
Courtney House International School

REGISTRATION FORM

APPLICATION FOR YEAR: _____ FOR GRADE: _____

YOUR CHILD'S DETAILS

SURNAME: _____ GENDER: (MALE/FEMALE) _____

FIRST NAME: _____ PREFERRED NAME: _____

DATE OF BIRTH: (YYYY/MM/DD) _____ NATIONALITY: _____

I.D./PASSPORT NO.: _____ HOME LANGUAGE: _____

PREVIOUS SCHOOL HISTORY

PRESENT OR MOST RECENT SCHOOL ATTENDED: _____

GRADES ATTENDED: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

REASON FOR DISCONTINUING: _____

PARENT OR GUARDIAN DETAILS

MOTHER/GUARDIAN

SURNAME: _____

FIRST NAME: _____ PREFERRED NAME: _____

I.D./PASSPORT NO.: _____ MARITAL STATUS: _____

HOME ADDRESS: _____

_____ POSTAL CODE: _____

POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

CONTACT NUMBERS: HOME: _____ FAX: _____

WORK: _____ CELL: _____

E-MAIL: _____

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FATHER/GUARDIAN

SURNAME: _____

FIRST NAME: _____ PREFERRED NAME: _____

I.D./PASSPORT NO.: _____ MARITAL STATUS: _____

HOME ADDRESS: _____

_____ POSTAL CODE: _____

POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

CONTACT NUMBERS: HOME: _____ FAX: _____

WORK: _____ CELL: _____

E-MAIL: _____



YOUR CHILD'S HOME ENVIRONMENT

SIBLINGS

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

How would you describe your child's relationship with his or her siblings?

How would you describe your partner's relationship with your child?

Does anybody else play a significant role in your child's life? (please comment)

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YOUR CHILD'S INTERESTS

Which activities does your child most enjoy?

Does your child possess any noticeable gifts, interests, or habits, which may help us to understand him or her?

Are there any significant experiences in your child's life that you would like to share with us?

Please feel free to provide us with further information that is important to you or your child.

How does your child currently experience school?

EXPECTATIONS AND ADDITIONAL INFORMATION

Please indicate how you heard about Courtney House?

What are your expectations regarding our school?

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DEBTOR'S INFORMATION

INFORMATION OF PERSON RESPONSIBLE FOR FEES

NAME AND SURNAME: _____

PHYSICAL ADDRESS: _____

_____ POSTAL CODE: _____

POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

CONTACT NUMBERS: HOME: _____ FAX: _____

WORK: _____ CELL: _____

E-MAIL: _____

BANK DETAILS

BANK: _____

BRANCH CODE: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: _____

DEBTOR TO NOTE:

- Written notice is required – as per contract
- Fees are payable strictly in advance
- Late payments are subject to a 15% administration fee

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YOUR CHILD'S MEDICAL INFORMATION

MEDICAL AID DETAILS

NAME OF MEDICAL AID: _____

NAME OF MAIN MEMBER: _____

MEDICAL AID NUMBER: _____

MEDICAL HISTORY

ARE INOCULATIONS UP TO DATE? (YES/NO) _____

HAS YOUR CHILD HAD GROMMETS? (YES/NO) _____

HAS YOUR CHILD HAD EAR INFECTIONS? (YES/NO) _____

HAS YOUR CHILD BEEN HOSPITALISED? (YES/NO) _____

REASON: _____

MEDICATION

DOES YOUR CHILD REQUIRE SPECIFIC MEDICATION? (YES/NO) _____

DETAILS: _____

IN CASE OF EMERGENCY AND WE ARE UNABLE TO REACH YOU WE MAY CONTACT

SURNAME: _____

FIRST NAME: _____

CONTACT NUMBERS: HOME: _____ FAX: _____

WORK: _____ CELL: _____

E-MAIL: _____

NAME: _____ SIGNATURE: _____

DATE: _____

PERMISSION IS REQUESTED IN CASE OF AN EMERGENCY FOR COURTNEY HOUSE TO ACT IN *PARENTIS LOCIS*, SHOULD YOUR CHILD NEED HOSIPTAL TREATMENT AND BE CONVEYED TO THE NEAREST HOSPITAL EMERGENCY SERVICE, LITTLE COMPANY OF MARY, GEORGE STORRAR DRIVE

