ENROLMENT FORM - 2026

Wizkids Edu-Care
Achievement beyond expectations

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL? Yes ☐ No ☐

Name of other learner(s) : _____

DATE: 20 OCT 2025

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: _____

Religious denomination: _____

Gender: ☐ Male ☐ Female

Ethnic group: _____

Home language: _____

Preferred tuition language: _____

Dexterity: ☐ Left ☐ Right ☐ Both

Learner mobile number: _____

Learner e-mail address: _____

Admission date: _____

Grade in 2026 : _____

Years in grade for 2026 : _____

Years in phase for 2026 : _____

Pre-primary education attended: ☐ Formal ☐ Informal

☐ Other: _____

Attach learner photo:

Method of transport: _____

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____

Register class: _____

Admission number: _____

Waiting list: A ☐ B ☐

Number on waiting list: _____

ID copy: ☐

Application fee: ☐

Proof of residence: ☐

Birth certificate: ☐

Clinic card ☐

FAMILY INFORMATION

Family status: ☐ Both parents ☐ Single parent - Unmarried

☐ Foster care ☐ Childrens home ☐ Single parent - Divorced

☐ Other ☐ Re-composed ☐ Widow/Widower

Parents deceased: ☐ Mother ☐ Father ☐ None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng: ☐ Yes ☐ No

Learner attended school last year ☐ Yes ☐ No

If yes, in which Province/Country: _____

Previous school _____

Telephone Number _____

Address _____

Province _____

Highest grade in previous school _____

Reason for leaving the school _____

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BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____
Full names: _____
Surname: _____
Initials: _____
Preferred name: _____
ID number: _____
Nationality: _____
Home language: _____
Marital status: ☐ Common law marriage ☐ Divorced ☐ Married ☐ Separated ☐ Single ☐ Widowed
Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand
Comm language: _____
Mobile number: _____
Home tel: _____
E-mail: _____
Is the learner living with this parent? ☐ Yes ☐ No

Residential address: _____
Postal address: _____
Occupation status: ☐ Own Employer Professional ☐ Own Employer Non-Professional ☐ House wife ☐ Part time ☐ Contract worker ☐ Pensioner ☐ Student ☐ Temporary ☐ Full time ☐ Unemployed
Occupation: _____
Employer: _____
Work telephone number: _____
Employer physical address: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____
Full names: _____
Surname: _____
Initials: _____
Preferred name: _____
ID number: _____
Nationality: _____
Home language: _____
Marital status: ☐ Common law marriage ☐ Divorced ☐ Married ☐ Separated ☐ Single ☐ Widowed
Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand
Comm language: _____
Mobile number: _____
Home tel: _____
E-mail: _____
Is the learner living with this parent? ☐ Yes ☐ No

Residential address: _____
Postal address: _____
Occupation status: ☐ Own Employer Professional ☐ Own Employer Non-Professional ☐ House wife ☐ Part time ☐ Contract worker ☐ Pensioner ☐ Student ☐ Temporary ☐ Full time ☐ Unemployed
Occupation: _____
Employer: _____
Work telephone number: _____
Employer physical address: _____

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ACCOUNTABLE PERSON'S INFORMATION

☐ Biological Parent 1 ☐ Biological Parent 2 ☐ Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____
Full names: _____
Surname: _____
Initials: _____
Preferred name: _____
ID number: _____
Home language: _____
Communication: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand
Comm language: _____
Mobile number: _____
Telephone number: _____
Fax number: _____
E-mail: _____
Residential address: _____
_____
_____
Postal address: _____
_____
_____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____
Name: _____
Registration number: _____
Comm language: _____
Contact number: _____
Fax number: _____
Business address: _____
_____
_____
Postal address: _____
_____
_____

BANKING DETAILS

Bank: _____
Branch: _____
Branch code: _____
Account type: ☐ Cheque ☐ Transmission ☐ Savings
Bank account number: _____
Account holder: _____

Agreement between Wizkids Edu-Care and _____ (Name of parent / guardian) with regards to the payment of school fees.

a. Accept responsibility for the payment of fees for above child before or on the seventh (7th) day of each month:
   - ☐ A Monthly
   - ☐ B Cash
   - ☐ C Internet transfer
   - ☐ D Stop order
b. I agree to inform the Principal in writing if I am unable to pay the fees. My child's admission will be secured for one (1) month.
c. I understand that the school will take the necessary legal steps to recover any outstanding fees.
d. I agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.
e. I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.
f. If you prefer to receive statements by e-mail, please indicate e-mail address
g. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

1. I, parent / guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.

6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Wizkids Edu-Care as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian: _____ Date: _____