



2021

Enrollment Form

Please tick with x which Grade you are enrolling for

Grade R ☐

Grade 1 ☐

Grade 2 ☐

Grade 3 ☐

Grade 4 ☐

Grade 5 ☐

Grade 6 ☐

Grade 7 ☐

FOR OFFICE USE ONLY:
STUDENT NAME & SURNAME

ID NR:

D.O.B

STUDENT NR:

Wise Owls Academy

Enrollment

0720291470 - Head Office

wiseowls.academysa@gmail.com



2021

STUDENT DETAILS

TITLE

--	--	--	--

PREFERRED NAME: _____

FULL NAMES:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SURNAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SA IDENTITY NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOME LANGUAGE:

--

(Please notify Head Office if any details change)

Home (street) Address:

Postal / Zip code:

Home (postal) Address: If different from Home (street) Address

Postal / Zip code:

Allergies: _____

ENROLLEMENT FORM WISE OWLS ACADEMY

Student parents are: (please tick with x)

Gender of student

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Engaged

:

Male

Female

Religious orientation of student:

Student says with: _____

Population Group

Asian ☐ Black ☐ Coloured ☐ White ☐ Indian ☐ Other ☐

If other, please specify: _____

PARENT DETAILS #1

TITLE

--	--	--	--

PREFERRED NAME: _____

FULL NAMES:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SURNAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SA IDENTITY NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOME LANGUAGE:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please notify Head Office if any details change)

Home (street) Address:

ENROLLEMENT FORM WISE OWLS ACADEMY

--	--	--	--

Postal / Zip code:

Home (postal) Address: If different from Home (street) Address

Postal / Zip code:

Telephone number:

--	--	--	--	--	--	--	--	--	--

Cellphone number

--	--	--	--	--	--	--	--	--	--

Whatsapp tel:

--	--	--	--	--	--	--	--	--	--

E-mail Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PARENT DETAILS #2

TITLE

--	--	--	--

PREFERRED NAME: _____

FULL NAMES:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SURNAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SA IDENTITY NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--

HOME LANGUAGE:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please notify Head Office if any details change)

ENROLLEMENT FORM WISE OWLS ACADEMY

Home (street) Address:

Postal / Zip code:

Home (postal) Address: If different from Home (street) Address

Postal / Zip code:

Telephone number:

--	--	--	--	--	--	--	--	--	--

Cellphone number

--	--	--	--	--	--	--	--	--	--

Whatsapp tel:

--	--	--	--	--	--	--	--	--	--

E-mail Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MEDICAL AID

Medical aid name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Plan

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medical aid number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Main Member

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CHILD PREVIOUS SCHOOL AND GRADE

GRADE	SCHOOL	YEAR OBTAINED

--	--	--

DECLARATION

I _____ declare that all information filled in is correct and true.

Signed at _____ on the _____ of _____ 20__

Signature: _____

IMPORTANT STUDENT FINANCIAL INFORMATION

- Registration Fees are not refundable
- In the unfortunate event that you have to give notice, it must be done in writing and a single Term (3 months) tuition fee will be payable to Wise Owls Academy
Total: R6 000.00
- Missing monthly payments will carry a penalty.
- With assessments and report cards all accounts have to be paid up to date before your marks will be submitted for report card
- Wise Owls Academy has the full legal right to withhold all certificates, assessment marks and report cards if there are any outstanding fees on your Account.

ACCOUNT: N STANDER
BANK: ABSA BANK
BRANCH CODE: 632005
ACCOUNT #: 4080036776
CHEQUE ACCOUNT



Additional Costs you will incur:

- Own stationary
- Photocopies
- Art supplies like glue, stickers etc.
- Files, tabs, Bantex pouches, laminating or DC fix
- Any material required for projects
- Internet Data for Research

Fees: Registration Fee R850.00 once-off [Please note this benefit does not apply to the registration fee](#)

Please tick one that is acceptable for you regarding payment options:

Monthly instalments

☐ R 2 181.81 per month over 11 months

R24 000.00

ENROLLEMENT FORM WISE OWLS ACADEMY

☐ R 2 000.00 per month over 12 months R24 000.00

10% Discount on the class fees if paid in full at the end of January R21 600.00

Sibling Fees: Registration Fee R500.00 once-off [Please note this benefit does not apply to the registration fee](#)

Please tick one that is acceptable for you regarding payment options:

Monthly instalments ☐ R 1 963.63 per month over 11 months R21 600.00

☐ R 1 800.00 per month over 12 months R21 600.00

5% Discount on the class fees if paid in full at the end of January R20 520.00



Wise Owls Academy strives to ensure that all school facilities are accessible to students living with special needs/disabilities. Every reasonable attempt will be made to provide students with the assistance they may require. Disability status is confidential. However if Wise Owls Academy is not aware of the special need/disability, the school will not be in a position, nor be obliged to make reasonable accommodations, if the special need/disability is not self-evident.

