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## ENROLMENT FORM

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Dear Parent,

Thank you for choosing Pam's Academy as your partner in providing a quality education for your child. This is one of the most important decisions that we as parents can make for our children, and we appreciate your application.

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### LEARNER INFORMATION

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Student Name/s as on birth certificate/ID: \_\_\_\_\_

Student Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Student's ID Number: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Application For Grade: \_\_\_\_\_

Home Language: \_\_\_\_\_

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### CURRENT SCHOOL DETAILS

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Name of School: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

\_\_\_\_\_

Reasons for Selecting Pam's Academy: \_\_\_\_\_

\_\_\_\_\_



## LEARNER'S MEDICAL DETAILS

Family Doctor's Name: \_\_\_\_\_

Family Doctor's Telephone Number: \_\_\_\_\_

Medical Aid Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Main Member ID Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic Medication If Any: \_\_\_\_\_

In a critical situation, please keep in mind that there may not be time to refer to the learner's records. The school, therefore, reserves the right to utilise the quickest medical service available.

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_ hereby agree that a medical practitioner may provide emergency treatment as may be necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

	FATHER/GUARDIAN	MOTHER/GUARDIAN
Title:	_____	_____
Surname:	_____	_____
First Name:	_____	_____
ID Number:	_____	_____
Cellphone Number:	_____	_____
Residential Address:	_____	_____
Work Telephone Number:	_____	_____
Email Address:	_____	_____
Occupation:	_____	_____
Company Name	_____	_____



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## ADDITIONAL INFORMATION

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Emergency Contact Name (not living with child): \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

Person Responsible For Payment Full Name: \_\_\_\_\_

ID Number Of Person Responsible For Payment: \_\_\_\_\_

Signature Of Person Responsible For Payment: \_\_\_\_\_

**NB: should any information change before or during application or enrolment at Pam's Academy it is the parent's responsibility to update the school.**

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## DOCUMENTS REQUIRED UPON APPLICATION

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A Copy Of Most Recent Report

R500.00 Non-Refundable Application Fee

A Copy Of Learner's Birth Certificate Or ID Book

Copies Of Parent's/Guardian's ID Books

**Please use this link to register with Mindscape:** [www.mindscapeeducation.co.za](http://www.mindscapeeducation.co.za)

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## CONSENT AND INDEMNITY OF PAM'S ACADEMY

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I, \_\_\_\_\_ (Full Names)

The Parent/Guardian of \_\_\_\_\_

Hereby give consent for my child/ren to take part in the activities of Pam's Academy. I fully understand and accept that all activities shall be undertaken at my child/ren's own risk. I do therefore indemnify Pam's Academy and/or its employees against any claim arising of whatsoever nature and from whatsoever cause. Which I or my child/ren may have, or in the future have against Pam's Academy and/or its employees.



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## CONSENT AND INDEMNITY OF PAM'S ACADEMY

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I hereby agree to enrol the above learner at Pam's Academy subject to the terms and conditions as laid down.

I, \_\_\_\_\_ Parent/Guardian  
Of \_\_\_\_\_ acknowledge that,

- One month's written notice is required on the 1st day of the relevant month of my intention to remove my child/ren from Pam's Academy. Failing this, I undertake to pay one month's fees per child in lieu of notice.
- The entrance fee is not refundable under any circumstances.
- The entrance fee and school fees as set out in the fee structure are those applicable at present and I undertake to pay such fees as may be applicable at the date of my child/ren's admission to Pam's Academy.
- School fees are due and payable on the first day of each and every month and I undertake to pay such fees as and when they fall due. In the event of late payment, a penalty per day will be levied.
- In case of absence from Pam's Academy owing to illness or holiday, the month's fees must still be paid if the child/ren's place is to be kept open.
- No repayments or reductions will be made for absences.

I would like to re-affirm my commitment to provide your child/ren with the best care, understanding, and fun times possible.

Signed at: \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

As Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_