UPDATED: 24/01/2024

WATERBERG ACADEMY APPLICATION FORM

This application form must be signed by both parents. The form must be returned with the **R500.00** registration fee per pupil, which is **non-refundable.** The school's banking details are on page 5 of this form. Return the application form with supporting documents to admin@waterbergacademy.co.za.

How did you hear about Waterberg Academy?

☐ Word of Mouth ☐ Marketing ☐ Website

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE APPLICATION FORM:

- A copy of the pupil's birth certificate.
- Two passport size photographs of pupil.
- The application and enrolment forms must be signed by both parents or legal guardians.
- In the instance of a 3rd party (i.e. a sponsor), both the sponsor and parents or legal guardians must sign the application and enrolment forms.
- Copies of both parents and/or 3rd party e.g. Sponsor or Guardian Identity Documents and/or Passport.
- Proof of residence (Municipal rates account).
- A copy of parents Medical Aid Membership Card.
- A copy of the pupil's passport and study visa if the pupil is a foreigner.
- Proof of payment of the registration fee of R500.00.
- ***In the case of divorced or seperated parents, please complete an additional and separate "Section B" for each household and submit a copy of the Divorce Settlement Agreement, detailing Guardianship, Custody, Maintenance and Access to child.***
- Headmasters Confidential Report - the onus is on the parent to ensure that this report is returned to Waterberg Academy via e-mail.

NAME OF PUPIL						
GENDER			**DATE OF BIRTH**			
DAY SCHOLAR / BOARDER			**CURRENT AGE**			
GRADE APPLICATION			**COMMENCEMENT DATE**			
PAYMENT OPTION	**ANNUALLY** ☐	**BI-ANNUALLY** ☐		**TERMLY** ☐	**MONTHLY** ☐	
BOARDING OPTION	**FULL TIME** ☐			**WEEKLY** Monday Lunch to Friday Breakfast ☐		

FOR OFFICE USE:			
	Registration Fee Payment	**Date**	**Receipt Number**
FOR OFFICE USE:			
	Once off Non-Refundable Desk Fee	**Date**	**Receipt Number**

Finance Department Account Number Allocation	

NO APPLICATION WILL BE PROCESSED WITHOUT THE PROOF OF PAYMENT OF THE REGISTRATION FEE, ALL THE ACCOMPANYING DOCUMENTS AND THE NECESSARY SIGNATURES ON ALL DOCUMENTATION PROVIDED

Section A: Applicant's Information

Surname:

First Name(s):

Preferred Name:

Date Of Birth: Day: Month: Year:

Gender: Male | Female

Date of Proposed Entry: Day: Month: Year: Into Grade:

ID / Passport Number:

Identity Type: South African ID | South African Passport | Foreign Passport

Nationality

Home Language: English | Afrikaans | IsiNdebele | IsiXhosa | IsiZulu | Sesotho | Sepedi | Setwana | SiSwati | Tshivenda | XiTsonga | Other:

If other, please specify:

Religious affiliation:

Mobile Phone Number:

E-Mail Address:

Medical Information (in case of emergency) Please read the "Implications of the Medications and Related Substances Amendment Act, 2002"

Medical Aid:

Membership Number:

Plan:

Main Member Full Names:

Main Member ID Number:

Dependant Full Name:

Dependant Date of Birth:

Dependant Number:

Family Doctor:

Telephone Number:

Medical Notes:

Chronic Medication:

1. _____ for _____
2. _____ for _____
3. _____ for _____

Allergies:

1. _____
2. _____
3. _____

Handicaps or Disablilities:

Emergency Contact Details (in the event of parents / guardians can't be contacted)

Name:

Telephone Number:

Relationship to Learner:

Section B: Parents' Information

Father's Information

Surname:

First Name(s):

Preferred Name:

Relationship to applicant: Biological Father | Step-Father

Date Of Birth: Day: Month: Year:

ID / Passport Number:

Identity Type: South African ID | South African Passport | Foreign Passport

Nationality

Mobile Phone Number:

Do you wish to receive SMS's from the school on this number? Yes No

E-Mail Address:

