



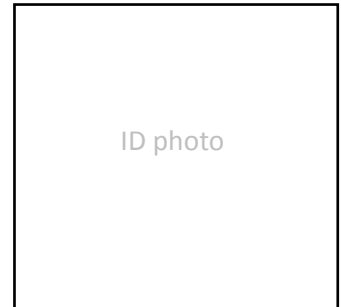
Nota Bene Learning Centre is a friendly, safe and therapeutic environment for learners who require individual and more specific attention.

Application for: _____
(learners name & surname)

Year: _____ Grade: _____

We require the following documents:

- Completed application form
- Copy of birth certificate
- Copy of vaccination records
- Copy of both parent's identity documents
- Two (2) recent colour ID photos of your child
- Copy of latest school report
- Medical reports / Evaluation reports / Additional developmental reports



FOR OFFICE USE : Date of Application -	
Appointment date:	Start date:
Group / Grade:	Family code:
Notes:	Approved: Director(s): Nadia Barnard/Carianne Vermeulen: _____ Principal: Minette Swart: _____



Nadia Barnard

084 334 1035
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34 Bergsig Street, Protea Heights
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Carianne Vermeulen

082 410 4941
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Learner's Personal Information

Surname: _____

Full name as on birth certificate: _____

Preferred name: _____ Date of birth: day / month / year

Gender: Male / Female

Identity number:

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Nationality: _____ Religion: _____

Number of children in family: _____ Position of child to siblings: 1st / 2nd / 3rd / 4th

Residence of child: Both parents / Single parent / Guardian Other: _____

Education Information

Highest educational level achieved: _____

Previous school: _____

Home language: _____ Other languages exposed to: _____

** Initially our classes will be bilingual. Once our numbers have grown and there are enough learners for both languages, the classes will be divided into an English class and an Afrikaans class. **



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Medical Information

Name of General Practitioner: _____

Address: _____

Contact Number: _____

Name of Medical Aid: _____

Medical Aid Plan: _____

Member Number: _____

Main Member's Name, Surname and Identity No: _____

Does your child have any allergies? Yes / No

If yes, please provide details: _____

Medical Conditions: Yes / No

If yes, please provide details: _____

Does your child suffer from any illnesses or disabilities? Yes / No

If yes, please provide details: _____

Has or does your child suffer from any psychological or emotional difficulties?

Yes / No

If yes, please provide details: _____



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Did your child have any previous operations/surgeries? Yes / No

If yes, please provide details:

Yes / No

Has your child been evaluated for school readiness?

If yes, please provide more details: _____

Is your child receiving any therapies?

Occupational Therapy

Speech-Language Therapy

Psychological Therapy

Remedial Therapy

Other: _____

If yes, please supply details: _____

MEDICAL CONSENT

In an emergency, the centre will always contact the parents first. Should the parent/guardian/caregiver not be available, the Nota Bene Learning Centre reserves the right to utilise the medical service most readily available.

I, _____ parent / guardian / caregiver of _____ agree that a medical practitioner may provide emergency treatment as necessary.

Signature of Parent / Legal Guardian: _____



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Father / Legal Guardian

Full name & Surname: _____

Preferred name: _____

Title: Mr / Dr / Prof / Other: _____

Identity Number: _____

Residential address: _____

Work address: _____

Email address: (please write legibly) _____

Cell Phone No: _____ Home No: _____

Work No: _____ Marital Status: _____

Occupation: _____

Employer: _____

Mother / Legal Guardian

Full name & Surname: _____

Preferred name: _____

Title: Mrs / Dr / Prof / Other: _____

Identity Number: _____

Residential address: _____

Work address: _____

Email address: (please write legibly) _____

Cell Phone No: _____ Home No: _____

Work No: _____ Marital Status: _____

Occupation: _____

Employer: _____



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Details of another Contact Person in Case of an Emergency

Full name & Surname: _____

Relationship to child: _____

Cell Phone No: _____

Work No: _____

Email: _____

Accountholder (particulars of the person responsible for paying the account)

Full name & Surname: _____

Preferred name: _____

Title: Mr(s) / Dr / Prof / Other: _____

Identity Number: _____

Residential address: _____

Work address: _____

Email address: (please write legibly) _____

Cell Phone No: _____ Home No: _____

Work No: _____ Marital Status: _____

Occupation: _____

Employer: _____



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Financial Terms and Conditions

1. Fees are payable for (12) twelve months, monthly in advance, on or before the 7th day of each calendar month.
2. Nota Bene reserves the right to charge 15% interest on all accounts that are in arrears by 30 days or longer.
3. In the event where the undersigned surety, the account holder commits that in a breach of contract, the centre may in its sole discretion refuse the learner to attend the Learning Centre.
4. Fee increases will take place in January each year. Parents will be informed in writing one month in advance.
5. The registration fee, application fee and evaluation fee is a once-off, non-refundable fee.
6. In the event where the account holder fails to pay the centre fees and Nota Bene takes legal action against the account holder, he/she will be liable for paying all legal fees.
7. Please note that a month's notice or equivalent fee is required on withdrawal of a learner from the centre.

PAYMENT OPTIONS: Monthly EFT Annually, in advance:

Declaration of Account Holder

I/we, the undersigned, _____ (name of father/ legal guardian) and/or _____ (name of mother/ legal guardian), hereby certify that the information provided by the account holder in this application for admission to Nota Bene Learning Centre is complete and accurate. We accept joint liability to Nota Bene Learning Centre for the due and punctual payment of the once-off, non-refundable enrolment and evaluation fee, school fees and any other amounts which may become due and payable to the centre.

Signature of account holder:

Date:

Signature of 2nd parent/legal guardian:

Date:



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General Indemnity

Nota Bene Learning Centre undertakes to implement reasonable and acceptable measures with regard to the safety and well-being of all learners, educators and visitors to the school at all times. Accidents do happen from time to time and Nota Bene Learning Centre does not accept any responsibility for accidents that may take place in the class or on the school premises.

Please complete the following:

Herewith I/we, _____ (name of father/ legal guardian) and/or _____ (name of mother/ legal guardian) hereby indemnify Nota Bene Learning Centre of any losses or damage in general whilst participating in school activities, except if such loss or damage arises as a consequence of the gross negligence or wilful misconduct of the school.

Signed at _____ on _____ (date)

Father/Legal Guardian _____ Mother/Legal Guardian _____

Witness 1: _____ Witness 2: _____

Permission to use Photos

I/we understand and acknowledge that, from time to time, informal photographs are taken at the school of its learners, and that these photos may be used in electronic or print media which has been approved by Nota Bene Learning Centre.

I herewith consent for photos of my child to be used: Yes / No

Signature of Parent/Legal Guardian: _____



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