

Addnum Global School offers an after-care service till 17:00h for R600 p/m

LEARNER INFORMATION

Learner's Name	
Learner's Surname	
Learner's Grade	
Date of Birth	
Home Address	
Health & Allergies	
Family Dr name	
Contact details	
Adress	
Medical Aid name Main member: Identity Number Member Code	

PARENT INFORMATION

Name	
Surname	
ID number	
Home language	
Relationship to learner	
Contact number	
Work number	
Email address	

EMERGENCY CONTACT

Name	
Surname	
Relationship to learner	
Contact Number	
Address	

- In a critical situation, please bear in mind that there may not be time to refer to the learners records.
- The school therefore reserves the right to utilize the quickest medical service available.
- It is understood that every effort will be made to contact my spouse, myself or the alternative contact before such action is taken.
- The person liable for aftercare payments will be responsible for the payment of such care or treatment.

I hereby agree that a medical practitioner / the quickest medical service available may provide emergency treatment as may be necessary

Signed by: Full Name: _____

Date: _____ **Signature:** _____

PAYMENT TERMS & CONDITIONS

- Registration for aftercare is annual
- The minimum registration period is 1 (one) term (Jan to Mar/Apr to Jun/July to Sept/ Oct to Dec.
- Notice of cancellation will only be accepted on a quarterly basis, at least 30 (thirty) days before the end of the term. The necessary
- cancellation notice is only valid if signed by both the parent/legal
- guardian and an authorized aftercare representative.

- In the case of a learner not making use of the after-care for a full term, the person liable for payment will still be liable for the full amount for that term. This excludes learners leaving the school.
- Re-registration may only be done at the beginning of the term. This excludes new applicants.

Signed by: Full Name: _____

Date: _____ **Signature:** _____

DECLARATION: PARENT / GUARDIAN

I _____ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the School the designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me.

Signed on _____ **day of** _____ **20**_____

Date: _____ **Signature:** _____