



REGISTRATION FORM - 2022

PLEASE COMPLETE WITH A BLACK PEN

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

Yes

No

Name of other learner(s) : _____

DATE: 12 SEP 2021

LEARNER INFORMATION

LEARNER	
Full names:	_____
Surname:	_____
Preferred name:	_____
Date of birth:	_____
ID number:	_____
Nationality:	<input type="checkbox"/> RSA <input type="checkbox"/> Other
Religious denomination:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic group:	_____
Home language:	_____
Learner's language preference:	_____
Dexterity:	_____
Learner mobile number:	_____
Learner e-mail address:	_____
Admission date:	_____
Grade in 2022 :	_____
Years in grade for 2022 :	_____
Years in phase for 2022 :	_____
Pre-primary education attended:	<input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Other: _____
Registered for social grant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receives social grant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit from school nutrition programme:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to apply for hostel residence:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of hostel:	_____

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: <input type="checkbox"/> A <input type="checkbox"/> B
Register class: _____	Number on waiting list: _____
Admission number: _____	ID copy: <input type="checkbox"/>
	Transfer card: <input type="checkbox"/>
	Report card: <input type="checkbox"/>
	Birth certificate: <input type="checkbox"/>

FAMILY INFORMATION

Family status:	<input type="checkbox"/> Both parents	<input type="checkbox"/> Single parent - Unmarried	
	<input type="checkbox"/> Foster care	<input type="checkbox"/> Childrens home	<input type="checkbox"/> Single parent - Divorced
	<input type="checkbox"/> Other	<input type="checkbox"/> Re-composed	<input type="checkbox"/> Widow/Widower
Parents deceased:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learner attended school last year	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

Home language: _____

Communication preference: SMS E-mail Mail
 By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

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: _____

Is the learner living with this parent? Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication preference: SMS E-mail Mail
 By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

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: _____

Is the learner living with this parent? Yes No

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 preference: SMS E-mail Mail
 By hand

Language preference: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

Postal Code: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Language preference: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Bank account number: _____

Account holder: _____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Wordsworth High School and _____ (Name of parent / guardian) with regards to the payment of school fees.

1. Wordsworth High School is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.
2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.
3. Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.
4. Payment of school fees to Wordsworth High School will be made as follows:)

(Please tick the applicable block with a cross)

- | | |
|---|---|
| A | Full payment (Once-off) on or before the last date as determined during the annual parent meeting. |
| B | Payment over 10 months. |
| C | Alternative arrangements will be made with the School in writing at my own responsibility and initiative. |

5. I / We are aware of the application process for exemption of school fees for 2022 and if exemption is required, we will complete the relevant application form.
6. Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.
7. Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.
8. I choose the following address as my domicilium citandi et executandi for delivery or serving of any notices or pleadings.
Residential address (Not a postal address):

9. 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

1. 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.
2. 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.
3. 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.
4. 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.
5. 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 Wordsworth High School as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian: _____ Date: _____