

Enrolment 20_____**Student Information**

Surname						
Name						
Preferred Name						
Date of Birth	Day		Month		Year	
Gender	Male		Female			
I.D. Number						
Type of I.D./S.A. or Foreign						
Nationality						
Religion						
Physical Address						
Postal Address						
Phone Number						
Cell-phone						
Email Address						
Home Language						
Name of Previous School						
Medical conditions						
Example (Allergies)						
Chronic Medication						
Handicaps or Disabilities						
Medical Aid					Med. Number	

Emergency contact no.	
Family Doctor & contact no.	
Preferred medical service provider	

Type of Enrolment

Grade		Reason for Home schooling
Foundation Phase: (K-3)		
Intermediate Phase: (4-6)		
Senior Phase: (7-9)		
GED: (10-12)		
American High School Certificate:		

Father's Information

Surname				
First Name				
Relationship to applicant				
Date of Birth				
I.D. Number				
Type of I.D. Document				
Nationality				
Address if not residing with child				
Mobile number				
Do you wish to receive messages from the school on the above number?	Yes		No	
Email Address				
Occupation				
Employer				
Work Phone no.				

Mother's Information

Surname				
First Name				
Relationship to applicant				
Date of Birth				
I.D. Number				
Type of I.D. Document				
Nationality				
Address if not residing with child				
Mobile number				
Do you wish to receive messages from the school on the above number?	Yes		No	
Email Address				
Occupation				
Employer				
Work Phone no.				

The Person responsible for fees

Name				
Surname				
Cellphone number				
Email Address				
Relationship to applicant				
Address				

INDEMNITY FORM

This Serves to Confirm That I/We:

(Dad/Guardian) name: _____

(Mom/Guardian) Name: _____

Parents / Guardian of (child's name): _____

Do not hold Amazing Troopers Institute responsible for any negligence beyond the facility's control that may occur during the hours that my child is attending the facility.

I/We agree that Amazing Troopers Institute may increase the fees from time to time at their sole discretion. In addition to the annual increase, should same be required for operational reasoning.

Once this application form has been signed and handed in at Amazing Troopers Institute I/We undertake to pay the registration fees as well as the school fee in advance for the first month and the monthly fee by the 07th of the month and every successive month thereafter.

I have read and accept the policies and procedures of Amazing Troopers Institute and agree that they form part of my contract. I understand that this contract may be reviewed and revised as necessary and that I will be provided with written notice of any such revisions/changes at least 30 days prior to any changes/revisions to this agreement becoming enforceable.

Sign on this _____ day of _____ 20 _____

Dad/Guardian Signature: _____

Mom/Guardian Signature: _____

Rules and Regulations

1. Registration fees must be paid on admission and in advance for the first month.
2. Monthly fees must be paid before or on the 1st of each month and no later than the 7th of every month. Total period from January till December.
3. E.g. January month school fees will be paid by the 1st January.

(Payments after the 7th of each will be charge 10% penalty of the monthly fee.)

4. Should you enrol your child after the 1st you will be liable for the full fees for the month.
5. The school reserves the right to restrict admission of any pupil in respect of monies to the school are outstanding.
6. The school reserves the right to withhold student's school reports and exam results whose accounts are not paid up.
7. The School/Owner shall be entitled to instruct the school attorneys to attend to collection of outstanding fees and parents (whether natural, adoptive, foster and guardian parents) shall be jointly and liable for payment of all costs so incurred, on the scale as between attorney and own client, including collection fees.
8. The curriculum that will be administered by MobyMax which will start at the level of the child after a placement test is conducted.
9. Any additional requested curriculum by parents will be an additional cost for parents.
10. Assessments will be informal and at the child's level of competence. Focus will be on mastering concepts rather than completing a curriculum so that solid foundations for future learning are established.
11. Should a strained relationship develop due to non-compliance by learner or parent, the parent will be requested to make alternative arrangements for the child's education.

Parents Name and Surname: _____ Date: _____

Signature: _____ 1. Witness: _____

2. Witness: _____

Principal's Name: _____ Date: _____

Signature: _____