

THE TRAINING ACADEMY

11 Van Jaarsveld Road, Eastleigh, Edenvale
Phone: (011) 452 3366 Email: lizhewson@mweb.co.za



APPLICATION FOR LEARNER ENROLMENT

non-refundable registration fee of R5000.00 payable on registration

Date of Application: _____

Documents required (Learner):	Mark with "✓"	Documents required (Parents):	Mark with "✓"
Birth certificate	<input type="checkbox"/>	Mother & Father ID document	<input type="checkbox"/>
Preschool immunisation certificate	<input type="checkbox"/>	Proof of residence	<input type="checkbox"/>
Last report	<input type="checkbox"/>	Divorce decree if applicable	<input type="checkbox"/>
Study permit (immigrants)	<input type="checkbox"/>		<input type="checkbox"/>
Transfer card	<input type="checkbox"/>		<input type="checkbox"/>

Learner's Particulars

Surname: _____ First Names: _____
 Residential Address: _____

 Date of Birth: _____ ID Number: _____
 Home Language: _____ Current School: _____
 Current Grade: _____ Reason for leaving: _____

Subject Choices (Grade 10 – 12 Only)

English Home Language	<input checked="" type="checkbox"/>	Geography	<input type="checkbox"/>
Afrikaans First Additional Language	<input checked="" type="checkbox"/>	History	<input type="checkbox"/>
Life Orientation	<input checked="" type="checkbox"/>	Life Science	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	Physical Science	<input type="checkbox"/>
Mathematical Literacy	<input type="checkbox"/>	Tourism	<input type="checkbox"/>
Business Studies	<input type="checkbox"/>		<input type="checkbox"/>

Parent / Guardian Particulars

Title: _____ First Name/s _____
 Surname: _____
 Relationship to the learner: _____
(Please indicate if you are a Parent, Step Parent, Grand Parent, Foster Parent or Guardian)
 Marital Status: _____
 Identity Number: _____
 Residential Address: _____

 Home Phone: () _____ Cell Phone: _____
 Work Phone: () _____ Email Address: _____

Other Parent / Guardian Particulars

Title: _____ First Name/s _____

Surname: _____

Relationship to the learner: _____

(Please indicate if you are a Parent, Step Parent, Grand Parent, Foster Parent or Guardian)

Marital Status: _____

Identity Number: _____

Residential Address: _____

Home Phone: () _____ Cell Phone: _____

Work Phone: () _____ Email Address: _____

Person Responsible for paying school account

Title: _____ First Name/s _____

Surname: _____

Relationship to the learner: _____

(Please indicate if you are a Parent, Step Parent, Grand Parent, Foster Parent or Guardian)

Identity Number: _____

Residential Address: _____

Home Phone: () _____ Cell Phone: _____

Work Phone: () _____ Email Address: _____

Notify the school immediately of any changes in address or contact details

The signatory acknowledges that should the above individual not pay, they remain liable for the school fees and levies and are bound by the terms and conditions of the Parent Contract.

Medical Aid Details

Medical Aid: _____

Medical Aid Number: _____

Family Doctor: _____

Doctor Phone: () _____

Medication: _____

Medical problems: _____

(Please specify exact details)

I, the undersigned, acknowledge that the information supplied above is true and correct. I accept and understand that this is an application for enrolment. Enrolment will only be granted once a character reference is conducted with the previous school. In the event that the above information is untrue, or that pertinent information has been omitted or deliberately withheld for the sole purpose of getting the learner enrolled at TTA, the application will be cancelled with immediate effect and the learner will not be enrolled at the school.

The Training Academy reserves the right to accept or reject an applicant. Should the Parent Contract not be signed the learner will not be enrolled at the Training Academy. Parent / Guardian details are mandatory for Enrolment.

Parent / Guardian Signature

Date