



LEARNER APPLICATION FORM

Nursery School: nursery@sunrisesuperkids.co.za

Primary School: primary@sunrisesuperkids.co.za

High School: highschool@sunrisesuperkids.co.za

Application For Nursery: ___ Primary: ___ High School: ___

For Office Use Only:

Table with 2 columns: Account Number, Child's Grade, Paid Registration, SA SAMS Admission Number, Date Applied.

Details of the Child (Please complete):

Table with 2 columns: Name & Surname, Gender, Emergency Contact Name, Emergency Contact Cell Number.

The Following Must Accompany This Form:

Table with 4 columns: Document type, Yes/No, Document type, Yes/No.

Declaration by Parent / Legal Guardian (Please read carefully and sign):

Multiple paragraphs of text for declaration, including agreement to pay fees, school rules, and indemnification.

Signature

Date



Note: This form must be completed in full. All changes to be initialed or signed by Parent / Guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Learner Details:

Grade Applied For:	Highest Grade Passed:	Year when Grade Was Passed:	Accession No:
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Surname:					
First Name:					
Date of Birth:	YYYY		MM		DD
Race:					
Identification or Passport No:					

Initials	Nickname:			
Other Names:				
Gender:	Male:		Female:	
Citizenship:				

Physical Address:	Home Telephone:
	Emergency No:
	Learner Cell:
	Learner Email Address:
	Mode of Transport:
Town:	Code:

Home Language:	Religion:
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Deceased Parent:	Mother		Father		Both	
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Previous School Information:

Name of Previous School:

Previous School Address:		
Postal Code:	Province:	Country:

Learner Medical Information:

Medical Aid Number:	Medical Aid Name:
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Medical Aid Main Member:	Doctor Name:
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Doctor's Address:	Doctor Telephone No:
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Medical Condition / Allergies:

Special Problems Requiring Counselling:

Dexterity of Learner:	Right Handed		Left Handed		Ambibextrous	
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Reg. Social Grant:	Yes		No	
Rec. Social Grant:	Yes		No	

Siblings:

Number of Other Children at this School:		Position in Family (e.g. First)	
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Please Supply Full Names Below:

Name:
Name:
Name:

Grade:
Grade:
Grade:

Parent / Guardian Information: (Please complete a separate form for each parent living at a different address)

Title: _____ Initials: _____ Surname: _____

First Names: _____ Gender: Male: _____ Female: _____

Home Language: _____ Race: _____

Identification or Passport No: _____

Physical Address:	Home Telephone:	
	Work Telephone:	
	Cellphone Number:	
	Alternative Number:	
Town:	Code:	Email Address:

Occupation: _____ Employer: _____

Learner Resides with Parent/s: Yes _____ No _____ Account Payer: Yes _____ No _____

Spouse / Alternative Caretaker Details:

Title: _____ Initials: _____ Surname: _____

Identification or Passport No: _____

Home / Work Telephone: _____ Cellphone Number: _____

Email Address: _____

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

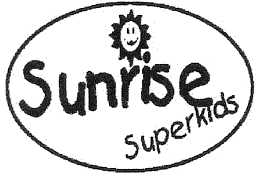
Name of Parent / Guardian (Please Print): _____

Signature of Parent / Guardian: _____

Date: _____

Office Use Only:

1. Date:	2. Accepted:	3. Accession Number:
4. Rejected:	5. Reason for Rejection:	
6. Documentation Received:	6a. Innumisation Record:	6b. Birth Certificate:
6c. Progress Report from Previous School:		6d. Transfer Letter from Previous School:
6e. Copy of Parent's ID/ Person Responsible For Payment:		6f. 2 x Passport Size Photos of the Child:
6g. Sgned Terms & Conditions / POPI Agreement & Indemnity Form:		



PROTECTION OF PERSONAL INFORMATION (POPI) CONSENT AGREEMENT

IMPORTANT NOTICE:

By signing or initialling or otherwise entering into this Agreement you agree to the terms and conditions contained in this document as well as any terms and conditions contained in all the other Policies of the School, which form part of this Agreement. These Policies are available on request from the School or on the School's website. It is important that you read and understand these Policies as they have important legal consequences for you. If there is any provision in this Agreement that you do not fully understand, please ask for an explanation from the Information Officer before signing. Your attention is drawn to these clauses because they are important and should be carefully noted.

