

HOPHOUSE APPLICATION FORM

🔄 DON'T PRINT, AND GO GREEN, READ AND COMPLETE FROM YOUR SCREEN!

1. The Applicant's unabridged / abridged birth certificate or passport
2. I.D. Documents of both Parents / Guardians / Person Responsible for payment of fees / Adult Applicant and Spouse
3. HH Application Form
4. HH Contract / Agreement & Policies
5. Proof of guardianship (if applicable)

| | |
|--|-----------------------|
| DATE OF 1ST LESSON (M/D/Y) | TIME OF LESSON |
|--|-----------------------|

WHICH CLASS ARE YOU APPLYING FOR?

Please tick ✓ where applicable

SERVICES

- | | |
|--|--|
| <input type="radio"/> HOP-TODS (2yrs - Gr R) A 30min lesson, once a week | <input type="radio"/> JUNIOR-HOP (Gr 1 and up) An hour lesson, once a week |
| <input type="radio"/> REQUEST FOR LESSONS TWICE A WEEK | |

DID YOU KNOW, WE ALSO OFFER ?

- **PUBLIC HOUSE (walk-ins most Friday afternoons from 13:00 pm)**
We are open on specified days for public, kindly check our Facebook page for updates
- **VENUE HIRE (available for exclusive use)**
Enquire @reception for more information

GENERAL INFORMATION

Are you currently or have been previously enrolled, including any siblings, to;
Country House School, HopHouse or Swim School?

| | | | |
|-----------------|--|------------------|--|
| YES / NO | | ELABORATE | |
|-----------------|--|------------------|--|

How did you hear about us? (church, advert, social media, word of mouth etc.)

COMMUNICATION

***PARENTS ARE URGED TO BE ATTENTIVE TO OUR DESIGNATED WHATSAPP GROUPS, THIS IS OUR PRIMARY MEANS OF COMMUNICATION, PLEASE ADHERE TO COOPERATE TO REMINDERS, REQUESTS, EVENTS ETC. PLEASE BE DILIGENT IN COMPLETING, RESPONDING AND RETURNING NEWSLETTERS AND REPLY SLIPS.**

Number that should be added to the WhatsApp group?

Student / APPLICANT INFORMATION

ANNEXURE A

| | | | |
|-----------------------------------|--|------------------------------|--|
| First Names | | Surname | |
| Age on 1 st of January | | Birth Date (M/D/Y) | |
| Gender | | Current Age | |
| Position in family | | Siblings currently enrolled? | |
| Citizenship | | Country of Birth | |
| Home address | | | |
| | | | |

***ONLY COMPLETE BELOW SECTION IF APPLICANT IS OVER 18 YEARS OF AGE**

| | | | |
|-----------------|--|-------------|--|
| Cellular Number | | Work Number | |
| Title | | Employer | |
| Email Address | | | |

STUDENT / APPLICANT MEDICAL INFORMATION

| | | | |
|--|--|--------------------|--|
| Medical Aid | | Medical Plan | |
| Main Member | | Medical Aid Number | |
| Specify any other relevant medical or special needs: | | | |
| | | | |
| General Practitioner | | Contact Number | |
| Physical Address | | | |
| | | | |

***NOTE:** If my child requires an inhaler, insulin injection OR EpiPen to be brought to class, I understand I am required to stay with him/her or get a doctor's release.

