



INTELLIGENT MINDZ PRIMARY SCHOOL

REGISTRATION 2018

CHILD'S SURNAME _____

CHILD'S NAME TO BE USED AT SCHOOL _____

DATE OF BIRTH: DAY _____/month _____/year _____ BOY _____/GIRL _____

CHILD'S HOME ADDRESS: _____

PERSON LIVING WITH THE CHILD: _____ TEL: _____

NAME OF PREVIOUS SCHOOL: _____ TEL: _____

HOME LANGUAGE: _____ CHILDS GRADE FOR 2017: _____

NAMES OF SIBLINGS IN THIS SCHOOL: _____ GRADE: _____

FAMILY DOCTOR: NAME: _____ TEL: _____

MEDICAL AID NAME: _____ NUMBER: _____

ALLERGIES OR SPECIAL NEEDS: _____

EMERGENCY CONTACT NUMBER OTHER THAN PARENT: _____

FATHER/GUARDIAN	MUST COMPLETE BOTH SIDES	MOTHER/ GUARDIAN
SURNAME		
NAME		
I.D NUMBER		
POSTAL ADDRESS		
OCCUPATION		
WORK TELEPHONE		
CELL NUMBER		
E-MAIL ADDRESS		

Person responsible for payment: Name _____

Cell number: _____ ID number: _____

SIGNITURE OF PARENT/GUARDIAN: _____ DATE: _____

INDEMNITY FORM

I, the parent and/or legal guardian of _____ (the child) do hereby

Indemnify, hold blameless and absolve from liability INTELLIGENT MINDZ PRIMARY SCHOOL, it's proprietor and employees (hereafter collectively referred to as 'the school'), from any claims which might arise from injury sustained or damaged suffered by abovementioned child whilst under the care of or whilst being conveyed by the school or anyone acting on behalf of the school and irrespective of whether such harm was caused by negligence on the part of the school.

I give permission to the school to obtain emergency medical treatment if deemed necessary for my child at my personal/ Medical Aid's expense.

I agree to pay fees in time. Reminders fees must be paid in the first two months of the term. I accept that one month's written notice to the school is required when withdrawing my child before the end of the school year.

Furthermore, I agree to:

- Inform the school in writing of any case of illness in my household.
- To obtain medical treatment for contagious and infected sores sending my child to school.
- Take note that the medium of instruction is English and all communication will take place in English.
- To inform the school in writing of any change in address or contact numbers.
- To ensure that this child attends school regularly and that he/she complies with the rules and regulations of the school.

I have read and understood the conditions of admission to the school and undertake to abide by the school's regulations and policies.

This done and signed at Bushbuckridge on this _____ day of _____ 2018.

Parent/ Guardian

A copy of the child's birth certificate, parents I.D and medical aid card must accompany this form!

Banking Details

Standard Bank

Branch : Hazyview

Business Current Acc : **081878265**

Please use child's name, surname and grade as reference.

