OAK HILL ACADEMY

Registration Form & Financial Contract

2027

PLEASE COMPLETE WITH A BLACK PEN

Use clear block letters. Attach the required documents before submitting the form to the office.

EXISTING LEARNER AT THIS SCHOOL?

☐ Yes ☐ No

DBE Reg. No. 700401395

NAME OF OTHER LEARNER(S) _____

DATE _____

Learner Information

PERSONAL DETAILS

FULL NAMES _____

SURNAME _____

PREFERRED NAME _____

DATE OF BIRTH _____

ID NUMBER _____

NATIONALITY ☐ RSA ☐ Other

GENDER ☐ Male ☐ Female

RELIGIOUS DENOMINATION _____

ETHNIC GROUP _____

HOME LANGUAGE ☐ Afr ☐ Eng ☐ Other

LANGUAGE PREFERENCE ☐ Afr ☐ Eng ☐ Other

LEARNER MOBILE NUMBER _____

LEARNER EMAIL _____

ADMISSION DATE _____

GRADE IN 2027 _____

YEARS IN GRADE _____

YEARS IN PHASE _____

PRE-PRIMARY EDUCATION ATTENDED _____

Transport & Next of Kin

METHOD OF TRANSPORT ☐ Private ☐ Taxi ☐ Bus

TAXI / BUS REGISTRATION NO. _____

NAME OF DRIVER _____

DRIVER CONTACT NUMBER _____

NEXT OF KIN NAME _____

RELATION _____

CONTACT NUMBER _____

ALTERNATIVE NUMBER _____

Learner Photo

ATTACH LEARNER PHOTO HERE

LEARNER BACKGROUND

Family, Health & Previous School

Family Information

FAMILY STATUS

☐ Both parents ☐ Single parent unmarried

☐ Single parent divorced ☐ Foster care ☐ Other

PARENT DECEASED

☐ Mother ☐ Father

☐ None

FIRST REGISTRATION IN GAUTENG?

☐ Yes ☐ No

Health & Medical Information

CHRONIC DISEASES

ALLERGIES

MEDICATION

MEDICAL NOTES

MEDICAL AID NAME

MEDICAL AID TELEPHONE

MEMBER NUMBER

PRIMARY MEMBER

FAMILY DOCTOR

DOCTOR TELEPHONE

DOCTOR BUSINESS ADDRESS

Health, Medication & Collection Acknowledgements

ILLNESS AND MEDICATION

The school may require collection or refuse attendance if a learner appears ill, contagious or unable to participate safely. Medication will only be administered according to written parent/guardian instructions.

INITIAL

AUTHORISED COLLECTION

The learner may be released only to listed or written authorised persons. The school may request identification and will follow court orders supplied to it.

INITIAL

Previous School

ATTENDED SCHOOL LAST YEAR?

☐ Yes ☐ No

PROVINCE / COUNTRY

PREVIOUS SCHOOL

TELEPHONE

HIGHEST GRADE

PREVIOUS SCHOOL ADDRESS

REASON FOR LEAVING

Office Use & Document Checklist

FAMILY CODE

REGISTER CLASS

ADMISSION NUMBER

WAITING LIST

☐ A ☐ B

NO. ON WAITING LIST

ID COPY

☐ Received

APPLICATION FEE

☐ Paid

PROOF OF RESIDENCE

☐ Received

BIRTH CERTIFICATE

☐ Received

PARENT / GUARDIAN DETAILS

Biological Parent or Legal Guardian

COMPLETE BOTH WHERE APPLICABLE

Parent / Guardian 1

TITLE

INITIALS

FULL NAMES

SURNAME

PREFERRED NAME

ID NUMBER

HOME LANGUAGE

☐ English ☐ Afrikaans ☐ Other

COMMUNICATION PREFERENCE

☐ SMS ☐ E-mail ☐ D6 Connect

LANGUAGE PREFERENCE

MOBILE NUMBER

HOME TELEPHONE

FAX

E-MAIL

RESIDENTIAL ADDRESS

POSTAL ADDRESS

OCCUPATION STATUS

☐ Own employer ☐ Full time ☐ Part time ☐ Contract ☐ Student ☐ Pensioner ☐ Unemployed

OCCUPATION

EMPLOYER

WORK TELEPHONE

LEARNER LIVING WITH THIS PARENT?

