



**SECTION 2**

**LEARNER INFORMATION:**

Grade applying for: \_\_\_\_\_

Name & Surname of Learner:  
(ACCORDING TO BIRTH CERT) \_\_\_\_\_

Known as: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I.D. Number of Learner: \_\_\_\_\_

Gender of Learner:  Male  Female  
(MARK WITH X)

Dexterity of Learner:  Right Handed  Left Handed

Home Address of Learner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Whom does the Learner stay with:  
(MARK WITH X)  Both Parents  
 Mom  
 Dad  
 Other - specify \_\_\_\_\_

Legal guardian  Orphan  Adopted  Foster Care  
(MARK WITH X)

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

Religious Affiliation: \_\_\_\_\_

Number of children in family: \_\_\_\_\_

Position of Learner in family: \_\_\_\_\_

Any siblings or relatives attending this school:  
(Name & Surname of sibling/relative) \_\_\_\_\_  
\_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_  
\_\_\_\_\_

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

Previous school details: \_\_\_\_\_

Sign: \_\_\_\_\_  
Sign: \_\_\_\_\_



Tshepo-Lesedi Learning Academy

Where there is light there is hope

*“Where there’s light there’s hope”*

68 Trichard Road, Parkrand, Boksburg, 1459

Contact: 084 015 9286

Registration number - 700401258

Email: tshepolesedi8@gmail.com

## REGISTRATION FORM 2024

### SECTION A

#### PARENTS INFORMATION:

##### Mother's Information:

Full Names & Surname: \_\_\_\_\_

I.D/Passport Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

WhatsApp Number: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

##### Father's Information:

Full Names & Surname: \_\_\_\_\_

I.D/Passport Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

WhatsApp Number: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status of Parents:

Married

Separated

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

**SECTION B**

**MEDICAL AID PARTICULARS**

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

Medical Scheme or Plan: \_\_\_\_\_

Medical Aid Number: \_\_\_\_\_

Learner's Dependant Code: \_\_\_\_\_

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

Doctor's Contact Number: \_\_\_\_\_

**SECTION C**

**EMERGENCY CONTACT INFORMATION**  
**(IF PARENTS ARE UNAVAILABLE)(NEXT OF KIN)**

Name & Surname: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship to Learner: \_\_\_\_\_

Name & Surname: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship to Learner: \_\_\_\_\_

Name & Surname: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship to Learner: \_\_\_\_\_

Sign: \_\_\_\_\_  
Sign: \_\_\_\_\_

## SECTION D

### FEES, TERMS AND CONDITIONS

#### FEE STRUCTURE

R1 600.00 Per month ~ 12 Months  
R500.00 Registration Fee (Non Refundable)  
R800.00 Book Levy (Non Refundable)  
R800.00 AfterCare (Per Month)

#### BANKING DETAILS

Name of School: **Tshepo Lesedi Learning Academy**  
Bank: **NEDBANK**  
Account number: **1253843082**  
Branch Code: **198765**  
Reference: **Learner's Name & Surname**

#### PAYMENT

All monies payable by the parents to Tshepo Lesedi Learning Academy in terms hereof shall be paid timeously on the due date.

School fees are due on the 1st of each month, payed in advance, over a period of 12 months.

Payments made via Direct Deposits, Internet Banking or Ordinary Banking must include Child's Name & Surname as Reference.

Only CARD/Machine payments will be accepted at Tshepo Lesedi Learning Academy (at the office).

**NO CASH PAYMENTS WILL BE ACCEPTED AT THE PREMISES.**

#### *The following payment methods are available:*

- Card Payment at the office.
  - EFT into the School's Bank Account
  - Debit Orders (to be arranged by parents with their banks)
  - Once Off payment before the end of February, a month is granted.
- (IF PAYMENT IS MADE IN FULL, BEFORE THE END OF FEBRUARY, A 1 MONTH DISCOUNT IS GRANTED.)**

#### *Person Responsible for School Fees*

Please note that we hold both parents responsible for payment of fees and can contact either of them with this regard.

**Your first priority should be School Fees, as our first priority is your child.**

**PLEASE LET US WORK TOGETHER IN BUILDING THE FURE OF OUR LITTLE ANGELS.**

#### LATE PAYMENTS

Tshepo Lesedi Learning Academy will charge R300,00 penalty fee for payments received later than the 3rd day of each month.

Tshepo Lesedi Learning Academy reserves the right at its discretion to insist on the removal of Learners where accounts become overdue.

Initial: \_\_\_\_\_  
Initial: \_\_\_\_\_

**DEFAULTS IN PAYMENTS**

Where fees are not paid within the discretionary one calendar month grace period. (This will also apply for parents who have established payment plans). Report Cards will be withheld until All payments have been paid up to date. Where School Fees are outstanding for one month or more - The Learner will be suspended with immediate effect.

