www.rosemarieschools.co.za
 rosemarienursery@gmail.com
 rosemarie-schools

LEARNER DETAILS



BABY CENTRE

25 Neville Street, Brackendowns Alberton 1448 Tel: 011 900-1846

NURSERY SCHOOL & GRADE R

17 Kalossie Street Brackenhurst Albeton 1448 Tel: 011 867-5701

AFTERCARE

113 McBride Street Brackenhurst Alberton 1448 Tel: 011 867-5196

ENROLMENT FORM BABY CENTRE

CHILD'S NAME	
CHILD'S SURNAME	
DATE OF BIRTH	
CHILD'S GENDER	
CHILD'S RACE	
CHILD'S RELIGION	
HOME LANGUAGE	
DOCTOR	
DOCTORS TEL NUMBER	
ALLERGIES	

MAIN MEMBER MEDICAL AID NUMBER OPTION A: FULL TIME OPTION B: 3 DAYS A WEEK

MOTHER'S DETAILS

DIET PREFERENCE

MEDICAL AID

MEDICAL CONDITION

NAME	
SURNAME	
ID NUMBER (Please attach copy)	
WORK TEL NUMBER	
HOME TEL NUMBER	
CELLPHONE NUMBER	
EMAIL (Please print)	
OCCUPATION	
EMPLOYER	
HOME ADDRESS	

Date:	Parent Initial:



FATHER'S DETAILS					
NAME					
SURNAME					
ID NUMBER (Please attach co	рру)				
WORK TEL NUMBER					
HOME TEL NUMBER					
CELLPHONE NUMBER					
EMAIL (Please print)					
OCCUPATION					
EMPLOYER					
HOME ADDRESS					
CONSCENT					
The parent/s or legal guardian allow the principal and any other staff member to take and use any photographs taken, within school hours, irrespective of location, for advertising purposes. This may include but not limited to social media, web advertising and promotional campaigning. YES NO NO NO NOTICE (In case of emergency)					
		CONTACT NUMBER			
ADDITIONAL CONTACTS		CONTACT NUMBER			
ADDITIONAL CONTACTS NAME		CONTACT NUMBER			
ADDITIONAL CONTACTS NAME 1.		CONTACT NUMBER			
ADDITIONAL CONTACTS NAME 1. 2.		CONTACT NUMBER			
ADDITIONAL CONTACTS NAME 1. 2. OFFICE USE		CONTACT NUMBER			
ADDITIONAL CONTACTS NAME 1. 2. OFFICE USE ENROLMENT DATE		CONTACT NUMBER			
ADDITIONAL CONTACTS NAME 1. 2. OFFICE USE ENROLMENT DATE ADMIN FEE		CONTACT NUMBER			
ADDITIONAL CONTACTS NAME 1. 2. OFFICE USE ENROLMENT DATE ADMIN FEE MONTHLY SCHOOL FEE		CONTACT NUMBER			
ADDITIONAL CONTACTS NAME 1. 2. OFFICE USE ENROLMENT DATE ADMIN FEE MONTHLY SCHOOL FEE STARTING DATE		CONTACT NUMBER			
ADDITIONAL CONTACTS NAME 1. 2. OFFICE USE ENROLMENT DATE ADMIN FEE MONTHLY SCHOOL FEE STARTING DATE SIBLING		CONTACT NUMBER			
ADDITIONAL CONTACTS NAME 1. 2. OFFICE USE ENROLMENT DATE ADMIN FEE MONTHLY SCHOOL FEE STARTING DATE SIBLING COPY OF ID'S		CONTACT NUMBER			

Date: ___

Parent Initial:



CONDITIONS OF ENROLMENT 2023

- 1. A child's enrolment will be subject to the conditions stated hereunder or such other conditions which may have been determined by the school and/or Principal at the time of enrolment.
- 2. The school, at its sole and absolute discretion, reserves the right to amend these conditions of enrolment upon one month's written notice.
- 3. The parent's agree to be bound by the rules, regulations, policies and procedures of the school as determined by the school and/or the Principal.
- 4. The enrolment of every child is subject to the discretion of the Principal.
- 5. No person/s will be permitted to collect a child without prior written arrangement/notice on any given day; written notice must be handed to your child's teacher or to the administrative office.
- 6. It remains the responsibility of the parent's of the child enrolled at the school to relay all school rules to any persons collecting the child on any particular occasion.
- 7. The Principal, in his/her sole and absolute discretion, shall be enitled to terminate the enrolment of any child with immediate effect if the Principal believes that the child is guilty of any misconduct, impairing/hindering the education of another child and/or harming children or adults on the school premises. In this event a pro-rata portion of any fees paid in advance shall be refunded.
- 8. In the event of emergencies, the school reserves the right to obtain medical assistance from any private medical doctor or hospital available and the resulting costs will be the responsibility of the parent/s and/or legal guardian of the child.

9. Admin Fees:

A R800 annual admin fee is payable on enrolment and then annually.

10. Termination of Contract:

Written termination must be received by the school on or before the first day of the month. No late notices will be accepted. If no notice is given, the next month's tuition will be invoiced.

No notice after the month of October will be accepted.

Date:	Parent Initial:





SCHOOL FEES 2023

All Siblings Less 5% - Annual Admin Fee R800 per family

BABY CARE CENTRE

Full Time - R3 900 3 Days - R3 000

AFTERCARE

Full Time - R2 200 Daily casual rate - R150 Half day (07:00 - 14:00) - R100

NURSERY SCHOOL

Full Time - R3 600 3 Days - R2 850

TRANSPORT

R800 - single trip

GRADE R

Full Time - R3 750

PREP

Full Day - R6 000 Half Day - R 5000

- 1. All school fees are payable in advance and are payable, as usual, notwithstanding that your child is absent from the school whether due to illness, away on holiday or any other reason.
- 2. If school fees are not paid in full, school reports will be held back until school fees are paid in full.
- 3. A 5% discount on fees will be granted in respect of each additional sibling enrolled at the school.
- 4. Both parent's and/or legal guardians will be liable to pay any amounts due to the school. In the event that any action is institued by the school against the parents and or legal guardians for any reason whatsoever, and being successful with such action, the parents and/or legal guardians hereby agree to pay the school's legal fees on the scale as beween attorney and one's own client, including collection commission, tracing fees and the like.
- 5. Fees are not all-inclusive and the school shall be reimbursed by the parent/s and or/or legal guardian/s for all expenditure incurred by the school on behalf of the enrolled child.

PAYMENT

The school accepts internet transfers into the school's nominated bank account, which details are: Rosemarie Schools

FNB

Branch Code 210835 Acc Nr 63012973011

*Please use ref (acc nr, top right corner) as on Pastel statement, first three letters of surname followed by three digits

I/We accept and understand the following conditions of enrolment

Signed at ______ on this_____ day of ______

FATHER/LEGAL GUARDIAN

MOTHER/LEGAL GUARDIEN

PLEASE INITIAL ALL PAGES ON THE LINE PROVIDED AT THE END OF EACH PAGE

