

# ENROLMENT FORM 2026

Email address: [addithula@gmail.com](mailto:addithula@gmail.com)  
064 632 1949 / 072 408 5723 / 079 513 3824  
Stand number 28606  
Thulamahashe, Buffer Zone

|         |               |  |                          |  |                                      |
|---------|---------------|--|--------------------------|--|--------------------------------------|
| LEARNER | Surname       |  | Desired Enrolment Date   |  | PLACE<br>STUDENT<br>ID PHOTO<br>HERE |
|         | FullNames     |  | Grade Applying For       |  |                                      |
|         | ID Number     |  | No.of Children in Family |  |                                      |
|         | Date of Birth |  | Position in Family       |  |                                      |
|         | Gender        |  | Nationality              |  |                                      |
|         | Age           |  | Religion                 |  |                                      |
|         |               |  | Home Language            |  |                                      |

|                   |                                |  |                   |                         |                                                                                                     |
|-------------------|--------------------------------|--|-------------------|-------------------------|-----------------------------------------------------------------------------------------------------|
| PARENT / GUARDIAN | Father                         |  | PARENT / GUARDIAN | Mother                  | Biological <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/> |
|                   | Surname                        |  |                   | Surname                 |                                                                                                     |
|                   | FullNames                      |  |                   | FullNames               |                                                                                                     |
|                   | ID Number                      |  |                   | ID Number               |                                                                                                     |
|                   | Occupation                     |  |                   | Occupation              |                                                                                                     |
|                   | Marital Status                 |  |                   | Marital Status          |                                                                                                     |
|                   | Residential Address            |  |                   | Residential Address     |                                                                                                     |
|                   | Postal Address                 |  |                   | Postal Address          |                                                                                                     |
|                   | Home Telephone                 |  |                   | Home Telephone          |                                                                                                     |
|                   | Work Telephone                 |  |                   | Work Telephone          |                                                                                                     |
|                   | Cell                           |  |                   | Cell                    |                                                                                                     |
|                   | Email Address                  |  |                   | Email Address           |                                                                                                     |
|                   | Employer Name & Address        |  |                   | Employer Name & Address |                                                                                                     |
|                   | Person responsible for account |  |                   |                         |                                                                                                     |

| GENERAL HEALTH OF CHILD             |                                                                     |
|-------------------------------------|---------------------------------------------------------------------|
| Allergies (Food or Medication)      |                                                                     |
| Vegetarian /Non Vegetarian          |                                                                     |
| Speech Impediments (Please specify) |                                                                     |
| Past Operations                     |                                                                     |
| Other Ailment:                      |                                                                     |
| GENERAL INFORMATION OF CHILD        |                                                                     |
| How did you hear about our school?  |                                                                     |
| Will your child be attending?       | Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> |
| Who will bring/collect your child?  | Morning -Name Tel:                                                  |
|                                     | Afternoon -Name: Tel:                                               |

### CONTACT IN CASE OF EMERGENCY

|                     |                                                       |                |  |
|---------------------|-------------------------------------------------------|----------------|--|
| Name & Surname      |                                                       | Contact Number |  |
| EMERGENCY CONTACT   | Relation to Learner                                   |                |  |
|                     | Full Name                                             |                |  |
|                     | Cellphone                                             |                |  |
|                     | Relation to Learner                                   |                |  |
|                     | Full Name                                             |                |  |
|                     | Cellphone                                             |                |  |
|                     | Nominated Cell Number to receive sms's from school    |                |  |
|                     | Nominated Email Address for communication from school |                |  |
| MEDICAL INFORMATION | Family Doctor                                         |                |  |
|                     | Contact Number                                        |                |  |
|                     | Medical Aid Scheme                                    |                |  |
|                     | Medical Aid Number                                    |                |  |
|                     | Telephone Number of Medical Aid                       |                |  |

### PLEASE NOTIFY THE OFFICE IMMEDIATELY SHOULD ANY DETAILS CHANGE

#### THE FOLLOWING DOCUMENTS ARE TO BE RECEIVED UPON ACCEPTANCE

|                          |                                        |
|--------------------------|----------------------------------------|
| <input type="checkbox"/> | Proof of Residence                     |
| <input type="checkbox"/> | Copy of Medical Aid Details            |
| <input type="checkbox"/> | Pupils Birth Certificate & Clinic Card |
| <input type="checkbox"/> | Father's ID Document                   |
| <input type="checkbox"/> | Mother's ID Document                   |

