

Age group applied for:





Address: Sydney str. / Oakdale / Bellville

## APPLICATION FOR ADMISSION

3-12 months 1-2 years 2-3 years 3-4 years 4-5 years 5-6 years (Gr.R)			
We require the following supporting documents:     copy of child's birth certificate   copy of child's vaccination record			
For office use:			
Appointment date:	Approved:	Class group:	
Notes:	Date:	Family code:	
	Start date:		
SECTION A: PERSONAL INFORMATION			
Child's personal details:			
Surname:	Full names:		
Preferred name:	ID number:		
Date of birth:	Age: Ge	nder: 🗌 Boy 🗌 Girl	
Home and other spoken languages H	ome:(	Other:	





**Contact Us** 

**Tel**: 078 884 6363 / (021) 948 8395

Email: info@eduzone.biz







Family:			
Number of childr	en in family: Natio	nality:	Religion:
Name(s) of child	ren who previously attende	ed EduZone:	
Residence: P	arents 🗌 Guardian 🗌 C	ther	
Person dropping	child at school: Name:		Relationship
Person collecting	child at school: Name:		Relationship
Child's medical of	details:		
Blood type:			
Doctor: Na	me:	Tel no:	
Ade	dress:		
Medical Aid: Na	me:	Member number	:
Main member ini	tials and surname:		
Main member ID number: Option:			
Has the child received the necessary immunizations? If no, please state reason:			
Yes No	Reason:		
Does the child suffer from any allergies? If yes, please give details:			
☐ Yes ☐ No	Details:		
Does the child have any special medical needs? If yes, please give details:			
Yes No	Details:		











Medical consent	t:		
In a critical medi medical service		ol reserves the right to utilise the quickest	
	, parent/guardian of, parent/guardian of		
Signature of pare	ent/guardian:		
Details of father/le	egal guardian:		
Surname:		Full names:	
Title:	_ ID number:		
Relationship:		Marital status:	
Occupation:		Employer:	
Home address:			
Tel(H):	Tel(W):	Cell:	
Email address:			
Parental Status:	Child living with par	rents  Child's legal guardian	











Details of mother/I	egal guardian:		
Surname:		Full names:	
Title:	_ ID number:		
Relationship:		Marital status:	
Occupation:		Employer:	
Home address:			
		Cell:	
Email address:			
Parental Status:   Child living with parents   Child's legal guardian			
Additional contac	t:		
Surname:		Full names:	
Relationship:		Email address:	
Tel(H):	TeI(W):	Cell:	





## **Contact Us**







We, the undersigned,, hereby certify that the information given by us in this Application for Admission is complete and accurate.		
We also agree to the conditions as set out he based on Christian principles and undertake understand that the prescribed number of c	that this will not be undermined. We	
Signature of parent/guardian	Date	
Signature of parent/guardian	Date	
SECTION B: ACCOU	NT HOLDER	
Details and declaration of account holder:		
Surname:	_Full names:	
Title: ID number:		
Relationship:	_	

- Fees are payable monthly in advance on or before the 2<sup>nd</sup> of every calendar month (12 months)
- Fees can also be paid annually in advance on or before the 31st of December
- The school reserves the right to charge interest on all accounts in arrears for 30 days or longer
- Fee increases will take place in January

Please note the following payment terms:

- The enrolment fee is a once-off and non-refundable fee
- If the account holder neglect to pay the account, the school may refuse the child access to the school
- Notice: The account holder undertakes to give 30 calendar days notice of termination of the enrolment of the child, failing which the liability be occurred for the full amount of the following month's fee





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Fee Structure for <b>2023</b> :	
Once-off and non-refundable er	prolment fee of <b>R500</b>
☐ Full day (06:30 to 18:00)	@ R2400per month (over 12 months)
☐ Half day (06:30 to 14:00)	@ R2200 per month (over 12 months)
Banking details: Eduzone Nursery School ABSA 40 8781 6896 Ref: "child's name"	Once-off and non-refundable Stationery package fee of R700, due by 30 November 2022. (includes all stationery and toiletries for 2023)
information given by the account and accurate.  I accept full responsibility and lie	, hereby certify that the ant holder in this Application for Admission is complete ability for the punctual payment of the once-off non-ell as the punctual payment of EduZone school fees.
Signature of account holder	 Date











## SECTION C: GENERAL INDEMNITY

Eduzone undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all children, educators and visitors to the school. Eduzone do not accept any responsibility for accidents that may take place in the class or on the school terrain.

Please complete the following:

Herewith I,	_, parent/legal guardian of		
indemnify Eduzone of any losses or damage in general whilst participating in school			
activity, except if such loss or damage of	arises as a consequence of	the gross	
negligence or wilful misconduct of the s	school.		
6.		/ . L . L . A	
Signed at	on	(aate)	
Parent/legal guardian	Witness 1	Witness 2	
SECTION D: PERMISS	SION IO 03E P	ПОТОЗ	
understand and acknowledge that from	n time to time informal pho	toaraphs are taken	
understand and acknowledge that, from time to time, informal photographs are taken of the school and it's children, and that these photos may be used in electronic of print			
media which has been approved by Eduzone.			
Tiedia Willer Mas Seen approved Sy 246	201.0.		
Parent/legal guardian			
Parent/legal guardian			

THANK YOU FOR TAKING THE TIME TO FILL IN THE APPLICATION FOR ADMISSION.





Contact Us