Do you wish to receive e-mails from the school at this address? Yes No

Residential Address:

Postal Code:

Owner | Lessee | Other

Postal Address:

Postal Code:

Occupation:

Employer:

Contact Number:

Mother's Information

Surname:

First Name(s):

Preferred Name:

Relationship to applicant: Biological Mother | Step-Mother

Date Of Birth: Day: Month: Year:

ID / Passport Number:

Identity Type: South African ID | South African Passport | Foreign Passport

Nationality

Mobile Phone Number:

Do you wish to receive SMS's from the school on this number? Yes No

Home Telephone Number:

E-Mail Address:

Do you wish to receive e-mails from the school at this address? Yes No

Residential Address:

Postal Code:

Owner | Lessee | Other

Postal Address:

Postal Code:

Occupation:

Employer:

Contact Number:

Marital Status of Parents: Married in Community of Property | Married out of Community of Property | Married with Prenuptial Agreement | Divorced | Seperated: | Single | Other | Please Specify:

In the case of divorced or otherwise seperated parents:

At which address does the learner reside? Mother | Father

Who is responsible for school fees? Mother | Father

Section C: 3rd Party (e.g. Sponsor / Legal Guardian) Information

Legal Guardian

Surname:

First Name(s):

Preferred Name:

Relationship to applicant:

Date Of Birth: Day: Month: Year:

ID / Passport Number:

Identity Type: South African ID | South African Passport | Foreign Passport

Nationality

Mobile Phone Number:

Do you wish to receive SMS's from the school on this number? Yes No

E-Mail Address:

Do you wish to receive e-mails from the school at this address? Yes No

Residential Address:

Postal Code:

Owner Lessee Other

Postal Address:

Postal Code:

Occupation:

Employer:

Contact Number:

OR

Sponsor

Surname:

First Name(s):

Preferred Name:

Date Of Birth: Day: Month: Year:

ID / Passport Number:

Identity Type: South African ID | South African Passport | Foreign Passport

Nationality

Mobile Phone Number:

Do you wish to receive SMS's from the school on this number? Yes No

Home Telephone Number:

E-Mail Address:

Do you wish to receive e-mails from the school at this address? Yes No

Residential Address:

Postal Code:

Owner Lessee Other

Postal Address:

Postal Code:

Occupation:

Employer:

Contact Number:

Section D: Parents / Legal Guardians / Sponsors Confirmation of Agreement of Enrolment

Parents Agreement

We agree that our child's admission is subject to the Conditions of Enrolment as determined by the Board of Governers and accept financial liability as per the Waterberg Academy Fee Payment Policy.

Signatures: _____ _____

Father **Mother**

Dated: **Day:** ☐☐ **Month:** ☐☐ **Year:** ☐☐☐☐

Legal Guardians Agreement

We agree that our child's admission is subject to the Conditions of Enrolment as determined by the Board of Governers and accept financial liability as per the Waterberg Academy Fee Payment Policy.

Signatures: _____ _____

Legal Guardian 1 **Legal Guardian 2**

Dated: **Day:** ☐☐ **Month:** ☐☐ **Year:** ☐☐☐☐

Sponsors Agreement

We agree that our child's admission is subject to the Conditions of Enrolment as determined by the Board of Governers and accept financial liability as per the Waterberg Academy Fee Payment Policy.

Signatures: _____ _____

Sponsor 1 **Sponsor 2**

Dated: **Day:** ☐☐ **Month:** ☐☐ **Year:** ☐☐☐☐

WATERBERG ACADEMY BANKING DETAILS:

For security reasons, and for the safety of your children and our staff, we do not encourage cash payments to be made at the school premises. The preferred method of payment is via EFT (Electronic Banking), or a cash deposit at any branch of First National Bank. There is a FNB branch in Vaalwater.

Bank:	First National Bank
Branch Code:	260247
Account Name:	Waterberg Academy
Account Number:	620 438 22445
Swift Code:	FIRNZAJJXXX
Sort Code/Transit Code/IFSC Code:	250655
Reference:	Pupil's Name or Statement Reference Number