



REGISTRATION FORM & FINANCIAL CONTRACT - 2026

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL? Yes No

Name of other learner(s) : _____



DATE: _____

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: RSA Other: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: Afrikaans English Other: _____

Learner's language preference: Afrikaans English
 Other: _____

Learner mobile number: _____

Learner e-mail address: _____

Admission date: _____

Grade in 2025 : _____

Years in grade for 2025 : _____

Years in phase for 2025 : _____

Pre-primary education attended: Formal Informal
 Other: _____

Attach learner photo:

Photo

Method of transport: Private Taxi Bus

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____ Waiting list: A B

Register class: _____ Number on waiting list: _____

Admission number: _____ ID copy:

Application fee:

Proof of residence:

Birth certificate:

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried

Foster care Childrens home Single parent - Divorced

Other Re-composed Widow/Widower

Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng : Yes No

Learner attended school last year: Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____
Full names: _____
Surname: _____
Initials: _____
Preferred name: _____
ID number: _____
Home language: English Afrikaans Other: _____
Communication preference: SMS E-mail
 D6 Connect
Language preference: _____
Mobile number: _____
Home tel: _____
Fax: _____
E-mail: _____
Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed
Occupation: _____
Employer: _____
Work telephone number: _____
Employer physical address: _____

Is the learner living with this parent?: Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____
Full names: _____
Surname: _____
Initials: _____
Preferred name: _____
ID number: _____
Home language: English Afrikaans Other: _____
Communication preference: SMS E-mail
 D6 Connect
Language preference: _____
Mobile number: _____
Home tel: _____
Fax: _____
E-mail: _____
Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed
Occupation: _____
Employer: _____
Work telephone number: _____
Employer physical address: _____

Is the learner living with this parent?: Yes No

ACCOUNTABLE PERSON'S INFORMATION

Parent 1

Parent 2

Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____
Full names: _____
Surname: _____
Initials: _____
Preferred name: _____
ID number: _____
Home language: Afrikaans English Other: _____
Communication preference: SMS E-mail
 Mail By hand
Language preference: _____
Mobile number: _____
Telephone number: _____
Fax number: _____
E-mail: _____
Residential address: _____

Postal address: _____

Postal Code: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____
Name: _____
Registration number: _____
Language preference: _____
Contact number: _____
Fax number: _____
Business address: _____

Postal address: _____

Postal Code: _____



Permission & consent

1. I, parent / guardian of hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Oak Hill Academy & Little Bean ELC as included in the Policy of the school. As a parent and/or guardian of the child I undertake to treat all staff members with dignity and respect at all times. Unacceptable behaviour will result in me being banned from the property. I also understand that the school may not get involved in personal disputes between family members, and may not take instructions regarding who may be involved with the child (e.g. collecting from school etc.) without a relevant court order to this effect. Your cooperation in this regard is appreciated.
8. I hereby confirm that the school is / is not allowed to use imagery of my child in any publication, in any format. (Please circle whichever is applicable)

Signature of Parent / Guardian: _____ Date: _____



Indemnity

I/We the parents of/I the guardian of (name of learner) indemnify unconditionally and without restriction Oak Hill Academy & Little Bean ELC and/or the shareholders of Oak Hill Academy & Little Bean ELC or any person employed by Oak Hill Academy & Little Bean ELC or any person acting on behalf of Oak Hill Academy & Little Bean ELC against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Oak Hill Academy & Little Bean ELC.

Signed at _____ on _____ day of _____ 20__.

Signature of Parent / Guardian : _____

Parent declaration

I _____ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Management of Little Bean & Oak Hill or his/her representative to control and confirm any of the details supplied.

Signed at _____ on _____ day of _____ 20__.

