

Registration Form

P.O.Box 2835
 Nelspruit
 1200
 E-mail: prepadin@penryn.co.za (Prep)
admin@penryn.co.za (College)

Tel: (013) 758 9000
 Fax: (013) 758 9010



Penryn College

This form must be completed and signed by both parents (unless one parent is solely responsible in all respects), and handed to the bursar with your deposit for the learner and **a copy of your medical aid card and main members I.D.**

Scholar Information

Student Number:

Name & Surname:.....

Home language:.....

Religion:

Place of Birth. Town:.....

Country:.....

Medical Aid:

Medical Aid name:.....Plan:Member number:.....

Main member name and surname:.....I.D. Number of main member:.....

Does your child have any allergies, if so, what?.....

Long term medication to be kept: In office With teacher Hostel parent With child

In Case Emergency

Person to contact:.....

Name:Telephone number:.....

Parent/Guardian Information

Father/Guardian		Mother/Guardian
	Surname	
	Full Name	
	Residential Address	
	Area of Specialisation in occupation	
	Telephone (Home)	
	Telephone (Office)	
	Fax Number	
	Cell Phone	
	E-mail Address	
Scholar Cell Phone Number		
Are parents:(please tick) Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Spouse deceased <input type="checkbox"/> Other <input type="checkbox"/>		

Person responsible for school fees

Name & Surname:.....

Postal Address:.....Town:.....Code:.....

Conditions of Admission

1. I Shall accept the decision of the Head in all matters relating to College organization and discipline, and such decision shall be final. These matters include attendance at and participation in College activities and functions, dress codes, the conduct of learners, and punishment, including suspension or expulsion form the College.
2. I have read the section on the payment of school fees payment policy and understand and subscribe to them.
3. I shall not be entitled to any rebate of fees if the learner is absent for any portion of any term owing to illness or any other cause.
4. The College shall be entitled to instruct its attorneys to attend to the collection of any overdue accounts and I shall be liable for payment of all costs incurred, on the scale as between attorney and own client, including collection commission, whether the legal proceedings are instituted by the College's attorneys or not.
5. My liability to the College is joint and several with the other signatories to this application from.
6. The Head or, in his or her absence, a Deputy Head is *in loco parentis* for the learner when that learner's parents are away or when they cannot be reached is sufficient time for urgent decisions to be taken regarding the education, health or welfare of the learner.
7. I agree that the laws of the Republic of South Africa shall apply to all dealings between me and the College.
8. I have read the Guiding Principles, Disciplinary Policy and Honour Code of Penryn College and I am prepared to subscribe to its aims and ethos.

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Father's / Guardian Signature

Date:.....

.....

Mother's / Guardian Signature

Date:.....

Name and phone number of two referees:

Name:.....Phone number:.....

Name:.....Phone Number.....