

PLEASE COMPLETE ALL INFORMATION

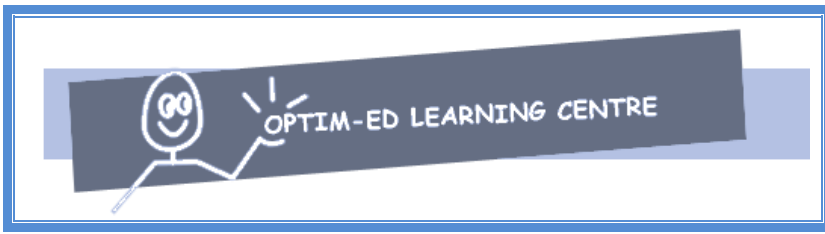
Please supply the following copies (where applicable):

- | | |
|---|--|
| <ul style="list-style-type: none"> • Birth certificate / Learner ID • Mother's ID • Father's ID • Clinic card | <ul style="list-style-type: none"> • Previous school reports • Medical reports • Therapist reports • Assessments |
|---|--|

SPECIAL NEEDS

LEARNER DETAILS

CHILD'S NAME	
CHILD'S SURNAME	
NAME BY WHICH LEARNER IS CALLED	
DATE OF BIRTH	
BIRTH CERTIFICATE NUMBER	
CHILD'S GENDER	
CHILD'S RACE	
CHILD'S RELIGION	
HOME LANGUAGE	
LANGUAGE OF LEARNING AND TEACHING	ENGLISH
DATE STARTED AT OPTIM-ED	(Year.month.day)
FOSTER CARE <input type="checkbox"/> ADOPTED <input type="checkbox"/> ORPHAN <input type="checkbox"/> LEGAL GUARDIANSHIP <input type="checkbox"/> AUTHORITY <input type="checkbox"/> (use 'x' to mark where applicable)	
NUMBER OF CHILDREN IN FAMILY	
POSITION IN FAMILY (e.g. first)	
WHO DOES THE LEARNER LIVE WITH	MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY:
PREVIOUS SCHOOL / FACILITY ATTENDED	
DOCTOR	
DOCTORS TEL NUMBER	
ALLERGIES/ FOOD SPECIFICATIONS	
MEDICAL CONDITION	
CURRENT DIAGNOSIS	
CURRENT CHRONIC MEDICATION	
MEDICAL AID	



MAIN MEMBER OF MEDICAL AID	
MEDICAL AID NUMBER	
CURRENT THERAPY (e.g. OT, Speech)	
HAS THE LEARNER BEEN ASSESSED (if yes by who?)	
REFERRED BY	
MOTHER'S DETAILS	
FIRST NAME	
SURNAME	
ID NUMBER (please attach copy)	
MARITAL STATUS	
WORK TEL NUMBER	
HOME TEL NUMBER	
CELLPHONE NUMBER	
EMAIL (please print)	
OCCUPATION	
EMPLOYER	
HOME ADDRESS	
POSTAL ADDRESS	
FATHER'S DETAILS	
FIRST NAME	
SURNAME	
ID NUMBER (please attach copy)	
MARITAL STATUS	
WORK TEL NUMBER	
HOME TEL NUMBER	
CELLPHONE NUMBER	
EMAIL (please print)	
OCCUPATION	
EMPLOYER	



HOME ADDRESS	
POSTAL ADDRESS	
ADDITIONAL CONTACTS (In case of emergency)	
NAME	CONTACT NUMBER
1.	
2.	

PERSON RESPONSIBLE FOR PAYMENT

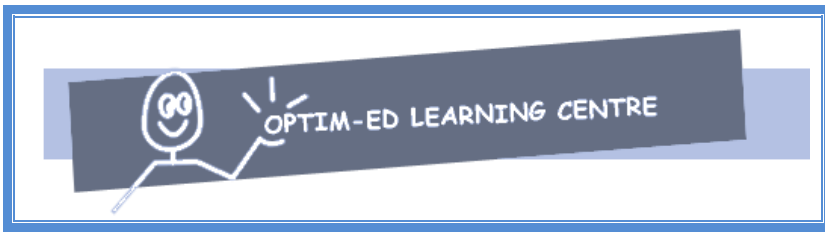
I _____ I.D. Number _____ declare that I will adhere to the following conditions of payment:

- A R500-00 non-refundable registration fee is payable on enrolment
- Fees are payable by the 3th day of each month for the month. Interest will be payable on all late fees according to a sliding scale
- Optim-Ed Learning Centre reserve the right to use any method to trace unpaid accounts, conduct credit assessments on application, list bad debt on all arrear payments and disclose the existence of your account and bad payment to any credit bureau
- One month's paid written notice must be given by the first of the month. No notice will be accepted from October
- I the parent/guardian will be personally responsible for medical bills
- Parent contract applies to monies owed and collection thereof

Signed at _____ on this _____ day of _____ 20____

Signature of person responsible for payment

Witness



INDEMNITY

I _____ parent/guardian of _____ cede my power to the principal of Optim-Ed Learning Centre or its representatives to consent to treatment for my child by any qualified medical practitioner if I or my family doctor is unavailable.

I acknowledge that the principal and teachers of Optim-Ed Learning Centre, at all material times and in all respects act in loco parentis regarding supervision, care and discipline of my child.

I give consent for my child to participate in any activities offered by Optim-Ed Learning Centre. I give consent that my child may be transported on tours by Optim-Ed Learning Centre. I hereby consent that photographs of my child may be taken for educational purposes as well as to be placed on social media platforms and website.

I acknowledge that the workers in the service of Optim-Ed Learning Centre shall not be liable for any loss, damages or costs incurred, nor will they be held liable for any unforeseen circumstances that may arise. Optim-Ed Learning Centre undertake to take precautions to avoid such taking place.

I acknowledge that Optim-Ed Learning Centre has the right to terminate the enrolment of my child at any point in time should the centre no longer be able to meet the educational needs of my child.

Signed at _____ on this _____ day of _____ 20_____

Signature of Parent/Guardian

Witness

Signature of Principal

OPTIM-ED LEARNING CENTRE IS REGISTERED WITH THE GAUTENG DEPARTMENT OF EDUCATION NO: 700400875 AS A SPECIAL NEEDS SCHOOL. THE SCHOOL DOES NOT WORK ACCORDING TO GRADE LEVELS. LEARNERS ARE GROUPED ACCORDING TO ABILITY AND NOT AGE. OPTIM-ED LEARNING CENTRE IS UNABLE TO ISSUE ANY GRADE OR MATRIC CERTIFICATE.