REGISTRATION FORM

EDUPLUS PRIMARY SCHOOL

Name of child: _____________________________________________________________

Proposed grade: ____________________________________________________________

Application for _____________ (year)

Date of application: ________________________________________________________
1. IDENTIFICATION PARTICULARS OF LEARNER

Name of learner: ________________________________________________________________
Date of birth: __________________________________________________________________
ID number: _____________________________________________________________________
Home language: __________________________________________________________________
Preferred language of instruction: _________________________________________________
Home address: ___________________________________________________________________
Postal address: __________________________________________________________________
Telephone number (home): ________________________________________________________
Church Affiliation: __________________________________________________________________

2. IDENTIFICATION PARTICULARS OF PARENTS

NAME OF FATHER: __________________________________________________________________
ID number: _____________________________________________________________________
Home address: ___________________________________________________________________
Work address: ___________________________________________________________________
Cell phone number / telephone number where father can be reached during the day:
______________________________________________________________________________
Email address of father: __________________________________________________________________

NAME OF MOTHER: __________________________________________________________________
ID number: _____________________________________________________________________
Home address: ___________________________________________________________________
Work address: ___________________________________________________________________
Cell phone number / telephone number where mother can be reached during the day:
______________________________________________________________________________
Email address of mother: __________________________________________________________________
3. GENERAL INFORMATION

Name and telephone number of a person in Bloemfontein who can be contacted in case of an emergency if the father or mother cannot be reached.

__________________________________________________________________________________________

__________________________________________________________________________________________

Details of siblings, their names and ages. Please indicate which school they are at:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Who will bring the child in the morning? ________________________________________________

Who will fetch the child in the afternoon? ________________________________________________

4. MEDICAL INFORMATION

Name of general practitioner / paediatrician: ________________________________________________

Telephone number of above-mentioned doctor: ______________________________________________

Medical Aid: __________________________________________________________________________

Medical aid number: _____________________________________________________________________

Main Member: __________________________________________________________________________

Any illness or allergy which the child suffers from (including food sensitivities and allergies). Please provide details:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
Any other important medical information:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

4. PRE-SCHOOL HISTORY

Where has your child spent his/her pre-school / primary years so far? Please attach last report and contact number of previous school to this form.

________________________________________________________________________________
________________________________________________________________________________

Were there any indications of any behavioral problems during this period? Please provide details and attach report of school / therapist if applicable.

________________________________________________________________________________
________________________________________________________________________________

Are there any indications of learning problems (e.g. ADHD, perceptual development problems etc.) which have already been identified? Please provide details and attach report of doctor / therapist if applicable:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Are you aware of other special educational needs which your child may experience (e.g. low vision, hard of hearing etc.)? Please provide details and attach report of doctor / therapist if applicable.

________________________________________________________________________________
________________________________________________________________________________

Dexterity of child (left/right)?

________________________________________________________________________________
5. PERMISSION

I hereby give permission that my child may receive the necessary medical attention in case of an emergency, and that I will be responsible for any costs involved.

____________________________________  _________________________
SIGNATURE                                                                      DATE

6. UNDERTAKING

I/we as parent/s of __________________________________________ hereby undertake not to hold any staff member of EDUPLUS responsible for any injury or illness which my child might incur at EDUPLUS School or during any activities hosted by Eduplus.

____________________________________  _________________________
SIGNATURE                                                                      DATE

Please remember to attach the following documents to this application form:

- Copy of your child’s birth certificate
- Copy of the last report of the previous school (if applicable)
- Copy of mother’s ID
- Copy of father’s ID
**BANKING DETAILS**

**EDUPLUS**

Nedbank Cheque Account

Account number: 166 207 6673  
Branch: Business Free State  
Branch code: 166 234  

REFERENCE: CHILD’S NAME + WHAT THE PAYMENT IS FOR  
(i.e. Peter Smith registration/aftercare/school fees)

### SCHOOL FEES 2016

<table>
<thead>
<tr>
<th><strong>PRESCHOOL</strong></th>
<th></th>
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<tbody>
<tr>
<td>Annual Registration Fee:</td>
<td>R 500</td>
</tr>
<tr>
<td>School Fee:</td>
<td>R 1 400 for 11 months (Jan – Nov) = R 15 400 per year</td>
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<tr>
<th><strong>GRADE R</strong></th>
<th></th>
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<tbody>
<tr>
<td>Annual Registration Fee:</td>
<td>R 700</td>
</tr>
<tr>
<td>School Fee:</td>
<td>R 1 650 for 11 months (Jan – Nov) = R 18 150 per year</td>
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<tr>
<th><strong>PRIMARY SCHOOL:</strong></th>
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| Annual Registration Fee: | R 1600 (Gr 1 – 3)  
R 1700 (Gr 4 – 7)  |
| School Fee: | R 2 450 for 11 months (Jan – Nov) = R 26 950 per year |

<table>
<thead>
<tr>
<th><strong>AFTER CARE</strong></th>
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<tbody>
<tr>
<td>DAILY RATE:</td>
<td>R 50 p/day</td>
</tr>
<tr>
<td>MONTHLY RATES:</td>
<td></td>
</tr>
<tr>
<td>13:00 – 15:00</td>
<td>R 450 per month (10 Months)</td>
</tr>
<tr>
<td>13:00 – 17:00</td>
<td>R 550 per month (10 Months)</td>
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Gr.00 – Gr R: Aftercare starts at 12:30  
Gr. 1 – Gr. 3: Aftercare starts at 13:00  
Gr. 4 – Gr. 7: Aftercare starts at 13:30

Aftercare ends at 17:00. After 17:00 a fine will be charged.

Please note: These fees are subject to a yearly increase.