



A Great Place For Education

# QUEENS PARK SCHOOLS

4 Edward Street, Roodepoort CBD Tel: 011 338 5122

## Aftercare Application Form

### Section 1:Learner's Personal Details

Surname	<input type="text"/>		
Full names as on birth certificate/ ID	<input type="text"/>		
Preferred name	<input type="text"/>		
ID number:	<input type="text"/>		
Current age:	<input type="text"/>	Current grade:	<input type="text"/>
Gender:	<input type="radio"/> Male <input type="radio"/> Female		
Home language	<input type="text"/>	Date of birth	YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YY <input type="text"/> <input type="text"/>
Lives with	<input type="text"/>	Cell number	<input type="text"/>

### Section 2:Learner's Medical Details

Family doctor	<input type="text"/>		
Name	<input type="text"/>	Tel no:	<input type="text"/>
Address	<input type="text"/>		
Medical aid	<input type="text"/>		
Name	<input type="text"/>	Member no	<input type="text"/>
Main member initials and surname	<input type="text"/>		
Main member ID number	<input type="text"/>	Option	<input type="text"/>
Medical Condition	<input type="text"/>		
Allergies	<input type="text"/>	Medication	<input type="text"/>

### Section 3:Learner's medical details consent

- In a critical medical situation there may not be time to refer to the learner's records. Aftercare therefore reserves the right to utilise the quickest medical service available.
- Every effort will be made to contact the learner's parents, step parents, legal guardian or emergency contact before such action is taken.
- The person responsible for aftercare payments will be responsible for the payment of such care or treatment.

I hereby agree that a medical practitioner/the quickest medical service available may provide emergency treatment as may be necessary.

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Section 4: Personal Details of Father, Stepfather or Legal Guardian

Name and surname as on ID	<input type="text"/>										
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>						Tel home	<input type="text"/>			
	<input type="text"/>						Tel work	<input type="text"/>			
	<input type="text"/>						Cell	<input type="text"/>			
Emailaddress	<input type="text"/>										

#### Section 5: Personal Details of Mother, Stepmother or Legal Guardian

Name and surname as on ID	<input type="text"/>										
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>						Tel home	<input type="text"/>			
	<input type="text"/>						Tel work	<input type="text"/>			
	<input type="text"/>						Cell	<input type="text"/>			
Emailaddress	<input type="text"/>										

#### Section 6: Emergency Contact Details (Not Parental)

Name and surname as on ID	<input type="text"/>										
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>						Tel home	<input type="text"/>			
	<input type="text"/>						Tel work	<input type="text"/>			
	<input type="text"/>						Cell	<input type="text"/>			
Emailaddress	<input type="text"/>										

#### Section 5: Personal Details of Mother, Stepmother or Legal Guardian

Name and surname as on ID	<input type="text"/>										
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>						Tel home	<input type="text"/>			
	<input type="text"/>						Tel work	<input type="text"/>			
	<input type="text"/>						Cell	<input type="text"/>			
Emailaddress	<input type="text"/>										

#### Section 8: Payment Terms and Conditions

- Fees for 12 (twelve) months are payable monthly in advance on the 1st day of each calendar month. No pro rata payments are permitted.
- Notice of cancellation will be accepted should you need to cancel the aftercare arrangement. Refer to the school refund policy for more details.

## Section 8: Payment Terms and Conditions *cont'd*

### Aftercare Fees

*(Please arrange convenient terms of payment to suit you)*

Agreed monthly instalment R \_\_\_\_\_

Payment Period

\_\_\_/\_\_\_/20\_\_\_ to \_\_\_/\_\_\_/20\_\_\_

Payment Plan (4) (5) (6)

Other \_\_\_\_\_

\_\_\_\_\_  
Name of person responsible for account

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of authorised school representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Section 9: Marketing Survey

### How did you hear about us?

- Internet Search Engine (Google, Yahoo etc)
- Recommended by a friend or colleague
- Recommended by Department of education
- I have kids at the school already
- I saw advert on the school van
- Social Media (Facebook, Instagram etc)
- Radio
- I saw a school flyer
- I passed by and saw the school
- Street adverts (Billboards etc)
- Publication or Blog
- Others \_\_\_\_\_

## Section 10: Declaration

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print) : \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_