Signature of Parent / Guardian : _____



Registration No: 2001/05/2909/23

FINANCIAL CONTRACT (Dated _____ / _____ / _____)
(Copy of Identity Document of responsible person and Birth Certificate of child to be attached)

Entered into by and between
Oak Hill Academy
and

Name of Pupil: _____ Grade: _____

Person responsible for the account:

Name and Surname: _____ Title: _____ ID number: _____

Postal Address: _____ Code: _____

Residential Address: _____

Tel. No.: (H) _____ (W) _____ (Cell) _____

E-mail address: _____

I agree:

1. That this account is payable monthly (including December) in advance for each month on or before the last day of each month.
2. That I will be held liable for legal fees on the attorney and own client scale, to be added to the capital amount outstanding should the account be handed over to our Attorneys for collection.
3. That fees will not be refunded or waived for absence through sickness or vacation.
4. That a three (3) calendar month notice period, or fees in lieu of three (3) months' notice MUST be given if my child (Gr 1-7) leaves, at any time OR that a one (1) calendar month notice period, or fees in lieu of one (1) months' notice MUST be given if my child (Gr R) leaves, at any time. Notice for Grade R pupils will not be accepted for October and November if pupil has been at Oak Hill for 6 months or longer at the time notice is given. A letter of notification must be addressed to and acknowledged in writing by the Accountant.
5. To allow Oak Hill Academy management to undertake a credit check and TransUnion ITC or Experian, if deemed necessary. Oak Hill Academy subscribes to **Credit Intel (Pty) Ltd** – should you remove your child from the school without payment of fees, your details will be handed to Credit Intel for follow up. This could affect your ability to enrol your child at another institution and your credit record.
6. That Oak Hill Academy management reserves the right to increase fees at any time after giving one (1) months' notice. I undertake to complete a new Financial Contract when necessary, but at the very least once annually. Failure to complete a new contract will not constitute notice.
7. To undertake payment of school fees in the following manner (**please tick**):

CASH _____ Electronic Fund Transfer (EFT) _____ DEBIT ORDER _____

Grade 1-7: Registration Fee (first enrolment) R2100 Grade R: R700

Grade 2-7: Re-registration Fee (returning child's annual fee) R600 Grade R: R400

Gr R Half day monthly R3950 if received before last day of month, R4150 if received after last day of month
 Gr R Full day monthly R4900 if received before last day of month, R5100 if received after last day of month
 Gr 1-7 Half day monthly R4500 if received before last day of month, R4700 if received after last day of month
 Gr 1-7 Full day monthly (A/care) R5850 if received before last day of month, R6050 if received after last day of month

Should a parent or guardian fail to make an EFT or CASH payment for a period of one (1) month, the school reserves the right to refuse entry to the child until the school fees have been paid up to date, and the parent or guardian has signed a debit order authorisation or paid the balance of the year's fees in advance.

I, the undersigned, accept that I am severally liable for all amounts in terms hereof and that a statement signed by the accountant for Oak Hill Academy certifying the amounts owing shall constitute prima facie proof for all purposes of any amounts owing in terms hereof and that any disbursements included in such amounts were duly made to or on behalf of my child. I understand and accept all terms and conditions annotated on pages one (1) to eight (8) of this Registration Form and the Oak Hill Academy Information Booklet.

Signature of person responsible for account: _____ Date: _____

Signed for Oak Hill Academy: _____ Date: _____

Witness: _____ Date: _____

**PLEASE NOTE THAT THE PERSON RESPONSIBLE FOR THE ACCOUNT MUST SIGN THE CONTRACT.
COPY OF ID MUST ACCOMPANY THE SIGNED AGREEMENT.**



Registration No.: 2001/05/2909/23

BANK DEBIT ORDER INSTRUCTIONS

Name (Debtor): _____ Date: _____

Address: _____ Contract No.: _____

Debit Amount: _____

Commencement Date: _____

Contact No.: _____ Abbreviated name as registered with the Bank: **LITTLE BEA**

Dear Sirs/Madams

The details of my bank account are as follows:

BANK: _____ BRANCH/TOWN: _____

BRANCH NO.: _____ ACCOUNT NAME: _____

ACCOUNT NO.: _____ TYPE OF ACCOUNT: _____

(savings, current, transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

On the same working day ("payment day") of every month commencing on _____. If the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the immediately prior ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party. Signed at

_____ on this _____ day of _____ 20_____ .

Assisted by:

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER

This Agreement reference number is: _____