



MODDERFONTEIN ACADEMY

Ignite Your *Creative Edge*

ANNEXURE A – APPLICATION FOR ENROLMENT

Please complete in black pen.

Applications must be accompanied by:

- Copy of birth certificate of learner.
- Copy of Parent(s) / Guardian(s) ID.
- ID of person responsible for fees.
- Latest school report.

R 5,000.00 Registration fee will be payable on acceptance with proof of payment.

LEARNER DETAILS:
NAME:
SURNAME:
DATE OF BIRTH:
ID / PASSPORT NUMBER:
RESIDENTIAL ADDRESS:
CODE:
CITIZENSHIP:
HOME LANGUAGE:
EMERGENCY CONTACT NAME:
EMERGENCY CONTACT NUMBER:
RELIGION:
GRADE OF ENTRY:
YEAR OF ENTRY:
PRESENT SCHOOL:
PREVIOUS SCHOOLS:





FATHER / MALE GUARDIAN:

TITLE:

FIRST NAME:

SURNAME:

ID / PASSPORT NUMBER:

RESIDENTIAL ADDRESS:

CODE:

OCCUPATION:

NAME OF EMPLOYER:

WORK ADDRESS:

CODE:

MOBILE NUMBER:

HOME TEL:

WORK TEL:

EMAIL ADDRESS:

POSTAL ADDRESS:

POSTAL CODE:

RELATIONSHIP TO LEARNER IF OTHER THAN FATHER:

MOTHER / FEMALE GUARDIAN:

TITLE:

FIRST NAME:

SURNAME:

ID / PASSPORT NUMBER:

RESIDENTIAL ADDRESS:

CODE:



OCCUPATION:
NAME OF EMPLOYER:
WORK ADDRESS:
CODE:
MOBILE NUMBER:
HOME TEL:
WORK TEL:
EMAIL ADDRESS:
POSTAL ADDRESS:
POSTAL CODE:
RELATIONSHIP TO LEARNER IF OTHER THAN MOTHER:

CONTACT DETAILS OF THE PARTY RESPONSIBLE FOR PAYMENT OF FEES
TITLE:
FIRST NAME:
SURNAME:
ID / PASSPORT NUMBER:
RESIDENTIAL ADDRESS:
CODE:
OCCUPATION:
NAME OF EMPLOYER:
WORK ADDRESS:
CODE:
MOBILE NUMBER:
HOME TEL:
WORK TEL:



EMAIL ADDRESS:
POSTAL ADDRESS:
POSTAL CODE:
RELATIONSHIP TO LEARNER:

How did you hear about Modderfontein Academy?
(Advertisement, social media, member of staff, friend, etc.)

Please attach any relevant or necessary medical documents regarding the learner.
Are there any medical conditions / allergies or other information that is necessary to
the Academy?

TO BE COMPLETED BY THE PARTIES:

***THE SIGNATORY(IES) CONFIRM(S) THAT HE/SHE HAS FULL AUTHORITY TO ENTER INTO
THIS AGREEMENT.***

PARENT/GUARDIAN 1

SIGNED AT _____ ON THIS _____ DAY OF
_____ 20_____.

SIGNATURE: _____.

Please print full name: _____.

WITNESS SIGNATURE: _____.

Please print full name: _____.



PARENT/GUARDIAN 2

SIGNED AT _____ ON THIS _____ DAY OF
 _____ 20_____.

SIGNATURE: _____.

Please print full name: _____.

WITNESS SIGNATURE: _____.

Please print full name: _____.

LEARNER (IF APPLICABLE)

SIGNED AT _____ ON THIS _____ DAY OF
 _____ 20_____.

SIGNATURE: _____.

Please print full name: _____.

WITNESS SIGNATURE: _____.

Please print full name: _____.

MODDERFONTEIN ACADEMY

SIGNED AT _____ ON THIS _____ DAY OF
 _____ 20_____.

SIGNATURE: _____.

Please print full name: _____.

WITNESS SIGNATURE: _____.

Please print full name: _____.