Please advise us below of any learning barriers we need to be aware of so that we can assist you:

DISABILITY OR LEARNING BARRIER



- Kindly advise the Admissions Office via e-mail of any change in your personal details (address, cell number etc).
- Please contact the Wise Owls Academy office for any information required about changes or finances – wiseowls.academysa@gmail.com or [0720291470](tel:0720291470)
- If you wish to discontinue your child/children's studies, it should be done via email to wiseowls.academysa@gmail.com

ENROLLEMENT FORM WISE OWLS ACADEMY

Classes at **Wise Owls Academy** are presented in English and Afrikaans. Academic activities take place on scheduled days.

Monday to Thursday 08h00 to 14h00

Friday 08h00 to 13h30

DECLARATION OF PERSON RESPONSIBLE FOR ACCOUNT

Details of parent/legal guardian/surety

Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Identity number of parent/guardian:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home address:

Cell number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home Tel:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship with student eg. (father, uncle, aunt etc.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ENROLLEMENT FORM WISE OWLS ACADEMY

Employer's address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Work Tel:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. I confirm that I am the legal guardian of the child and agree to the provisions contained in the declaration of the child.
2. I will pay for all fees due and payable to **Wise Owls Academy**.
3. Insofar as it may be applicable to me, I undertake, should the student be admitted to
 - 3.1 comply with all the rules and regulations of Wise Owls Academy.
 - 3.2 acquaint myself with all the rules, regulations and instructions applicable to Wise Owls Academy.
4. I shall be personally liable for payment of all fees, which may become due to Wise Owls Academy in terms of this application.
5. I indemnify **Wise Owls Academy** against any claim against the school arising out of injury, loss or illness suffered or contracted by the applicant, myself or any third party representing myself or the applicant during the course of, or arising out of, his/her studies.
6. I commit to paying the school fees on time and as stipulated in this agreement. (Failure to do so will result in expulsion and then litigation). School fees must be paid a month in advance and paid into the account on the last day of each month.
7. In the event that the parents do not pay their curriculum provider account and do not have access to the assessment portal there is nothing Wise Owls Academy can do. The curriculum provider and you sign a payment arrangement or agreement plan and that account is separate to Wise Owls Academy account.

AGREEMENT

SIGNATURE: _____

I _____ accept the terms as stipulated in this agreement and application.

Signed at _____ on the ____

of _____ 20__

ENROLLEMENT FORM WISE OWLS ACADEMY

Wise Owls Academy works on the curriculum providers calendars and follows the school terms.

All assessments that need to be submitted on time to ensure the child receives their report card will be on the time stipulated on the calendars. It remains the responsibility of the parent to ensure the child attends school and keep their account up to date.

No assessments will be submitted if the balance due on this account to this institution has not been paid in full.

Date: _____

Signature: _____

Date: _____

Witness: _____

Name of Witness: _____

OFFICE CHECKLIST -

SUPPORTING DOCUMENTS

(Please note that your application cannot be processed if you have not included all the relevant documents. Please use the checklist below to ensure that you have included all the required documents before you submit your enrollment form)

- ☐ Proof of Payment of your Registration Fee
- ☐ Certified copy of your ID
- ☐ Certified copy of your last school result if you have
- ☐ Certified copy of your passport if you are not a RSA citizen
- ☐ Disability assessment form (If you have a disability or special needs, please inform owner)
- ☐ Payment Agreement signed by parent
- ☐ Proof of residential/home address

WISE OWLS ACADEMY HEAD OFFICE:

SMS OR WHATSAPP SENT - DATE: ____/____/20____

SIGNATURE: _____

EMAIL SENT: DATE: ____/____/20____

SIGNATURE: _____

