**HOMEWORK CENTRE APPLICATION FORM**

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| --- | --- |
| Admission Requirements | For office use |
| * Copy of Birth certificate
* Copy of ID for person responsible for payment
* Copy of recent school report
* Registration form fully completed and signed.
* Annual Registration Fee R350
* Monthly Fees of R300
 | Ezamazwe Education Centre for Innovation hereby confirms that we have accepted:- The account payer (mentioned in section 4 of this document) to be responsible for the fees of the Homework Centre (mentioned in section 1 of this document)**Admission date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Student Number:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | **-** |  |  |

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**SECTION 1: LEARNER PERSONAL DETAILS**

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| --- | --- |
| Name:  | Surname:  |
| Age: | Home Language:  |
| Gender: | Nationality: |
| School Attending: |   |
| Grade Attending: |  |
| Parent Contact Number |  |
| Residential Address (with code):  |  |
|  |

**SECTION 2: NEXT OF KIN/ PERSON TO CONTACT IN CASE OF EMERGENCY**

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| --- |
| Name:  |
| Contact numbers:  |
| Residential Address: |
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**“Education is the most powerful weapon which you can use to change the world.”**

 Nelson Mandela

**Every child deserves a champion – an adult who will never give up on them, who understands the power of knowledge and education and insists that they become the best that they can possibly be**

**CONSENT AND INDEMNITY BY STUDENT AND PARENT / GUARDIAN**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_ (Parent / Guardian Surname & Name) hereby give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child’s Surname & name), referred to on section 1 of this document to take part in the above mentioned activities of the centre as advised to myself, and also all or any extra mural activities, including but not limited to holiday school, games, athletics, tours & excursions of general, vocational, or educational, whether free or may have additional costs & also whether conducted on the centres’ premises or not as informed. I fully understand and accept that all such activities shall be undertaken at own risk and undertaken on behalf of myself, my spouse, my executors and my student to indemnify, hold harmless and absolve the centre, the director, the management and his/ her staff members against the following:

- Damage or loss of any personal property of the student.

- Injury or death of the student.

I agree that no claim can be made against any party connected to the centre or the centre itself in regard to conditions stated above. I will abide by the rules and regulations of Ezamazwe Education centre for Innovation, and understand that breaking the rules and regulations will result in disciplinary action and possible deregistration from the centre.

I confirm that I am aware that Homework Centre is only for Grade 1 to Grade 7 and Ezamazwe Education Centre for Innovation does not offer homework assistance for Afrikaans subject.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place) on the \_\_\_\_ (day) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_\_\_ (year)

**SECTION 4: PERSON RESPONSIBLE FOR PAYING FEES**

|  |
| --- |
| Full Name:  |
| ID Number /Passport No:  |
| Contact number and Alternative:  |
| Email:  |
| Relationship with the child: |
| Residential Address: |
|  |

**DECLARATION & INDEMNITY BY THE PERSON RESPONSIBLE FOR THE ACCOUNT PAYMENTS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (account payer) declare that I have sign up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student), to join Ezamazwe Education Centre for Innovation for the year 2023, that amounts to the total year fee of R \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ payable monthly. I hereby accept that I will be responsible for all the fees (for the programme(s) selected in section 3) mentioned in this contract. All fees are payable at the beginning of each month, on or before the 3rd day of each month, or upon enrolment at the centre. I declare that I bare full knowledge that the final payment must be made no late. I declare that I bare full knowledge that this is a fixed term contract and that should I withdraw the student from centre before the end of the contract date, I shall still be held liable for the full payment of the said contract term payable on time monthly in full by the end date of this contract.

- Fees in arrears, with no agreement in place, will result in the member not being allowed to attend classes until all outstanding fees are paid up to date.

- Premature withdrawal **WILL NOT** result in any refund of fees paid.

- Should the student be suspended / deregistered from the centre due to absentee or disregarding the rules, **NO REFUND** will be given by the centre.

BANKING DETAILS

Account Name: Ezamazwe Concepts Pty (LTD) Trading as Ezamazwe Education Centre for Innovation

BANK : NEDBANK ACCOUNT NUMBER: 1207806862

ACCOUNT TYPE: CURRENT ACCOUNT BRANCH CODE: 14194900

REFERENCE: use NAME AND SURNAME as reference

Please note that if fees are not up to date, the centre has the right to deny the member mentioned in this contract access to the centre.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place) on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)