



APPLICATION FOR ENROLMENT

EDUQUEST COLLEGE has a belief that all students have the ability to learn, no matter what their socio-economic background or their educational capability. This philosophy is reflected in the school slogan "Together We can Achieve the Extraordinary"

As parent or legal guardian of my child, I apply herewith for his/her enrolment at

EDUQUEST COLLEGE (EMIS Registration Number: 700401343)

REQUESTING ADMISSION FROM: _____ **(STARTING DATE) GRADE:** _____

DETAILS OF CHILD:

Surname: _____ Full Names: _____

Preferred Name: _____ Date of Birth: _____ Male / Female (pls indicate)

How many children in family? _____ Ranking in family: 1st / 2nd / 3rd / 4th / 5th

Was applicant born at full-term / pre-term? (please indicate) If pre-term, please specify: _____ weeks

Primary language: _____ Other languages spoken: _____

Family's religion: _____ (please note that we function from within a Christian ethos)
(but welcome children from families of any conviction)

Diet exclusions, if any (e.g. no meat/fish/eggs/nuts/sugar): _____

Previous pre-school/day care attended: _____

School Address: _____ Contact No: _____

DETAILS OF PARENT(S)/GUARDIAN(S):

1) Title: _____ Surname: _____ Name: _____

ID/Passport No: _____ Home phone: _____ Cell: _____

Work phone: _____ Email: _____

Occupation: _____ Company: _____

Work Address: _____

Home Address: _____

INITIALS OF SIGNATORIES



2) Title: _____ Surname: _____ Name: _____

ID/Passport No: _____ Home phone: _____ Cell: _____

Work phone: _____ Email: _____

Occupation: _____ Company: _____

Work Address: _____

Home Address: _____

Who does the child live with: Mother / Father / Both / Guardian / Other: _____

Who will bring the child to school? _____

Who will collect the child from school? _____

Other person authorised to collect child from school: _____

Please mention any family issues we need to be aware of, e.g. date of divorce/separation or details of any traumatic event: _____

EMERGENCY CONTACTS:

Alternative persons, residing at a different address, who may be contacted in case of emergency, to act on your behalf, should you not be available immediately:

1) Surname: _____ Name: _____

Home phone: _____ Cell: _____

Work phone: _____ Relation to child: _____

2) Surname: _____ Name: _____

Home phone: _____ Cell: _____

Work phone: _____ Relation to child: _____

MEDICAL INFORMATION:

Family doctor: _____ Tel: _____

Family dentist: _____ Tel: _____

Medical Aid: _____ Option: _____

Membership no: _____ Principal Member: _____

INITIALS OF SIGNATORIES

--



Previous serious illnesses: _____

Surgical procedures/operations: _____

Any speech, hearing or sight impediments: _____

Blood type: _____ Any allergies: _____

Mental/psychological problems: _____

Have all inoculations, as prescribed by law, been administered? _____

NB: PLEASE ATTACH A COPY OF INOCULATION CERTIFICATE AND BIRTH CERTIFICATE.

Is the child's physical development, in your opinion, normal for his/her age? _____

Please specify details and any other relevant information we need to be aware of: _____

INDEMNITY DECLARATION:

- We acknowledge that in certain situations there may be insufficient time to contact Parents or Guardians, or to refer to Medical Records, and consequently EDUQUEST COLLEGE' representative is authorised to utilise the most appropriate Medical service available and it will be at the cost of the parent/legal guardian.
- We delegate the Principal, or his/her representative, the power to authorise whatever emergency medical treatment he/she in their sole discretion deems necessary for the child, and in doing so agree that the Principal and/or his/her representative should act in place of the parents (loco parentis).
- We indemnify and hold EDUQUEST COLLEGE and/or their staff, agents or employees harmless in respect of any injury, loss, accident, illness, damage or expense, whether to person or to property, from any cause howsoever arising, which may be sustained to the child or their property or possessions, whilst on the school premises, or in the care of the school staff during any activity, excursion, transportation or outing.
- We agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the child's enrolment at any school owned and/or managed by EDUQUEST COLLEGE.

COMMUNICATION:

Where or how did you hear about *EDUQUEST COLLEGE*? _____

I would like to / would not like to (pls indicate) receive correspondence from the school, e.g. updates, newsletter and feedback, via:

- Email address: _____
- WhatsApp: _____ Cell: _____

I give permission / do not give permission (pls indicate) for my contact details to be shared with parents of children in my child's class.

PHOTOGRAPHS/VIDEOS:

I give permission / do not give permission (pls indicate) to the school staff to publish photographs or videos in which my child appears for purposes of education, promotion and publication.

INITIALS OF SIGNATORIES



NB!!! Enrolment of the learner at the EDUQUEST COLLEGE shall be ongoing from one school year to the next. In the case of a child leaving the School, whether mid-year or at the end of a school year, advance written notice of one complete school quarter (3 months) is required and the parent expressly agree to abide by this. Should a child be absent from school for any period of time, including the notice period, fees levied for that period will still be payable. This document sets forth the entire understanding of the parties hereto with respect to the subject matter hereof and merges and supersedes all prior and contemporaneous oral understandings between the parties. There have been no representations or warranties made by any party other than the representations and warranties contained herein.

DECLARATION/UNDERTAKING:

I/We hereby undertake to abide by the Rules, Regulations, Code of Conduct and EDUQUEST COLLEGE Fees Structure and Payment Policy and include herewith:

- a copy of both parents' identity documents
- my/our child's birth certificate/proof of birth
- my/our child's inoculation certificate/documents
- my/our child's latest end of year report and or transfer letter

SIGNED AT: _____ DATE: _____

SIGNATORIES: MOTHER/LEGAL GUARDIAN: _____ FATHER: _____

This completed application to be presented to the Head of Administration, it shall be verified and authorised by the principal.

NB!!! Should the application be successful, you will be advised via electronic or telephonic communication, at which point the application/enrolment fee becomes due and a contract comes into effect between the parents/guardian and EDUQUEST COLLEGE (and/or their duly authorised representative/s), as embodied in this signed document. Upon payment of the application/enrolment fee, your child will be successfully enrolled and his/her place at the School is secured.

Feel free to contact us please, should you have any questions. We look forward to having you and your child join EDUQUEST family! Kind Regards.

Yours in Education

CEO/Director

Tel: (087) 711-1235 WhatsApp Catalog: <https://wa.me/c/27617297343>

Email: info@eduquestcollege.co.za / eduquestcollege@gmail.com

Website: www.eduquestcollege.co.za

Facebook: <https://www.facebook.com/eduquestcollege>

TikTok: <https://tiktok.com/@eduquest.college>

Instagram: <https://www.instagram.com/eduquestcollege>

Twitter: <https://twitter.com/eduquestcollege>