



# Parkview Senior School

School Reference No: 131193  
School Banking details: FNB

Craighall  
Acc: 5033 212 0133  
Code: 255805

Dundalk Ave  
Parkview  
2193  
Tel: 0116461007  
Fax: 086 689 9707  
secretary@parkviewsenior.co.za

## AFTERCARE APPLICATION FORM 2019

### LEARNER DETAILS

SURNAME : \_\_\_\_\_  
LEARNER NAME : \_\_\_\_\_  
GRADE : \_\_\_\_\_  
DATE OF BIRTH : \_\_\_\_\_  
HOME ADDRESS : \_\_\_\_\_

POSTAL ADDRESS : \_\_\_\_\_  
HOME TELEPHONE # : \_\_\_\_\_  
ALLERGIES : \_\_\_\_\_

### PARENT / GUARDIAN DETAILS

#### FATHER'S DETAILS

FULL NAME : \_\_\_\_\_  
OCCUPATION : \_\_\_\_\_  
HOME # : \_\_\_\_\_ WORK # : \_\_\_\_\_ CELL # : \_\_\_\_\_

#### MOTHER'S DETAILS

FULL NAME : \_\_\_\_\_  
HOME # : \_\_\_\_\_ WORK # : \_\_\_\_\_ CELL # : \_\_\_\_\_

#### IN EMERGENCIES, PLEASE CONTACT

FULL NAME : \_\_\_\_\_  
HOME # : \_\_\_\_\_ WORK # : \_\_\_\_\_ CELL # : \_\_\_\_\_

### PERSON RESPONSIBLE FOR PAYING ACCOUNT

FULL NAME : \_\_\_\_\_  
EMAIL ADDRESS : \_\_\_\_\_  
HOME # : \_\_\_\_\_ WORK # : \_\_\_\_\_ CELL # : \_\_\_\_\_

### MEDICAL AID

NAME OF MEDICAL AID: \_\_\_\_\_ MAIN MEMBER: \_\_\_\_\_  
MEDICAL AID NUMBER : \_\_\_\_\_

### MEDICAL CONDITIONS WE SHOULD BE AWARE OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ATTENDANCE (Tick the appropriate box)

**FULL TIME (MON TO FRI)**

OR

**ADHOC**

PAYMENT FOR JANUARY MUST ACCOMPANY THIS APPLICATION

PAYMENT MUST BE MADE IN ADVANCE

### SIGNING OUT ARRAIGNMENTS:

\_\_\_\_\_  
\_\_\_\_\_



1. Fees for Aftercare are payable IN ADVANCE.  
In other words, fees for January are due on the 1st of January.
2. If your child does not attend every day, please be sure to pay for each day in advance.
3. If your child signs himself / herself up for Aftercare during the course of the day and is then picked up straight after school (i.e. does not attend Aftercare), we have no choice but to bill you, unless Aftercare has been informed that s/he will not be attending that day.
4. A Debit Order form may be completed and we will then debit your bank account with the monthly fees on the 1st day of each month.

**UNDERTAKING TO PAY AFTERCARE FEES**

I, the undersigned.....Contact number .....  
(print full name)

ID Number:.....Email address ..... being the

parent/guardian/sponsors of .....in Grade..... in 2019,  
acknowledge that I am lawfully indebted to Parkview Senior School for Aftercare fees for the year 2019,  
and that I undertake to pay on the due date.

I elect to pay Aftercare fees as follows (Please make a cross next to your option):

1	<b>CASH / CHEQUE / EFT</b>  11 Monthly instalments as per above table from January to November Please remember to use your account number on the “beneficiary reference.”	
2	<b>DEBIT ORDER (A new form to be completed every year)</b> 11 Monthly instalments as per above table from January to November – Form attached.	

For all purposes of this acknowledgment, I appoint my domicillium citandi et executandi as

.....  
 .....  
 .....

Signature:..... Date:.....