☐ Yes ☐ No

EMPLOYER PHYSICAL ADDRESS

PARENT / GUARDIAN DETAILS

Biological Parent or Legal Guardian 2

COMPLETE WHERE APPLICABLE

Parent / Guardian 2

TITLE

INITIALS

FULL NAMES

SURNAME

PREFERRED NAME

ID NUMBER

HOME LANGUAGE

☐ English ☐ Afrikaans ☐ Other

COMMUNICATION PREFERENCE

☐ SMS ☐ E-mail ☐ D6 Connect

LANGUAGE PREFERENCE

MOBILE NUMBER

HOME TELEPHONE

FAX

E-MAIL

RESIDENTIAL ADDRESS

POSTAL ADDRESS

OCCUPATION STATUS

☐ Own employer ☐ Full time ☐ Part time ☐ Contract ☐ Student ☐ Pensioner ☐ Unemployed

OCCUPATION

EMPLOYER

WORK TELEPHONE

LEARNER LIVING WITH THIS PARENT?

☐ Yes ☐ No

EMPLOYER PHYSICAL ADDRESS

FINANCIAL RESPONSIBILITY

Accountable Person Information

PARENT 1 / PARENT 2 / OTHER

ACCOUNTABLE PERSON

☐ Parent 1 ☐ Parent 2 ☐ Other

If the accountable person is not Parent 1 or Parent 2, complete either section A or section B below.

A. Individual Accountable Person

TITLE

INITIALS

ID NUMBER

FULL NAMES

SURNAME

PREFERRED NAME

HOME LANGUAGE

☐ Afrikaans ☐ English ☐ Other

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

POSTAL CODE

REGISTRATION NO: 2001/05/2909/23

Financial Contract

DATED ___ / ___ / ___

Contract Details

COPY OF ID AND BIRTH CERTIFICATE TO BE ATTACHED

NAME OF PUPIL

GRADE

PAYMENT METHOD

Cash ☐ EFT ☐

PERSON RESPONSIBLE FOR ACCOUNT

TITLE

ID NUMBER

POSTAL ADDRESS

RESIDENTIAL ADDRESS

CODE

TELEPHONE H/W/CELL

E-MAIL ADDRESS

Agreement

1. Account is payable monthly, including December, in advance by the last day of each month.
2. Accounts not reflecting payment by the 2nd calendar day of the new month may automatically incur the higher fee structure and/or late payment administration fee.
3. If the account is handed over for collection, the responsible person will be liable for legal fees on the attorney and own client scale.
4. Fees are not refunded or waived for absence through sickness, vacation or any other reason.
5. Three calendar months' written notice is required for Grade 1-7 withdrawal, or fees in lieu of notice will be payable. One calendar month's written notice is required for Grade R withdrawal. Notice must be addressed to and acknowledged by the Accountant. Grade R notice is not accepted for October or November if the child has been at Oak Hill for six months or longer when notice is given.
6. The responsible person authorises Oak Hill Academy to perform credit checks with TransUnion, Experian and/or similar credit bureaus. Credit Intel may follow up unpaid accounts if a child is removed without payment.
7. Management may increase fees after one month's notice. A new financial contract must be completed at least annually. Failure to complete a new contract does not constitute notice.
8. **If payment is not received for one month, the school may refuse entry until the account is paid up to date or the balance is paid in full.**

2027 Fees

X	ITEM	AMOUNT
☐	Grade R registration fee	R850
☐	Grade R re-registration fee	R500
☐	Grade 1-7 registration fee	R2 300
☐	Grade 2-7 re-registration fee	R800

X	MONTHLY FEE	BEFORE LAST DAY	AFTER LAST DAY
☐	Gr R half day monthly	R3 250	R3 450
☐	Gr R full day monthly	R3 800	R4 000
☐	Gr 1-7 half day monthly	R4 900	R5 100
☐	Gr 1-7 full day monthly (A/care)	R6 300	R6 500

Fees are non-refundable. The terms in the registration form, information booklet and financial contract are accepted by signature below.

Liability, Proof & Acceptance

The person responsible for the account accepts liability for all fees and amounts due to Oak Hill Academy. A statement signed by the Accountant shall be prima facie proof of the amount owing.

