

**Address:** 10 Peter Road, Ruimsig  
**Email:** info@yellowwoodtutorcentre.co.za  
**Contact:** Jess: 060 525 9395  
**Website:** www.yellowwoodtutorcentre.co.za



## Documents Required

1. Copy of the Application Form.
2. Copy of the child's birth certificate.
3. Copy of each parent's/guardian's identity documents.
4. Copy of the child's student profile (available from previous school).
5. Copy of identity document for any other person who may collect your child.
6. Registration of vehicle in reference to number 5 above.

## Learners Information

Surname:			
First Name:		Second Name:	
Name preferred to be called by:			
Last school attended:			
Last Grade completed:			
Gender: Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
		Prefer not to say:	<input type="checkbox"/>
Prefer to be described as:			
Home Language:		Race (Req by GDE):	
Is the child an immigrant Y / N:	<input type="checkbox"/>	If yes from where:	
Date of Birth DD / MM / YY:		ID No (on Birth Cert):	
Residential address:			

**Medical Information**

Medical Aid Name:			
Medical Aid Number:			
Does your child have any allergies the centre should know about:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what medication should be taken should this reaction occur?			
Does your child have behavioural / health problems that the centre should know about?			

**Parents Information (both parents)**

<b>Mother:</b>			
Surname:			
First Name:		Second Name:	
ID Number:		Marital Status:	
Occupation:			
Company:			
Work Address:			
Work Number:		Home Number:	
Cell Number:			
Email:			
Residential address:			

**Parents Information (cont.)**

<b>Father:</b>			
Surname:			
First Name:		Second Name:	
ID Number:			
Occupation:			
Company:			
Work Address:			Marital Status:
Work Number:		Home Number:	
Cell Number:			
Email:			
Residential address:			

**Guardian/s Stepmother / Stepfather / Other**

Relationship to learner:			
First Name:		Surname:	
ID Number:			
Occupation:			
Company:			
Work Address:			
Work Number:		Home Number:	
Cell Number:			
Email:			
Residential address:			

## Emergency Contact

In case of an emergency and if parents / guardians are unavailable, who can we contact? (Must Live in Johannesburg)

### OPTION 1

First Name:

Surname:

ID Number:

Cell Number:

Relationship:

### OPTION 2

First Name:

Surname:

ID Number:

Cell Number:

Relationship:

## Person Responsible for Payment of Tutor Fees

Please note that fees are payable by the 1st of every month. Late fees will be subject to a penalty.

First Name:

Surname:

Cell Number:

EmailAddress:

### UNDERTAKING TO PAY TUTOR FEES:

I \_\_\_\_\_ ID \_\_\_\_\_ do hereby agree to pay the tutor fees. I understand that I need to pay fees by the FIRST of every month. I do hereby agree to give 1 months written notice should I wish to withdraw my child/children from the centre. I understand and agree that should I fail to do so, I will be held liable to still pay the following months fees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Banking Details

Bank: Capitec BUSINESS

Account Type: Current

Account Number: 1051027713

Branch Code: 450105

Ref: Leaner's Name

