student ☐ Temporary  
☐ Full time ☐ Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

Marital status: ☐ Common law marriage ☐ Divorced  
☐ Married ☐ Separated ☐ Single  
☐ Widowed

Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Comm language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is the learner living with this parent? ☐ Yes ☐ No

Residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation status: ☐ Own Employer Professional  
☐ Own Employer Non-Professional  
☐ House wife ☐ Part time  
☐ Contract worker ☐ Pensioner  
☐ Student ☐ Temporary  
☐ Full time ☐ Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACCOUNTABLE PERSON'S INFORMATION**☐ Biological Parent 1☐ Biological Parent 2☐ Other

Only if 'Other', please complete section A or B below:

**A) INDIVIDUAL**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Home language: \_\_\_\_\_

Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Comm language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B) COMPANY / CLOSED CORPORATION / TRUST**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Registration number: \_\_\_\_\_

Comm language: \_\_\_\_\_

Contact number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Business address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BANKING DETAILS**

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch code: \_\_\_\_\_

Account type: ☐ Cheque ☐ Transmission ☐ Savings

Bank account number: \_\_\_\_\_

Account holder: \_\_\_\_\_

Agreement between Poplar Academy and \_\_\_\_\_ (Name of parent / guardian) with regards to the payment of school fees.

a. Accept responsibility for the payment of fees for above child before or on the seventh (7th) day of each month:

- ☐ A Monthly
- ☐ B Cash
- ☐ C Internet transfer
- ☐ D Stop order

- b. I agree to inform the Principal in writing if I am unable to pay the fees. My child's admission will be secured for one (1) month.
- c. I understand that the school will take the necessary legal steps to recover any outstanding fees.
- d. I agree to give one (1) term's notice should my child no longer attend school. In the last term, I undertake to give notice in October as November does not serve as a notice month.
- e. I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.
- f. If you prefer to receive statements by e-mail, please indicate e-mail address \_\_\_\_\_
- g. I / We the parents / guardian of \_\_\_\_\_ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES**

- I, parent / guardian of \_\_\_\_\_ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
- I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
- I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
- I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
- I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.

6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Poplar Academy as included in the Policy of the school.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_