The responsible person confirms that the terms and conditions of this financial contract, the registration form and the information booklet have been read, understood and accepted.

Important Financial Acknowledgements

FEES AND NOTICE
Fees, notice periods, late payment consequences and non-refundable terms have been read and accepted. INITIAL

CREDIT CHECKS
The responsible person authorises account verification, credit checks and collection follow-up where fees are unpaid. INITIAL

AUTHORITY TO SIGN
The signatory confirms authority to enrol the learner and accept these terms, and will provide any relevant court order. INITIAL

PERSON RESPONSIBLE
Signature and date

FOR OAK HILL ACADEMY
Signature and date

WITNESS
Signature and date

PARENT PERMISSION

Permission & Consent

PLEASE SIGN BELOW

Consent Statements

1. I give permission for my child to participate in academic, sport and cultural activities arranged by the school, including assessments or tests by the support team where needed.
2. I give permission for my child to be transported by an approved public bus company. For small groups, parents or teachers with valid licences may transport learners.
3. I accept that reasonable precautions will be taken for the safety and welfare of my child. I remain responsible for medical and hospital fees, except where gross negligence is proven.
4. I delegate medical or surgical treatment powers to the Principal or the Principal's representative in an emergency. As far as I know, my child is physically able to participate and is in good health.
5. The medical information supplied in this form is accurate and complete, and may be used in an emergency.
6. I undertake to inform the school immediately if any personal, medical or contact information changes.
7. I support my child in obeying the school's Code of Conduct. I undertake to treat staff with dignity and respect. Unacceptable behaviour may result in a parent being banned from school premises. The school will not become involved in personal disputes or custody arrangements unless a court order is provided.
8. The imagery option below records whether the school may use imagery of my child in school publications, digital formats, newsletters, marketing and social media where appropriate.

Important Consent Acknowledgements

TRANSPORT AND OUTINGS

I accept the transport, outing and activity permissions above, subject to reasonable school precautions.

INITIAL

EMERGENCY TREATMENT

I authorise the Principal or representative to arrange urgent medical treatment when a parent/guardian cannot be reached.

INITIAL

PRIVACY AND RECORDS

I consent to the school processing learner, parent, medical, account and contact information for enrolment, care, safety, administration and legal compliance.

INITIAL

IMAGES AND COMMUNICATION

I understand that photos, D6, email, newsletters and service providers may be used where necessary for school communication and administration.

INITIAL

Imagery Permission

☐ Allowed ☐ Not allowed

Confirmation

By signing, the parent or guardian confirms that the consent statements above have been read, understood and accepted.

Parent / Guardian Signature

PARENT / GUARDIAN

Signature

DATE

Day / month / year

For Office Communication

PREFERRED CONTACT PERSON FOR SCHOOL NOTICES

MOBILE

E-MAIL

ADDITIONAL NOTES

SECOND CONTACT FOR URGENT MATTERS

DECLARATION

Indemnity & Declaration

PARENT / GUARDIAN

Indemnity

I, the undersigned parent or legal guardian, indemnify Oak Hill Academy, its owners, management, educators, employees, representatives and volunteers against any losses, damages, claims, costs, injury or death which may arise from my child's use of the facilities or participation in school activities, except where gross negligence is proven.

I understand that the school will take reasonable precautions to protect and care for my child while he or she is in the care of the school.

RISK AND INDEMNITY

This indemnity, including the exception for proven gross negligence, has been specifically drawn to my attention and I have read and understood it. INITIAL

SIGNED AT	DAY	MONTH / YEAR

PARENT / GUARDIAN	DATE
Signature	Day / month / year

Declaration

I declare that all information supplied in this registration form is true, complete and correct. I authorise Management to verify, confirm and control the details supplied where necessary.

I undertake to update the school in writing should any information in this form change during the school year. I understand that I may request correction of inaccurate personal information where applicable.

SIGNED AT	DAY	MONTH / YEAR

PARENT / GUARDIAN	DATE
Signature	Day / month / year

Submission Reminder

REGISTRATION FEE	ID COPY ATTACHED	BIRTH CERTIFICATE ATTACHED
☐ Paid	☐ Yes	☐ Yes