



# SHANOCAR COLLEGE

Department of Education Centre Number: 0899994813  
 QCTO accreditation Number: QCTO/SDP010822-7056  
 DBE EMIS Number: 700401375  
 MICT SETA: ACC 2017/07/0036  
 Call: 011 042 5110 Cell: 079 849  
 23 West Street Kempton Park

## REGISTRATION FORM

Like eagles we shall mount!

### SECTION A

#### Important document checklist

Please tick

Parents ID Documents * 2	
Birth Certificate *2	
Latest Report * 2	
Clinic Card copies * 2	
Proof of residence copies * 2	

Registration Date	...../...../ 20.....
Grade	

Surname	
Names	
Student Identity number / Passport Number	
Gender	
Date of birth	
Home Language	

### PARENTS/ GUARDIAN CONTACT INFORMATION

	Father	Mother	Guardian	Employer name
Full name				
Occupation				
Physical address				
Cell Number				
Email Address				

I ..... Understand that it is my responsibility to pay fees each month and fees is payable up to December.

Signature .....

Date: .....

### SECTION B

(FOR OFFICE USE ONLY)

Learners Level	Registration date...../...../.....	Receipt Number	Office Signature

### SECTION C

#### Medical consent

Does the student take any medication for any disorder? .....

Sate the disorder if applicable. ....

Does the child have any disabilities? .....

Does the child have any allergies? .....

Does the child have any special need or additional information that relates to his / her health?

#### Consent

I ..... **(Parent name) give consent for (learner name)** ..... to be provided care in the event of an emergency. I understand that this form will be used in the event where I cannot be immediately reached to give consent.

Occasionally a student attending school or a school-sponsored event may become ill or injured and we are unable to reach the parent/ guardian to obtain permission for emergency medical treatment. Time is a critical factor. Your signature will allow us to obtain medical treatment in case of an emergency.

I ..... (Parent name), give consent for ..... **(learner name)** to be provided medical care in the event of an emergency. I understand that this form will only be used in the event that the parent cannot be reached to give consent.

.....**(Parent signature)** Date : .....

#### Other emergency numbers

Home Phone number : .....

Work phone number : .....

Residential address : .....

Other relative who can be contacted

Name : .....

Phone number : .....

**SECTION D**

**Pick up information**

Please indicate who will be responsible for picking up the child.

Contact Person	Relationship to the child	Phone number

**SECTION E**

**TERMS AND CONDITIONS**

**Financial Terms**

1. **Non-Refundable Registration Fee:** The application or registration fee non-refundable.
2. **Fee Due Dates:** Fees must be paid by the **3rd of each month** (or a specific date), regardless of holidays.
3. **Interest/Penalties on Late Payment:** interest will be charged for payments received after the due date 10%.
4. **Payment Methods:** debit order, bank transfer and cash may be accepted.

**Student and Parent Responsibilities**

5. **Damage to School Property:** Parents/guardians are financially responsible for any damage their child causes to school property and must cover the cost of repairs or replacement.
6. **Adherence to Rules:** Parents and students must agree to be bound by the school's code of conduct, rules, and regulations.
7. **Notice of Withdrawal:** A one month notice must be given when withdrawing your child from the school.

**General Conditions**

- **Admission Discretion:** The school reserves the right to accept or refuse admission without providing reasons, and the application form submission does not guarantee a place unless the registration fee has been paid and at least one month's fees.
- **Policy Changes:** The school reserves the right to change rules, policies, or fees without prior notice

This was done and signed at ..... on this .....day of ..... 202... I declare that the information filled in above is correct.

Parent / Guardian Signature: .....