**Signed by: Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### PRINCIPAL PARENT INFORMATION

|                                      |                              |
|--------------------------------------|------------------------------|
| Surname                              |                              |
| Fullnames                            |                              |
| Marital Status                       |                              |
| With whom does the learner live with | Mother    Father    Guardian |
| Paid Uniform Set for the Year        |                              |

### IMMIGRANT STATUS

|                                                      |          |
|------------------------------------------------------|----------|
| Country of origin:                                   |          |
| Date when the learner will arrive is South Africa    |          |
| Have arrangements been made to obtain a study permit | Yes \ No |

### SIBLING INFORMATION

|                                  |  |
|----------------------------------|--|
| Number of siblings in the school |  |
|----------------------------------|--|

### PLEASE SUPPLY FULL INFORMATION OF SIBLINGS BELOW

|              |  |
|--------------|--|
| Name & Grade |  |
| Name & Grade |  |
| Name & Grade |  |

| Fee Payment                                                                                                                       |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>In Terms Of The South African Schools Act (No 84 Of 1996) Both Parents Are Responsible For The Payment Of The School Fees.</b> | <b>Please Indicate To Whom The Account Is To Be Sent</b> |
| Title/Name And Surname                                                                                                            |                                                          |
| Address                                                                                                                           |                                                          |
| Signature ( Mother)                                                                                                               |                                                          |
| Signature ( Father)                                                                                                               |                                                          |
| Signature ( Guardian)                                                                                                             |                                                          |

**I/We, the undersigned, declare that:**

- The information supplied in this application form to be correct in every detail. The school reserves the right to cancel the registration should it be found that any information has been falsified and to lay criminal charges against the parties in this application.
- We accept that this is an application form and not a guarantee of a position at Addnum Global School.
- We undertake to confirm that the Principal or any person duly authorized, will act in loco parentis in any matter and at any time during which we have entrusted our child to the care of the school.
- We jointly and severally, irrespective of marital status, undertake to pay the compulsory school fees, unless exemption has been applied for and approved.
- We understand that school fees are payable in advance and interest will be incurred on any outstanding school fee accounts.
- We understand that all legal costs involved in collecting outstanding fees will be borne by us. These legal costs will include the attorney's costs (which will be calculated in accordance with the prescribed scale between attorney and own client), the collection commission and tracing fees.
- We undertake to provide one full term's written notice to the Principal, of any intention to remove our child from the school and furthermore, to return any literature and/or equipment belonging to the school which the child may have in their possession. We (the parents/guardians) understand that we will be held liable to pay one full term's school fees in the event we omit to provide the prescribed full term's notice of intention to withdraw our child from ADDNUM Primary School.
- The signatories hereby choose nominated parties indicated in the application form. In the event of change of address, parents/guardian are to notify the school
- This commitment in its entirety will be valid from the day on which it is undersigned by the parent/guardian to the day on which the pupil officially leaves the school.
- The parent/guardian declares that he/she the legal guardian of the child and is entitled to sign this document and shall be bound hereto both as parent/guardian, and in his/her personal capacity.

Signed (Father): ..... Date: .....

Signed (Mother): ..... Date: .....

Address: The signatory hereby chooses official residential (Address -NOT a postal box address)

.....  
 .....  
 .....

## INDEMNITY DECLARATION

I/we.....the parent(s) / legal guardian(s)  
of ..... (Full names)

Hereby confirm the admission of the pupil named above to: ADDNUM GLOBAL SCHOOL

I/we hereby give permission for him/her to participate in the curricular and co-curricular activities of ADDNUM and to go on excursions that are necessary in the course of such activities.

I/we accept that all reasonable precautions will be taken to ensure the safety and welfare of my/our child and that I/we shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should any injury or loss be sustained by my/our child. I specifically indemnify and hold ADDNUM and its staff harmless against any claims of whatsoever nature arising out of any injury, damage or loss sustained in pursuance of the aforesaid participation.

I/we indemnify ADDNUM and its employees from all liability for any injury or loss sustained by my child on account of any act or omission by my child and I/we accept full liability and responsibility for any such act or omission.

