



REGISTRATION FORM 2026

FULL DAY
(FROM 06H00 - 18H00)

HALF DAY
(FROM 07H15 - 14H00)

AFTERCARE
(FROM 14H00 - 18H00)

LEARNER INFORMATION													
SURNAME													
FULL NAME/S													
DATE OF BIRTH						AGE				GENDER			
FATHER'S NAME & SURNAME:													
HOME TELEPHONE						WORK TELEPHONE							
CELL NUMBER						ALTERNATE NUMBER							
EMAIL ADDRESS													
OCCUPATION													
HOME ADDRESS													
WORK ADDRESS													
MARITAL STATUS													
ID NO.													
MOTHER'S NAME & SURNAME:													
HOME TELEPHONE						WORK TELEPHONE							
CELL NUMBER						ALTERNATE NUMBER							
EMAIL ADDRESS													
OCCUPATION													
HOME ADDRESS													
WORK ADDRESS													
MARITAL STATUS													
ID NO.													
NEXT OF KIN NAME													
SURNAME													
ID NO.													
(Proof Of ID Needs To Be Attached)													
ADDRESS													
EMAIL ADDRESS													
OCCUPATION													
HOME ADDRESS													
WORK ADDRESS													
ID NO													

ALL FEES ARE PAYABLE ON OR BEFORE THE 1ST OF EACH MONTH



ABOUT YOUR CHILD
<ul style="list-style-type: none"> Does your child have any fears? (e.g. The dark, dogs etc.)
<ul style="list-style-type: none"> Are there any foods your child may not eat? Reason:
<ul style="list-style-type: none"> Is there any drink your child may not have? Reason:
MEDICAL BACKGROUND:
<ul style="list-style-type: none"> Has your child had all inoculations to date? Please supply copy of the clinic card.
<ul style="list-style-type: none"> Does your child have any physical defects? If so, please specify:
<ul style="list-style-type: none"> Has your child had any children's diseases? If so, please specify:
<ul style="list-style-type: none"> Does your child have any allergies? If so, please specify:
May your child have Panado syrup or Stopayne?
Doctor's Name:
Telephone Number:
Address:
Medical Aid:
Medical Aid Number
Principal Member Name:
ID Number:

IN CASE OF AN EMERGENCY: I, _____ hereby give permission for my child _____ to be taken to a doctor or hospital Signature: _____
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CONTACT NUMBERS IN CASE OF EMERGENCY:			
Name		Contact Number	
Name		Contact Number	

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SCHOOL FEES

ALL FEES ARE PAYABLE ON OR BEFORE THE 1ST OF EACH MONTH

PLEASE NOTE:

- Any payments made after the 1st of each month will result in a late payment penalty of 10% of the initial amount owing.
- If school fees are not paid for two (2) consecutive months, legal action will be taken.
- If a month's fee is unpaid kindly retain learner at home until further notice.
- The school must be given 2 x months' notice or 60 days' notification prior to your child's transfer to another school.

IF ANY PROBLEMS ARISE, REGARDING PAYMENTS OR ANY OTHER SERIOUS MATTER, PLEASE NOTIFY THE PRINCIPAL OR SECRETARY.

N.B. If any outstanding balance is owed. Please note reports will not be issued as well as personal Academic incentive e.g. Certificates, Trophies, etc.

1. SCHOOL BANK DETAILS

SCHOOL BANK ACCOUNT DETAILS:

Name of Account: Park Pre Academy

Branch Code: 012042

Standard Bank

Account Number: 020901909

(PLEASE ADD YOUR NAME AND SURNAME AS REFERENCE)

EACH TERM: PARENTS/GUARDIANS TO PLEASE SUPPLY 1 REAM OF A4 PAPER & TOILET PAPER

PLEASE ATTACH A COPY OF THE FOLLOWING AND TICK WHERE APPLICABLE:

BIRTH CERTIFICATE		ID COPY OF PARENTS BOTH PARENTS OR GUARDIANS		PROOF OF RESIDENCE	
CHILD'S ID PHOTO		CLINIC CARD		COPY OF PAY SLIP (BOTH PARENTS IF POSSIBLE)	



INDEMNITY, CONSENT & INFORMATION FORM — PARK ACADEMY SCHOOL / PARK PRE ACADEMY / AFTER SCHOOL CARE

Child's full name: _____

Date of birth: ____ / ____ / ____ Grade: _____

Parent/Guardian (full name): _____

Relationship to child: _____ ID / Passport No.: _____

Residential address: _____

Postal address (if different): _____

Main contact number: _____ Alternate number: _____

Email: _____

Emergency contact (other than parent/guardian)

Name: _____

Relationship: _____

Contact Number: _____ Alternate Number: _____

Alternative authorised caregiver(s) (may collect child):

1. Name: _____ ID Number: _____

2. Name: _____ ID Number: _____

Medical aid / Health information

Medical aid fund: _____ Principal member: _____

Medical aid no.: _____ Telephone Number: _____

Family doctor / clinic: _____

Known allergies (food, medicine, insect stings, latex, etc.):

Current medical conditions / disabilities / chronic illnesses:

Regular medication (name, dosage, instructions):

Any special needs / mobility / behavioural information staff should know:



SECTION A — INDEMNITY & LIMITATION OF LIABILITY

1. I, the undersigned parent / legal guardian of the child named above, hereby apply for admission of my child to PARK ACADEMY SCHOOL / AFTER SCHOOL CARE. In consideration of the child being admitted, I accept and agree to the terms set out in this form.
2. To the extent permitted by law, I indemnify and hold harmless the owners, governors, management and employees of PARK ACADEMY SCHOOL from any claim, liability, loss, damage, or costs arising from injury, illness or death sustained by my child while on school premises, attending or participating in any school activity, or in transit organised by the school — except where such injury, illness or damage arises from the unlawful, intentional conduct or gross negligence of the school or its employees. This clause is subject to any rights the child or I may have under applicable South African law.
3. I acknowledge that indemnities and exemption clauses are interpreted by courts and may be unenforceable in certain circumstances (for example where they attempt to exclude liability for gross or unlawful negligence). Nothing in this form is intended to limit rights that the child or I have under statute or common law that cannot lawfully be waived.

SECTION B — MEDICAL CONSENT & TREATMENT

1. I authorise the principal, vice-principal, or a member of the school staff to:
 - a. administer basic first aid to my child when reasonably necessary; and
 - b. seek and consent to any urgent or emergency medical treatment (including transportation to a medical facility) which, in the opinion of the principal, member of staff or attending medical practitioner, may be necessary where I cannot be contacted timeously. I accept responsibility for all medical, ambulance and hospital costs thereby incurred.
2. I confirm that I will inform the school immediately of any medical changes affecting the child and will provide full details of any chronic condition or medication.
3. The school will, where reasonably possible, contact the parent/guardian or emergency contact before medical treatment is undertaken, but I expressly authorise the school to act in the child's best medical interests in an emergency if I cannot be reached.

SECTION C — IMMUNISATION / VACCINATION

1. I confirm that, prior to admission, I will provide a copy of the child's immunisation record / clinic card showing the recommended childhood vaccinations, or I will provide a lawful exemption or explanation. I understand that the school may require proof of immunisation in line with Department of Education guidance and public-health protocols. If requested, I will present documentary proof on admission.

SECTION D — TRANSPORT & EXCURSIONS

1. I authorise the school to allow my child to participate in outings, excursions and activities organised by the school and to travel in vehicles arranged by the school or its agents. I will not hold the school responsible for accidents that occur in transit except where such accident results from the unlawful, intentional conduct or gross negligence of the school or its employees.



2. The school will ensure reasonable care in selecting transport providers and supervising excursions, but the parent/guardian remains responsible for any additional costs arising from accidents or medical treatment unless otherwise determined by law.

SECTION E — PHOTOGRAPHY, MEDIA & DATA (POPIA / PRIVACY)

1. I consent / do not consent (circle one) to my child being photographed or videoed by the school for educational, communication or promotional purposes. (If you consent, indicate any restrictions):

2. The personal information I supply on this form will be used only for school administration, safety, emergency contact and medical purposes, and will be handled in accordance with the Protection of Personal Information Act (POPIA) and the school's privacy policy.

SECTION F — RULES & DISCIPLINE

1. I undertake to ensure that my child will comply with the rules, policies and code of conduct of PARK ACADEMY SCHOOL, including any updated policies issued from time to time.

SECTION G — ACKNOWLEDGEMENTS

1. I acknowledge that I have read, understood and agree to the terms of this form in full, and that the school has explained (or made available) its policies on immunisation, excursions, medical emergency procedures and privacy.
2. I confirm that the information I have provided on this form is correct and complete to the best of my knowledge.

Signed at PARKDENE on this _____ day of _____ 20____.

Parent / Guardian name (print): _____

Parent / Guardian signature: _____

ID / Passport no.: _____

Witness name: _____

Witness signature: _____

Date: ____ / ____ / ____

Office use only:

Admission approved by: _____ Date: ____ / ____ / ____

Proof of immunisation / clinic card received:

Yes / No / Exemption provided (circle)



INFORMATION TO PARENTS/GUARDIANS & FAQ (Frequently Asked Questions)

Understanding the Indemnity, Emergency Procedures, Immunisation and POPIA Requirements

PARK ACADEMY SCHOOL / AFTER SCHOOL CARE

This handout explains, in simple terms, the most important parts of the Indemnity & Consent Form you sign when enrolling your child.

1. Why does the school require an indemnity form?

The indemnity form is a standard requirement at South African schools. It helps clarify:

- what the school is responsible for,
- what parents are responsible for, and
- what happens in the unlikely event of an accident or emergency.

The form does not take away your legal rights. It simply sets clear expectations so the school can care for your child responsibly and safely.

2. Does the school accept responsibility for injuries?

The school will always take every reasonable step to keep your child safe.

However, no school can guarantee that accidents will never happen (for example: playground falls, minor injuries, slips, bumps, allergic reactions, etc.).

The indemnity explains that the school is not responsible for accidents that happen despite reasonable care.

Important:

If the school or a staff member acts unlawfully, intentionally, or with gross negligence, they can still be held responsible. The form does *not* protect the school in those cases.

3. Why must I give medical and emergency information?

This helps staff act quickly if your child becomes ill or injured. The school needs:

- your contact numbers
- an additional emergency contact
- your child's medical aid details (if any)
- allergies and medical conditions
- doctor or clinic details

Accurate information saves time in emergencies.

4. What happens if my child needs emergency medical treatment?

If there is a serious medical emergency and the school cannot reach you immediately, staff are allowed to:

- give basic first aid
- call an ambulance
- take your child to a doctor or clinic
- consent to urgent treatment on your behalf (if you cannot be reached)

This is only for emergencies and always in the best interest of your child.

You remain responsible for any medical or ambulance costs.

5. Does the school need proof of immunisation?

Yes. For health and safety reasons, most South African schools request:

- a copy of your child's clinic card, or
- a record of vaccinations, or
- a written explanation if your child cannot be vaccinated for medical reasons.

This helps protect all children and staff, especially during outbreaks of measles, chicken pox, or other infectious diseases.

6. Why does the school ask for transport and excursion consent?



Children sometimes participate in outings, educational trips or local excursions. The school:

- selects transport providers carefully,
- ensures proper supervision,
- follows safety procedures.

You give upfront consent so that your child may attend these outings. You will always be informed of any planned trip.

7. Why does the form ask about photo/video consent?

From time to time, the school may take photos or videos for:

- classroom activities,
- newsletters,
- event programmes,
- internal communication,
- marketing (only if you agree).

You have the right to say yes, no, or yes with conditions. The school will respect your choice.

8. What is POPIA and how does it affect my child's information?

POPIA (the Protection of Personal Information Act) makes sure that your information is:

- kept safe,
- used only for school purposes,
- not shared without permission,
- stored responsibly.

The school uses your and your child's personal information only for:

- administration and enrolment
- safety, medical and emergency purposes
- communication with parents
- legal and regulatory requirements

You can request to update or access your information at any time.

9. What rules must my child follow?

You agree that your child will follow the school rules, which are designed to ensure:

- safety
- respect
- discipline
- a positive learning environment

You will receive a copy of the school's Code of Conduct. Rules may be updated when needed.

10. Who can collect my child from school?

For safety reasons:

- Only the people you list on the form may collect your child.
- If someone not on the list must collect the child, you must inform the school in advance.
- ID may be required for verification.

This helps prevent unauthorised pickups.

11. Why is this form important?

This form:

- helps protect your child,
- ensures the school can act quickly in emergencies,
- clarifies responsibilities on both sides,
- meets legal and health requirements,
- supports smooth and safe daily operations.

Signing the form shows that you understand and agree to these arrangements.



NECESSARY REQUIREMENTS

06 months to 1 Year Old's										
2 Sets of Clothing (labelled)	Bottle	Bibs	Blanket	Food	Formula	Message Book	Nappies	1 Box Tissues	4 Toilet Paper Rolls	Wet Wipes

2 to 3 Year Old's										
2x Set of Clothing (labelled)	Bottle	Bibs (If necessary)	Snack	Formula	Message Book	Nappies	1 Box Tissues	4 Toilet Paper Rolls	Wet Wipes	

4 Year Old's			
2x Set of Clothing (labelled)	1 Box Tissues	4 Toilet Paper Rolls	Message Book

5 to 6 Year Old's			
01 x Extra Clothing	Formal Education	1 Box of Tissues	4 Toilet Paper Rolls

EACH TERM: PARENTS/GUARDIANS TO PLEASE SUPPLY 1 REAM OF A4 PAPER & TOILET PAPER

SCHOOL FEES	
Registration fee (Non-Refundable)	R500.00
GRADES: 1 - 2 - 3 - 4 - 5 - 6 - 7	
Tuition Fees	R1500.00
STATIONERY FEES	
GRADES 1-2	R2200.00
GRADE 3	R2600.00
GRADES 4-6	R3500.00
GRADE 7	R3700.00
TAKE NOTE: The Registration fee of R500.00 is non-refundable	
TODDLER CLASS, PRE-SCHOOL AND PRIMARY SCHOOL	
Half-day Tuition Fee	R1500.00
Full-day Tuition Fee	R2500.00
Stationary Fees	
Toddler Class	R1500.00
Pre-School	R1500.00

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UNIFORM PRICE LIST

ITEM	PRICE
T-Shirt	R120.00
Jersey	R375.00
Scarf	R160.00
Beanie	R100.00
Track Suit	R670.00
Golf T-Shirt	R275.00
Water bottle bag (Grades 1,2,3,4,5,6)	R60.00
Blazer	R650.00
Long Sleeve Shirt	R230.00
Short Sleeve Shirt	R200.00
Sport Shorts	R170.00
School Dress	R450.00
Hat	R110.00
Socks	R60.00
Socks	R60.00
Belt	R50.00
Pullover	250.00
Trousers	R300.00
Tie	R 80.00
Stockings	R 50.00
Dry Mac	R400.00
Water Bottle	R60.00
Gloves	R50.00
Shoes (rise per size)	R250.00 – R300.00

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PARTICIPATION IN CURRICULAR AND CO-CURRICULAR ACTIVITIES THAT PARK ACADEMY SCHOOL OFFERS, ARE COMPULSORY FOR ALL LEARNERS

IF ANY PROBLEMS ARISE REGARDING PAYMENTS OR ANY OTHER SERIOUS MATTER, PLEASE NOTIFY THE PRINCIPAL OR SECRETARY.