ALTERNATIVE CONTACTS

***IN THE EVENT OF AN EMERGENCY, KINDLY PROVIDE 2 ALTERNATIVE CONTACTS (NOT PARENTAL OR LIVING WITH THE APPLICANT)**

| | | | | | |
|-----------------|--|-------------|--|--------------|--|
| 1. Name | | Surname | | Relationship | |
| Cellular Number | | Work Number | | Home Number | |
| 2. Name | | Surname | | Relationship | |
| Cellular Number | | Work Number | | Home Number | |

Guardian / Parent 1 INFORMATION

ANNEXURE B1

***TO BE COMPLETED BY THE APPLICANT'S GUARDIAN / STEP-PARENT AND / OR SPOUSE IF APPLICANT IS OVER 18 YEARS OF AGE**

| | | | |
|------------------------|--|-------------|--|
| First Name & Title | | Surname | |
| Personal Email Address | | | |
| Physical Address | | | |
| | | | |
| ID / Passport Number | | Religion | |
| Cellular Number | | Home Number | |
| Employer | | Occupation | |
| Employer Contact | | Address | |
| | | | |

Guardian / Parent 2 INFORMATION

ANNEXURE B2

| | | | |
|------------------------|--|-------------|--|
| First Name & Title | | Surname | |
| Personal Email Address | | | |
| Physical Address | | | |
| | | | |
| ID / Passport Number | | Religion | |
| Cellular Number | | Home Number | |
| Employer | | Occupation | |
| Employer Contact | | Address | |
| | | | |

PERSON OR ENTITY RESPONSIBLE FOR *Payment* /THIRD PARTY

***PLEASE COMPLETE THE BELOW SECTION**

| | | | |
|---------------------------|--|-------------|--|
| First Name & Title | | Surname | |
| Personal Email Address | | | |
| Physical Address | | | |
| | | | |
| ID / Passport Number | | Religion | |
| Cellular Number | | Home Number | |
| Relationship to Applicant | | Employer | |
| Appointment Date | | Occupation | |
| Employer Contact | | Address | |
| | | | |
| Homeowner | | (M/D/Y) | |
| Tenant | | (M/D/Y) | |

IF YOU ARE RENTING, KINDLY PROVIDE BELOW INFORMATION

| | | | |
|-------------------|--|-----------------|--|
| Landlord / Agency | | Contact Details | |
|-------------------|--|-----------------|--|

ENTITY RESPONSIBLE

| | | | | | |
|----------------|--|----------------|--|---------------------|--|
| Name of Entity | | Type of Entity | | Registration Number | |
|----------------|--|----------------|--|---------------------|--|

***IF THE ENTITY FAILS TO PAY FOR ANY REASON WHATSOEVER, THE PERSON SIGNING THIS APPLICATION FORM SHALL BE RESPONSIBLE FOR THE PAYMENT OF ANY DUE OR OUTSTANDING FEES TO COUNTRY HOUSE SCHOOL.**

INVOICES AND STATEMENTS

| | |
|--|--|
| EMAIL ADDRESS INVOICES & STATEMENTS SHOULD BE SENT TO | |
|--|--|

***IN THE EVENT OF THE PARENTS BEING DIVORCED, THE ONUS RESTS ENTIRELY ON THE PERSON COMPLETING THIS FORM TO ENSURE THAT THE PARENT AND / OR GUARDIAN AND / OR OTHER ENTITY STIPULATED AS THE FEE PAYER IS IN TERMS OF THE AGREEMENT OF SETTLEMENT AND / OR COURT ORDER HANDED DOWN IN RESPECT OF SUCH DIVORCE, THAT THE FEE PAYER IS CORRECTLY STIPULATED AS IN TERMS OF SUCH COURT ORDER. IN THE EVENT OF THE PERSON RESPONSIBLE FOR PAYMENT OF FEES FAILS TO EFFECT PAYMENT OF THE FEES WHEN DUE, THE ALTERNATIVE PERSONS LISTED IN ANNEXURE B1 & 2, SIGNING THIS APPLICATION FORM SHALL BE RESPONSIBLE FOR PAYMENT OF ANY FEES DUE TO COUNTRY HOUSE SCHOOL.**

| | | | |
|---------------------------|--|---------------------|--|
| PERSON RESPONSIBLE | | DATE (M/D/Y) | |
| GUARDIAN 1 | | DATE (M/D/Y) | |
| GUARDIAN 2 | | DATE (M/D/Y) | |