I/we cede our power as parent/guardian to the headmaster of ADDNUM or his representatives should medical treatment or surgery to my child be deemed necessary. As far as I/we know, my/our child is physically capable of participating in all ADDNUM activities and he/she is in good health.

I/we undertake to inform the ADDNUM principal in writing should my/our child not be able to participate in normal school activities. However, the persons responsible should please note the following (please state medical aspects that the staff should be aware of, e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc.)

I/we agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the pupil's enrolment at ADDNUM.

I/we agree that we will be held liable for any damage/breakages caused by my child.

I/we commit to honour the monthly fee stipulated on the invoice of my child.

I/we agree to be charged for any late pick-up.

|                            |  |
|----------------------------|--|
| <b>Signed at:</b>          |  |
| <b>Date:</b>               |  |
| <b>FATHER/GUARDIAN</b>     |  |
| <b>Name &amp; Surname:</b> |  |
| <b>Signature:</b>          |  |
| <b>MOTHER/GUARDIAN</b>     |  |
| <b>Name &amp; Surname:</b> |  |
| <b>Signature:</b>          |  |
| <b>Name &amp; Surname:</b> |  |
| <b>Signature:</b>          |  |
|                            |  |

| <b>INIDEMNITY DECLARATION<br/>WITNESS</b> |  |
|-------------------------------------------|--|
| <b>Name &amp; Surname:</b>                |  |
| <b>Signature:</b>                         |  |
| <b>Relationship:</b>                      |  |

**Applications will NOT be processed unless certified copies of the following documents are provided:**

- Unabridged Birth Certificate (or copy of application made to Dept of Home Affairs + Abridged version)
- Identity Documents of BOTH biological parents
- Clinic card (Immunization Record) of child
- Proof of residential address (municipal service account / if property is leased, a copy of the most recent lease agreement, an affidavit from the landlord or owner as proof of residence together with a copy of their municipal services account)
- Passport size (most recent) photograph of child
- A complete copy of the most recent academic report/ development report of child
- Study Permit (for immigrants only)
- In the case of a deceased parent, a certified copy of the Death Certificate
- Transfer card
- Development and personal development profile
- ALL documentation must be provided upon submission of the application to the school.
- NO application will be accepted unless ALL of the required documentation is included.



## **CONSENT FORM- PHOTOGRAPH AND VIDEO**

I hereby give consent to Addnum Global School, to use my child ( full name and surname images, likeness and/or sound of my voice as recorded in any photograph, photographic image and/or video, in Addnum Global School publications, including but not limited to training materials, websites, newsletters, pamphlets and marketing materials.

I hereby grant to Addnum Global School the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, and to use, re-use, publish or re-publish the photograph, photographic image or video recording taken of my child or in which your child may be included, as described hereinbefore, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, or reproductions thereof in colour or otherwise, in conjunction with my child's or a fictitious name, made through any medium at Addnum Global Schools studios or elsewhere, and in any and all media now or hereafter known for illustration, promotion, art editorial, advertising, trade, or any other purpose whatsoever. Additionally, I waive any right to royalties or other compensation arising from or related to the use of my child's image, likeness and/or sound of my child's voice as recorded in any photograph, photographic image and/or video.

Addnum Global School may sell, assign, license or otherwise transfer all rights granted to it hereunder. This authorisation shall also inure to the benefit of the legal representatives, licensees and assigns of Addnum Global School.

I hereby agree to release, defend and hold harmless Addnum Global School, its legal representatives, licensees and assigns and all persons acting under its permission or authority, from and against any claims, damages or liability arising from or related to the use of my image, likeness and/or sound of my child's voice as recorded in any photograph, photographic image and/or video, or by virtue of any alteration, processing or use thereof in composite form, whether intentional or otherwise, as well as any publication or distribution thereof.



I have read this release before signing below and fully understand the contents, meaning and impact of this release.

I hereby certify that I am the parent or guardian of (learners name) and do hereby give my consent without reservation to the foregoing on behalf of this person.

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_

| FOR OFFICE USE ONLY |  |
|---------------------|--|
| Grade of Learner    |  |
| Name of Guider      |  |
| Enrolment Date      |  |