**NOTICE PERIOD/TERMINATION OF CONTRACT**

One(1) Full Calendar month Written notice of termination (date from the first of the month) is required when a Learner/Learners are taken out of Tshepo Lesedi Learning Academy. Where parents/guardians fail to give the required notice of termination fees in lieu of notice will be charged. No extended absence will be accepted as reason for non-payment, as payments are made over 12 months. Termination of this contract: a child is enrolled for a fixed period of 12 months, after which the contract is automatically renewed indefinitely. This is consistent with provisions of Section 14 of the CPA. In Terms of this section of the Act, the consumer may only terminate the contract by giving one month notice.

**GENERAL**

Neither party may cede or assign their rights or deligate their obligations in terms of this Agreement without prior approval from the other party which shall not be unreasonably withheld.

**SECTION E**

**DECLARATION**

I/we \_\_\_\_\_ (father)  
and \_\_\_\_\_ (mother)

Declare that the information herin as supplied by me/us is correct and to the best of my/our knowledge.

I/we hereby agree/confirm that:

I/we agree to pay a non-refundable Registration and/or Book Levy to the office.

I/we hereby undertake to abide by the School's regulations to pay School Fees on a monthly basis for 12 months. Payments to be made in advance by the 1st of each month and to give a calendar month notice in writing before removing my child/children from the School, in default of such notice to pay full month's fee.

I/we as parent/s and/or legal gaurdian/s hereby confirm that we are jointly liable as co-principle debtors for the payment of any fees not withstanding any other indication and/or nomination of any other persons therein.

Should Attorneys be instructed to collect any arears amounts, we accept liability for payments of such fees on an attorney/client scale, including tracing fees and collection commissions.

I/we agree that my/our information can be given to the Attorneys as well as Debt Collection Agencies, should I/we fall in arrears with the fees.

Late payments or outstanding fees will hamper with your child/rens application process for the next academic year.

Initial: \_\_\_\_\_  
Initial: \_\_\_\_\_

**SECTION E**

**DECLARATION (continues)**

In the event of termination of this contract as per above, the total amount of all outstanding fees and supplemental costs up to and including the last day of the notice period will immediately become due and payable by me/us, the parent/s.

In the event of us, as parents getting divorced during the period of the agreement, we will supply the school a copy of the divorce order in so far as it relates to the custody of the child/ren and visitation rights. The joint and several liabilities for the School Fees and supplemental costs will remain unchanged.

I/we agree that any information the application may be used and disclosed to third parties if required for the well-being of my/our child/ren by the Department of Health and Social Development.

I/we accept that Extra Mural Activities, not provided by the school but by a Service Provider, will be charged for separately

I/we understand that the school will not be held responsible for the loss or damage to personal property of child/ren whatsoever.

I/we as parent/s agree to pay additional costs for outings, entertainment and damage to property.

I/we as parent/s consent to the school supplying information and confidential reference to any educational institution that the learner/s is/are considering attending. While every attempt is made to ensure that such references given on a learner/s's character, aptitude and ability are fair, the school will not accept liability for any loss that the parent/learner is alleged to have suffered in relation to such reference having been given.

Please note that R300 fine will be charged on all outstanding accounts. R50 will be charged for every phone call made for collection of fees. Should the child/ren be ill or on school holiday, the full month's fee is still payable in advance.

Should the school or country be faced with an epidemic or pandemic, parents are still liable for the full year's school fees irrespective of weather, the school is open or closed.

The school has the right to advise parent/s to move their child/ren if there is a learning disability that the school cannot help with. The school has the right to request that parent/s take their child/ren for assessment should the need arise and to request the report for such assessments.

Parents will be contacted to collect their child/ren if he/she is not wearing the correct uniform.

**NO NOTICE FOR THE REMOVAL OF A LEARNER WILL BE ACCEPTED FROM - OCTOBER, NOVEMBER, AND DECEMBER.**

**The following policies are available for viewing at the office:**

- ◇ School Policy
- ◇ Behaviour Policy
- ◇ Admission Policy
- ◇ Anti-Bullying & Anti-Racism Policy
- ◇ Infection and Communicable Diseases
- ◇ COVID 19 Policy
- ◇ Student Code of Conduct
- ◇ Parent Code of Conduct
- ◇ Playground Duty List
- ◇ Uniform Policy
- ◇ Visitors Collection/Dropp off Policy

I/we acknowledge all conditions of payment, rules and regulations set out by Tshepo Lesedi Learning Academy and agree to all the terms and conditions.

Father's Full Name & Surname: \_\_\_\_\_  
Father's I.D. Number: \_\_\_\_\_  
Father's Signature: \_\_\_\_\_

Mother's Full Name & Surname: \_\_\_\_\_  
Mother's Full Name & Surname: \_\_\_\_\_  
Mother's Signature: \_\_\_\_\_