



ENROLMENT FORM - 2026

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes No

Name of other learner(s) : _____

DATE: 27 MAY 2025

LEARNER INFORMATION

LEARNER

OFFICE USE ONLY

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 : _____

Family code: _____ Waiting list:
 Register class: _____ Number on waiting list: _____
 Admission number: _____ ID copy:
 Transfer card:
 Proof of residence:
 Report card:
 Birth certificate:
 Clinic card:

Pre-primary education attended: Formal Informal
 Other: _____
 Registered for social grant: Yes No
 Receives social grant: Yes No
 Media consent: Yes No
 Do you want to apply for hostel residence: Yes No
 Name of hostel: _____

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 Mpumalanga: 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: _____

NEXT OF KIN INFORMATION

Name: _____
 Contact number: _____
 Alternative contact number: _____
 Relation: _____

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: _____

DECLARATION BY PARENT / GUARDIAN

I _____ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at _____ on _____ day of _____ 20__.

Signature of Parent / Guardian : _____

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: _____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Gekombineerde Skool Hendrina and _____ (Name of parent / guardian) with regards to the payment of school fees.

- Gekombineerde Skool Hendrina is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.
- As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.
- Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.
- Payment of school fees to Gekombineerde Skool Hendrina will be made as follows:)
 (Please tick the applicable block with a cross)
 Full payment (Once-off) on or before the last date as determined during the annual parent meeting.
 Payment over 12 months.
 Alternative arrangements will be made with the School in writing at my own responsibility and initiative.
- I / We are aware of the application process for exemption of school fees for 2026 and if exemption is required, we will complete the relevant application form.
- Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.
- Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.
- I choose the following address as my domicilium citandi et executandi for delivery or serving of any notices or pleadings.
 Residential address (Not a postal address):

9. 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 Gekombineerde Skool Hendrina 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: _____

INDEMNITY

I/We the parents of/ the guardian of _____ (name of learner) indemnify unconditionally and without restriction Gekombineerde Skool Hendrina and/or the shareholders of Gekombineerde Skool Hendrina or any person employed by Gekombineerde Skool Hendrina or any person acting on behalf of Gekombineerde Skool Hendrina against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Gekombineerde Skool Hendrina.

Signed at _____ on _____ day of _____ 2021.

Signature of Parent / Guardian : _____



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Consent form in terms of the Protection of Personal Information Act 4 of 2013 (POPI)

Consent to use personal information¹

By agreeing to the terms of this information form, you, (_____), hereby voluntarily authorise (Gekombineerde Skool Hendrina) to

- Process your personal information as well as that of the learner (_____), (including the names, physical address, telephone numbers and any other information you have provided to the school).
- Processing shall include the receipt, recording, organising, collation, storage, updating or modification, retrieval, alteration, consultation and use, outsourcing and transferring to third parties, the dissemination by means of transmission, distribution or making available in any other form, or the merging, linking as well as blocking, degradation, erasure or destruction of information.
- Processing your personal information for purposes as required in terms of your relationship with the school, or as otherwise required by law, and that such personal information shall only be processed by the school or an authorized third party operator for purposes relating to the aforesaid relationship, or any third party where required in terms of applicable law.
- This consent is effective immediately and will remain effective until one of the conditions stated under paragraph 8 of the Policy on the Protection of Personal Information has been met.
- The personal information may only be processed if it is adequate, relevant and not excessive, given the purpose for which it is processed, and if processing occurs in accordance with the relevant provisions of POPI. The purpose of the processing of information must relate to a function or an activity of the school.

¹ This form must be read with the *Policy on the Protection of Personal Information*.



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- In addition, you hereby take note that (Gekombineerde Skool Hendrina) collects and processes personal information pertaining to the proper functioning, management and governance of the school, as prescribed in the South African Schools Act 84 of 1996 and other relevant education legislation and policies.
- The type of information will depend on the purpose for which it is collected, and will be processed for that purpose only.
- In terms of section 11 of POPI, personal information may only be processed in the following circumstances:
 - If the data subject, or a competent person where the data subject is a child, consents to the processing.
 - If processing is necessary to carry out actions for the conclusion or performance of a contract to which the data subject is party.
 - If processing complies with an obligation imposed by law on the school.
 - If processing protects a legitimate interest of the data subject.
 - If processing is necessary for the performance of a public law duty.
 - If processing is necessary for pursuing the legitimate interests of the school.

Your rights in terms of this consent

You have the following rights:

- *The right to know what information is being kept, how it is being used, and when the school will disclose it.* All of the aforesaid information is contained in our Policy on the Protection of Personal Information and our Privacy Policy, which are available and may be obtained from our offices or our website.
- *The right to correct your details.* The school will try to keep your information up to date. However, should any of your details change, please notify us to ensure that our records are as accurate as possible.
- *The right to revoke consent.* You may revoke the consent you have given us in terms of this form at any time. Your revocation should be in writing and addressed

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to the information officer of the school. Revoked consent is not retroactive and will not affect any past or existing use of your information.

Consent to receive marketing information

By agreeing to the terms of this consent form, you expressly consent to the processing of your information for marketing purposes, and understand that by consenting, you may receive marketing materials in the form of SMSs, e-mails and the like from the school.

Please tick the appropriate box below:

I agree I do not agree

Signature of parent/guardian

Date

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(NAME OF SCHOOL)

RELEASE FORM IN RESPECT OF LEARNER PHOTOS/IMAGES/VIDEOS

Hereby, _____, I, _____ (please _____ neatly _____ print _____ full _____ name) _____, grant permission to (Gekombineerde Skool Hendrina) to display photos/images/videos of the child(ren) indicated below as part of:

- a demonstration/project/activity in the course of classroom teaching;
- a sample project/activity on CD created by the school for use in educational workshops, classrooms, advertisements, etc.;
- the school's webpages and social media platforms (including Facebook and Twitter);
- samples given to programme publishers, or contest entries submitted to sponsors;
- video recordings to appear in a school-related programme broadcast on a television station; and/or
- any printed publication, including, though not limited to, newspapers, magazines, yearbooks, etc.

In granting this permission, I understand that the school may use photos/images/videos of the child(ren) for purposes such as celebrating achievements and publicising education events, as deemed appropriate by the school governing body and the principal, and that such use may include display in the school photo gallery.

I further understand that although the school associated with the photos/images/videos will be identified, and adults appearing in photos/images/videos may be named, the personally identifiable information of the child (ren), except for the name (s) of the child (ren), will not be used with any photo/image/video.

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I am signing this release form in the knowledge that any photos/images/videos posted on the school's website can be downloaded and reproduced by various news organisations, including print, electronic and broadcast media, and I therefore release the school from any liability arising from the use of photos/images/videos of the child(ren) in school web postings.

Additionally, I understand that there are potential dangers associated with the posting of photos images and videos on a website, since global access to the internet does not allow for control over who accesses information.

I further understand that if I wish to rescind this agreement, I may do so at any time by sending a letter to the principal of the school.

Name(s) of learner(s): _____

Name of parent/guardian: _____

Address: _____

City: _____ Postal code: _____

Telephone number: _____

Signature of parent/guardian:* _____

Date: _____

*Learners 18 years of age or older may sign this release form themselves.

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