Dated this _____ Day of _____ 200 _____

Signed: _____ (FATHER/GUARDIAN)

Signed: _____ (MOTHER/GUARDIAN)

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AGREEMENT OF TUITION AND INDEMNITY

FULL NAME OF THE CHILD: _____

I.D. / PASSPORT NO.: _____

Either parents or legal guardian must sign this agreement

I/We the undersigned, hereby contract and agree that the following will apply

1. All school fees, as fixed by the Members of **COURTNEY HOUSE LEARNING CENTRE cc** from time to time, are payable in advance, **per annum** and I/we undertake to pay all penalties or fines on arrear amounts.

A statement presented by **COURTNEY HOUSE** shall be deemed satisfactory proof of the amount due by the debtor that is the person/s responsible for payment to **COURTNEY HOUSE**.

2. A full three (3) calendar months notice **is required in writing**, I/we agree that I/we become liable for the applicable amount in lieu of notice not given timeously.

This clause includes the first Quarter of the child's enrolment at the school.

3. All children are subject to the system at **COURTNEY HOUSE**

4. The Members of **COURTNEY HOUSE LEARNING CENTRE cc** have the power to expel any pupil at any time for reasons, which they in accordance with their discretion deem adequate, and in this event we shall remain responsible for all fees for the relevant term.

5. At all times during school terms the Members of **COURTNEY HOUSE LEARNING CENTRE cc** will act in the capacity of *loco parentis*, including consent to medical treatment, operations and anaesthetics or any emergency

The exact interpretation of the phrase in any emergency must be at the discretion of the Members of **COURTNEY HOUSE LEARNING CENTRE cc** or any appointed deputy, who will consult parents where, in his/her opinion, this is possible.

6. I/We hereby agree that while the said child is enrolled at **COURTNEY HOUSE LEARNING CENTRE cc** and is conveyed or transported at any time for any purpose whatsoever, then it shall be at ours and the child's own risk. We understand this to mean that we agree to allow the pupil to be transported or conveyed on the understanding that the school, or the parents who are acting for the school, shall not be liable in the law to the said child for any damages arising out of bodily injury to the pupil.

Likewise, should we become liable to pay medical expenses to any third party as a result of bodily injuries suffered by the said child as aforesaid, we understand that we will have no claim against **COURTNEY HOUSE LEARNING CENTRE cc** or any individual staff member or employee of the school for the recovery of such expenses. **This indemnity will also apply to all and any extra mural activities.**

7. **COURTNEY HOUSE LEARNING CENTRE cc** shall not be responsible for loss or damage to the personal property of the child.

8. An Annual Registration Fee is payable for each year of education at **COURTNEY HOUSE LEARNING CENTRE cc** in order to secure your child's enrolment for the following year. **This amount is non-refundable.**

FULL NAME: _____ I.D./PASSPORT NO. _____ SIGNATURE: _____
MOTHER

FULL NAME: _____ I.D./PASSPORT NO. _____ SIGNATURE: _____
FATHER

FULL NAME: _____ I.D./PASSPORT NO. _____ SIGNATURE: _____
LEGAL GUARDIAN

Courtney House International School

DOMICILIUM CITANDI ET EXECUTANDI

Print full names and surname: _____

I choose as *domicilium citandi et executandi* the address hereunder.

domicilium citandi et executandi (Physical address in South Africa)

Dated this _____ Day of _____ 200 _____

Signed: _____ (FATHER/GUARDIAN)

Print full names and surname: _____

I choose as *domicilium citandi et executandi* the address hereunder.

domicilium citandi et executandi (Physical address in South Africa)

Dated this _____ Day of _____ 200 _____

Signed: _____ (MOTHER/GUARDIAN)