1. DEFINITIONS

1.1. "Child" means the child or children (of any age) admitted by the School to be educated, whose details appear on the application forms or this agreement;

1.2. "Agreement" means this document, including all its annexures as well as any Policies;

1.3. "Parent" or "you" means each person who has signed this Agreement as the parent or legal guardian of a child or children

1.4. "Parties" means the Parent/s and the School;

1.5. "Policies" means the rules and principles adopted by the School, as published by the School from time to time, which are used to regulate the day to day running of the School. These Policies may include (but need not be limited to) the School Rules; Schedule of Fees; Terms and Conditions of the School, as well as the Code of Conduct and the School's Grievance Procedures for Parents, and COVID-19 Policy and are available on request free of charge, or on the School's website;

1.6. "School" or "we" means Sunrise Superkids Nursery School, Primary School or High School.

2. POLICIES OF THE SCHOOL

2.1. You declare that you have read and understood the Policies of the School as adopted and published by the School from time to time and agree to abide by these Policies. The School undertakes to make electronic copies of all policies available on request and free of charge and can also be obtained on the School's website for your review.

2.2. You undertake to comply with all the rules and regulations of the School and acknowledge that it is your responsibility to make yourself familiar with the policies.

3. PROTECTION OF PERSONAL INFORMATION

3.1. By entering into this Agreement, and unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to:

3.1.1. Collect, store and process information about you and any Third Party or divorced or separated Parent responsible for payment of any or all amounts comprised in the Fees;

3.1.2. Collect, store and process names, contact details and personal information relating to yourself and your Child, and to such information being made available to other parents/guardians, staff or responsible persons engaged or authorised by the School for School-related purposes to the extent required for the purpose of managing relationships between the School, parents/guardians, and current learners.

3.1.3. Include photographs and images, with or without name, of your Child in School publications, Social Media, Communication platforms or in Press releases to celebrate the School's or your Child's activities, achievements or successes;

3.1.4. Supply information and a reference in respect of your Child to any educational institution which you propose your Child may attend. We will take care to ensure that all information that is supplied relating to your Child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, the School cannot be liable for any loss you or your Child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or

report given by us; and The clause above limits and excludes obligations, liabilities and legal responsibilities which the School may have towards you or your Child.

3.1.5. Inform any other school or educational institution to which you propose to send your Child of any outstanding fees.

3.2. The School may not distribute or otherwise publish any of your personal information in its possession, unless you give your consent, in writing, to the School that it may do so. Should this be the case, the School may only distribute or otherwise publish the information specified in your consent to the people and for the purpose stated in your written consent.

4. GENERAL

4.1. You confirm that all the particulars that you may furnish or that you have furnished to the School on this Agreement or otherwise from time to time are or will be, to the best of your knowledge and belief, full, true and accurate.

4.2. You undertake to advise the School in writing of any changes to the details included in this Agreement.

Details of Parent/ Guardian

I/we, the undersigned, do hereby declare that I/we have read and understood this Agreement, including the all the other Policies of the School. I/we, consent to my/our information being processed in terms of the Protection of Personal information (POPI) Act.

SIGNED at _____ on this ____ day of _____ 20 ____

Parent/ Guardian

Name and Surname:

SIGNED at _____ on this ____ day of _____ 20 ____

Parent/ Guardian

Name and Surname:

Details of the Child

Name and Surname:

Grade:

ID Number:

It is to be noted that for each child enrolled and admitted to the School, a new Agreement will be completed and signed by the Parties, with the same information for each such sibling. These will be Annexures A1, A2 and so on, and will be deemed to be annexures to the Agreement and application forms, with all the provisions of the Agreement applying to the siblings of a Child in terms of the Agreement.



INDEMNITY FORM

I/We, the undersigned,

Father _____ (Full names and surname)

Mother _____ (Full names and surname)

Guardian _____ (Full names and surname)

Of _____ (Child name and surname)

Hereby indemnify

Sunrise Superkids Nursery School, Primary School and High School, in respect of any emergency, injury, loss, accident or death of whatever nature and under whichever circumstances that your child may acquire whilst he/she is under the control and care of Sunrise Superkids.

In addition; as the case may arise, I authorise the employees of Sunrise Superkids, should they not be able to reach me, to take my child to the Doctor/Hospital should they deem it necessary, and give them full authority to give permission or authorisation for any medical treatment or procedures that may be required to be carried out in accordance with the recommendations of the hospital or doctor. I understand that I will be held solely liable for any costs incurred and agree to take full responsibility for the billing account.

SIGNED at _____ on this ___ day of _____ 20__

Parent / Guardian

Name and Surname: