



## COUNTRY HOUSE SCHOOL APPLICATION FORM

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

**Please complete the below form electronically, and digitally sign if possible. Fields marked with \* must be completed. If something does not apply, write "N/A" or "None".**

Applications will only be processed once the highlighted documents below have been provided. Both parents must initial each page and sign where needed before submitting. The documents that are not highlighted are only needed once your child has been accepted.

1. Student's birth certificate (and passport, if available)
2. Student's latest school report (or latest assessment report)
3. Recent colour photo of the student (head and shoulders), placed in the box on the right
4. Copies of the ID documents of both parents / guardians and of the person paying the fees
5. Signed Consent for Credit Check (see the last section of this form)
6. Proof of payment of the R300 admission fee
7. If applicable: CEMIS transfer document
8. If applicable: Financial Clearance Certificate from the previous school (section near the end)
9. If applicable: proof of guardianship, or custody papers / court orders (e.g. divorce, restraining order)
10. If applicable: SA study / work permit (non-South African citizens only)
11. Fee Policy & Debit Order Form
12. Parent Contract of Enrolment
13. Code of Conduct acknowledgement
14. LTSM disclaimer & Declaration of authenticity (from Grade 1 onwards) **pg. 11 of this document**
15. Aftercare policy / contract (if applicable)

Student Photo

|                       |  |                              |  |
|-----------------------|--|------------------------------|--|
| Exact date of entry * |  | Grade / Class applying for * |  |
|-----------------------|--|------------------------------|--|

## HOW TO ENROL?

### STEP 1:

Kindly complete the whole application form and attach the supporting documents as highlighted above

### STEP 2: Admission Payment: FNB 62023901243

Provide proof of payment for the non-refundable admission fee (**R300**) and have it accompany the application form

### STEP 3:

Your application will be assessed and, if successful, parents will be notified via a welcome email

### STEP 4:

Once you have confirmed, a once-off, non-refundable registration fee will be invoiced. This fee, together with the documents that are not highlighted above, secures the student's place.

|                     |     |  |    |  |
|---------------------|-----|--|----|--|
| <b>PAYMENT MADE</b> | Yes |  | No |  |
|---------------------|-----|--|----|--|

|                        |     |              |    |  |
|------------------------|-----|--------------|----|--|
| <b>OFFICE USE ONLY</b> |     | Completed by |    |  |
| Interview date         |     |              |    |  |
| Siblings               |     | Grade / Age  |    |  |
| Approved               | Yes |              | No |  |
| Reason                 |     |              |    |  |

## WHICH CLASS / GRADE ARE YOU APPLYING FOR? \*

Please tick ✓ where applicable

### NURSERY & PRE-PRIMARY

- |                                                                |                                                                 |
|----------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="radio"/> Little Chicks (under 1 year of age)      | <input type="radio"/> Little Ducklings (1 year turning 2 years) |
| <input type="radio"/> Little Bunnies (2 years turning 3 years) | <input type="radio"/> Little Piglets (3 years turning 4 years)  |
| <input type="radio"/> Little Lambs (4 years turning 5 years)   | <input type="radio"/> RECEPTION YEAR Little Calves (Grade R)    |

### FOUNDATION PHASE

- |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> Grade 1 | <input type="radio"/> Grade 2 | <input type="radio"/> Grade 3 |
|-------------------------------|-------------------------------|-------------------------------|

### INTERMEDIATE & SENIOR PHASE

- |                               |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> Grade 4 | <input type="radio"/> Grade 5 | <input type="radio"/> Grade 6 | <input type="radio"/> Grade 7 |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

### HYBRID HIGH SCHOOL

- |                               |                               |                                |                                |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> Grade 8 | <input type="radio"/> Grade 9 | <input type="radio"/> Grade 10 | <input type="radio"/> Grade 11 |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|

## WHICH DAILY OPTION ARE YOU SELECTING? \*

Please tick ✓ where applicable

- |                                                                                    |                                                                                                       |                                                                               |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="radio"/> <b>School Hours</b> Half day<br>(13:30, no later than 14:00) | <input type="radio"/> <b>Afternoon care</b> Full day (ONLY till Gr 7)<br>(17:00, no later than 17:30) | <input type="radio"/> <b>3-Day week</b> Full day<br>(ONLY Chicks & Ducklings) |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

## GENERAL INFORMATION

Do you have any family / friends currently attending Country House School?

Yes

No

Please outline the 2 main reasons for choosing Country House School?

Reason 1

Reason 2

Does the student you are applying for have siblings that don't attend Country House School? If yes, give your reason

Yes

No

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

How far do you live from Country House School? (in km)

## Student INFORMATION

|                    |  |                           |  |
|--------------------|--|---------------------------|--|
| First Names *      |  | Surname *                 |  |
| Known as           |  | Birth date (D/M/Y) *      |  |
| Position in family |  | Siblings currently in CHS |  |

|      |  |        |  |             |  |
|------|--|--------|--|-------------|--|
| Male |  | Female |  | Current age |  |
|------|--|--------|--|-------------|--|

|               |  |                  |  |
|---------------|--|------------------|--|
| Citizenship * |  | Country of birth |  |
|---------------|--|------------------|--|

Population group is required by Government, for statistical reasons (e.g. African, Coloured, Indian, White)

|              |  |            |  |                 |  |
|--------------|--|------------|--|-----------------|--|
| Population * |  | Language * |  | ID / Passport * |  |
|--------------|--|------------|--|-----------------|--|

|                |  |
|----------------|--|
| Home address * |  |
|                |  |

|                                                                                                  |  |
|--------------------------------------------------------------------------------------------------|--|
| Any previous misdemeanors, suspensions or expulsions from previous schools? (attach documents) * |  |
|--------------------------------------------------------------------------------------------------|--|

|                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------|--|
| Any learning difficulties we should be aware of (attach relevant professional tests or diagnosis) * |  |
|-----------------------------------------------------------------------------------------------------|--|

|                  |  |
|------------------|--|
| Current School * |  |
|------------------|--|

|                    |  |
|--------------------|--|
| Reason for leaving |  |
|--------------------|--|

|                                                               |  |
|---------------------------------------------------------------|--|
| Student's interests, hobbies, sport or cultural participation |  |
|---------------------------------------------------------------|--|

## STUDENT MEDICAL INFORMATION

|               |  |              |  |
|---------------|--|--------------|--|
| Medical aid * |  | Medical plan |  |
|---------------|--|--------------|--|

|             |  |                    |  |
|-------------|--|--------------------|--|
| Main member |  | Medical aid number |  |
|-------------|--|--------------------|--|

Has the student received all necessary immunisations? (Attach a copy.) If not, please give the reason. \*

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

|                |     |  |      |  |
|----------------|-----|--|------|--|
| Auditory tests | Yes |  | Date |  |
|----------------|-----|--|------|--|

|                  |     |  |      |  |
|------------------|-----|--|------|--|
| Visual screening | Yes |  | Date |  |
|------------------|-----|--|------|--|

|                           |  |
|---------------------------|--|
| List of known allergies * |  |
|---------------------------|--|

|                                            |  |
|--------------------------------------------|--|
| Specify any other relevant medical needs * |  |
|--------------------------------------------|--|

|                        |  |                  |  |
|------------------------|--|------------------|--|
| General practitioner * |  | Contact number * |  |
|------------------------|--|------------------|--|

|                  |  |
|------------------|--|
| Physical address |  |
|------------------|--|

## ALTERNATIVE CONTACTS

In the event of an emergency, kindly provide 2 alternative contacts (not parental or living with student)

|        |  |           |  |                |  |
|--------|--|-----------|--|----------------|--|
| Name * |  | Surname * |  | Relationship * |  |
|--------|--|-----------|--|----------------|--|

|                   |  |             |  |             |  |
|-------------------|--|-------------|--|-------------|--|
| Cellular number * |  | Work number |  | Home number |  |
|-------------------|--|-------------|--|-------------|--|

|        |  |           |  |                |  |
|--------|--|-----------|--|----------------|--|
| Name * |  | Surname * |  | Relationship * |  |
|--------|--|-----------|--|----------------|--|

|                   |  |             |  |             |  |
|-------------------|--|-------------|--|-------------|--|
| Cellular number * |  | Work number |  | Home number |  |
|-------------------|--|-------------|--|-------------|--|

## MEDICATION POLICY

No oral medication will be given, including antibiotics. The only exceptions are the emergency fever and allergy medication in the table below, mainly for pre-primary children (e.g. a child with a fever whose parent cannot fetch them straight away). We will always phone the parent first and get written consent (e.g. a WhatsApp message). Parents / guardians are reminded that a student who needs daily medication is too ill to be at school. By LAW, a person who is not a licensed health professional (e.g. headmaster, matron, teacher, etc.) may not prescribe or dispense medication to any child. A parent or guardian may however request the school to administer (not prescribe) medicine which has already been prescribed for the child by a licensed medical professional (only chronic will be considered), keeping in mind the time and complications thereof, would determine if we are able to assist. (all medication to be labelled clearly and delivered at RECEPTION) In all instances a **DOCTOR'S LETTER** can be requested, confirming the student's condition. **NO VERBAL INSTRUCTIONS** will be accepted. All information about giving the medication must be recorded in writing (**ONLINE FORM**) and first and foremost be approved by the Heads of the School. (in accordance with our **HEALTH & NUTRITION POLICY**)

### CHS AND ITS FIRST AID APPOINTEES WILL ADMINISTER THE FOLLOWING TREATMENT WHEN THE NEED ARISES.

| APPROVED MEDICATION           | INJURY                                                    |
|-------------------------------|-----------------------------------------------------------|
| Germolene / Bactroban         | Open scrapes and cuts, plasters and bandages will be used |
| Mercurochrome                 | Minor scrapes and scratches                               |
| Burn shield                   | Burns and abrasions                                       |
| Allergex cream                | Insect bites, hives and allergic rashes                   |
| Dettol                        | Cleaning of wounds (will be diluted)                      |
| Vicks                         | Insect bites, itchy stings, muscle pain or bruises        |
| Fever medication (by mouth)   | High fever – only with the parent's consent               |
| Allergy medication (by mouth) | Allergic reactions – only with the parent's consent       |

## EMERGENCY PROCEDURE POLICY - MEDICAL EMERGENCY CONSENT & INDEMNITY

Should Country House School staff deem that a student requires immediate medical attention due to an incident or injury, parents hereby give consent for the School and/or its authorised representatives to arrange urgent medical assistance.

### IN THE EVENT OF A MEDICAL EMERGENCY:

- The School will contact parents immediately.
- Frontier Medix Emergency Services (074 991 0911) will be contacted to attend to and transport the student.
- Should parents not have private medical aid, their child will be transported to District George Hospital.
- Should parents have private medical or hospital cover, their child will be transported to Mediclinic George Hospital.
- Parents accept that any co-payments charged by Frontier Medix (typically ranging between R900 – R2 500) remain fully payable by the parent/guardian.

All CHS employees hold a Level 1 Basic First Aid qualification. While we are not medical practitioners, staff may act on reasonable intuition and visible risk when an injury appears life-threatening. In less urgent cases, parents will be contacted first before any further action is taken. Parents hereby indemnify Country House School and its employees from any contra-indication, side effect, or adverse outcome resulting from:

- Administering the fever/allergy medication, or first-aid treatment
- Transportation by Frontier Medix to any hospital
- Any injury/death that may occur during emergency protocols in good faith & actions taken during the emergency procedure

### PARENTS FURTHER DECLARE THAT:

1. They will immediately notify the School of any changes to medical, contact, or custody information.
2. They consent to CHS staff administering the approved medications listed on the Application Form when necessary. The School will always phone the parent and get written consent (e.g. a WhatsApp message) before administration.
3. They consent to a School representative or authorised medical responder to act on their behalf if parents/guardians are unreachable.
4. They understand that in a critical situation, there may not be time to check medical files, and the School reserves the right to take reasonable and immediate action using the quickest available medical service.

|                                          |  |
|------------------------------------------|--|
| Father Signature (Parent / Guardian 1) * |  |
| Mother Signature (Parent / Guardian 2) * |  |
| Date (D/M/Y) *                           |  |

## Parent / Guardian 1 INFORMATION

Guardian / Stepparent

|                                                                                        |     |                 |                |
|----------------------------------------------------------------------------------------|-----|-----------------|----------------|
| First name *                                                                           |     | Surname *       |                |
|                                                                                        |     |                 |                |
| Title                                                                                  |     | Marital status  |                |
| Spouse or partner (if details are not the same as who appears in Parent 2 Information) |     |                 |                |
| Full name and surname                                                                  |     | Contact number  |                |
| Personal email address *                                                               |     |                 |                |
| Physical home address *                                                                |     |                 |                |
|                                                                                        |     |                 |                |
| ID / Passport number *                                                                 |     | Religion        |                |
| Cellular number *                                                                      |     | Home number     |                |
| South African citizen *                                                                | Yes | No              | Income tax no. |
| If no, provide details of citizenship                                                  |     |                 |                |
| Complete applicable                                                                    |     |                 |                |
| Homeowner                                                                              |     | (D/M/Y)         | Tenant         |
|                                                                                        |     |                 | (D/M/Y)        |
| If you are renting, kindly provide below information                                   |     |                 |                |
| Landlord / Agency                                                                      |     | Contact details |                |
|                                                                                        |     |                 |                |
| Employer *                                                                             |     | Occupation *    |                |
|                                                                                        |     |                 |                |
| Commencement (D/M/Y)                                                                   |     | Work number *   |                |
| Work email                                                                             |     |                 |                |
| Work address *                                                                         |     |                 |                |
|                                                                                        |     |                 |                |

### PARENTAL STATUS \*

Mark "Yes" next to all that apply

|                         |  |                            |  |
|-------------------------|--|----------------------------|--|
| Living with student     |  | Legal guardian             |  |
| Access right to student |  | Access in emergencies only |  |
| No access granted       |  | Not living with student    |  |
| Stepparent              |  | Biological parent          |  |

### COMMUNICATION

Parents are urged to keep an eye on our WhatsApp groups, as this is our main way of communicating. Please complete and return newsletters and reply slips promptly.

|                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------|--|
| Number that should be added to the Country House communication WhatsApp group? *                      |  |
| Who does this number belong to? (Parent 1 or 2, provide name) *                                       |  |
| Who should be contacted daily for general queries, questions or concerns? (provide number and name) * |  |
|                                                                                                       |  |

## Parent / Guardian 2 INFORMATION

Guardian / Stepparent

|                                                                                        |         |                 |         |
|----------------------------------------------------------------------------------------|---------|-----------------|---------|
| First name *                                                                           |         | Surname *       |         |
| Title                                                                                  |         | Marital status  |         |
| Spouse or partner (if details are not the same as who appears in Parent 1 Information) |         |                 |         |
| Full name and surname                                                                  |         | Contact number  |         |
| Personal email address *                                                               |         |                 |         |
| Physical home address *                                                                |         |                 |         |
| ID / Passport number *                                                                 |         | Religion        |         |
| Cellular number *                                                                      |         | Home number     |         |
| South African citizen *                                                                | Yes     | No              |         |
| If no, provide details of citizenship                                                  |         | Income tax no.  |         |
| Complete applicable                                                                    |         |                 |         |
| Homeowner                                                                              | (D/M/Y) | Tenant          | (D/M/Y) |
| If you are renting, kindly provide below information                                   |         |                 |         |
| Landlord / Agency                                                                      |         | Contact details |         |
| Employer *                                                                             |         | Occupation *    |         |
| Commencement (D/M/Y)                                                                   |         | Work number *   |         |
| Work email                                                                             |         |                 |         |
| Work address *                                                                         |         |                 |         |

### PARENTAL STATUS \*

Mark "Yes" next to all that apply

|                         |  |                            |  |
|-------------------------|--|----------------------------|--|
| Living with student     |  | Legal guardian             |  |
| Access right to student |  | Access in emergencies only |  |
| No access granted       |  | Not living with student    |  |
| Stepparent              |  | Biological parent          |  |

## PERSON RESPONSIBLE FOR *Payment*

Please complete the below section

|              |  |           |  |
|--------------|--|-----------|--|
| First name * |  | Surname * |  |
|--------------|--|-----------|--|

|       |  |                |  |
|-------|--|----------------|--|
| Title |  | Marital status |  |
|-------|--|----------------|--|

Spouse or partner (if details are not the same as who appears in Parent 1 or 2 Information)

|                       |  |                |  |
|-----------------------|--|----------------|--|
| Full name and surname |  | Contact number |  |
|-----------------------|--|----------------|--|

|                          |  |
|--------------------------|--|
| Personal email address * |  |
|--------------------------|--|

|                         |  |
|-------------------------|--|
| Physical home address * |  |
|-------------------------|--|

|  |
|--|
|  |
|--|

|                        |  |          |  |
|------------------------|--|----------|--|
| ID / Passport number * |  | Religion |  |
|------------------------|--|----------|--|

|                   |  |             |  |
|-------------------|--|-------------|--|
| Cellular number * |  | Home number |  |
|-------------------|--|-------------|--|

|                         |     |  |    |  |                |  |
|-------------------------|-----|--|----|--|----------------|--|
| South African citizen * | Yes |  | No |  | Income tax no. |  |
|-------------------------|-----|--|----|--|----------------|--|

|                                       |  |
|---------------------------------------|--|
| If no, provide details of citizenship |  |
|---------------------------------------|--|

Complete applicable

|           |  |         |  |        |  |         |  |
|-----------|--|---------|--|--------|--|---------|--|
| Homeowner |  | (D/M/Y) |  | Tenant |  | (D/M/Y) |  |
|-----------|--|---------|--|--------|--|---------|--|

If you are renting, kindly provide below information

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| Landlord / Agency |  | Contact details |  |
|-------------------|--|-----------------|--|

|            |  |              |  |
|------------|--|--------------|--|
| Employer * |  | Occupation * |  |
|------------|--|--------------|--|

|                      |  |               |  |
|----------------------|--|---------------|--|
| Commencement (D/M/Y) |  | Work number * |  |
|----------------------|--|---------------|--|

|            |  |
|------------|--|
| Work email |  |
|------------|--|

|                |  |
|----------------|--|
| Work address * |  |
|----------------|--|

|  |
|--|
|  |
|--|

|             |  |                           |  |
|-------------|--|---------------------------|--|
| Designation |  | Relationship to student * |  |
|-------------|--|---------------------------|--|

## INVOICES AND STATEMENTS

|                                                           |  |
|-----------------------------------------------------------|--|
| Email address invoices and statements should be sent to * |  |
|-----------------------------------------------------------|--|

If the parents are divorced, the person completing this form is fully responsible for making sure that the fee payer named above matches the settlement agreement and / or court order. If the person responsible for paying the fees fails to pay when due, the persons signing this application form shall be responsible for payment of any fees due to Country House School.

|                                               |  |
|-----------------------------------------------|--|
| Signature of person responsible for payment * |  |
|-----------------------------------------------|--|

|                |  |
|----------------|--|
| Date (D/M/Y) * |  |
|----------------|--|

**ENTITY (TRUST) RESPONSIBLE FOR PAYMENT** (if applicable, all field to be completed \*)

Please complete the below section if applicable

If a company, close corporation or trust is paying, please attach a resolution authorising the person who signs this application form.

|                                                      |     |                         |  |
|------------------------------------------------------|-----|-------------------------|--|
| First name                                           |     | Surname                 |  |
| Title                                                |     | Marital status          |  |
| Spouse or partner                                    |     |                         |  |
| Full name and surname                                |     | Contact number          |  |
| Personal email address                               |     |                         |  |
| Physical home address                                |     |                         |  |
|                                                      |     |                         |  |
| ID / Passport number                                 |     | Religion                |  |
| Cellular number                                      |     | Home number             |  |
| South African citizen                                | Yes | No                      |  |
| If no, provide details of citizenship                |     |                         |  |
| Complete applicable                                  |     |                         |  |
| Homeowner                                            |     | (D/M/Y)                 |  |
| Tenant                                               |     | (D/M/Y)                 |  |
| If you are renting, kindly provide below information |     |                         |  |
| Landlord / Agency                                    |     | Contact details         |  |
| Employer                                             |     | Occupation              |  |
| Commencement (D/M/Y)                                 |     | Work number             |  |
| Work email                                           |     |                         |  |
| Work address                                         |     |                         |  |
|                                                      |     |                         |  |
| Designation                                          |     | Relationship to student |  |

**ENTITY**

|                |  |                |  |                     |  |
|----------------|--|----------------|--|---------------------|--|
| Name of entity |  | Type of entity |  | Registration number |  |
|----------------|--|----------------|--|---------------------|--|

**INVOICES AND STATEMENTS**

|                                                         |  |
|---------------------------------------------------------|--|
| Email address invoices and statements should be sent to |  |
|---------------------------------------------------------|--|

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.

|                                             |  |
|---------------------------------------------|--|
| Signature of person responsible for payment |  |
| Date (D/M/Y)                                |  |

## FINANCIAL CLEARANCE CERTIFICATE

To be completed by the previous school, if applicable

|                                |   |                          |   |
|--------------------------------|---|--------------------------|---|
| Full name & surname of student |   |                          |   |
| School's name                  |   | School's contact details |   |
| School's physical address      |   |                          |   |
|                                |   |                          |   |
| School's email address         |   |                          |   |
|                                |   |                          |   |
| School's current monthly fees  | R | Fees outstanding         | R |

(Rating: 1 = Weak, 2 = Below average, 3 = Average, 4 = Good, 5 = Excellent)

|                              | 1 | 2 | 3 | 4 | 5 |
|------------------------------|---|---|---|---|---|
| 1. Behaviour                 |   |   |   |   |   |
| 2. Approach to learning      |   |   |   |   |   |
| 3. Cultural participation    |   |   |   |   |   |
| 4. Sport participation       |   |   |   |   |   |
| 5. Attendance                |   |   |   |   |   |
| 6. Fee payments              |   |   |   |   |   |
| 7. Academics                 |   |   |   |   |   |
| 8. Adequate notice was given |   |   |   |   |   |

|                                                                                     |
|-------------------------------------------------------------------------------------|
| General comment on the learner's character, conduct and overall progress at school. |
|                                                                                     |
|                                                                                     |
|                                                                                     |

|              |  |             |  |              |  |
|--------------|--|-------------|--|--------------|--|
| Completed by |  | Designation |  | Date (D/M/Y) |  |
| Principal    |  | Signature   |  |              |  |

## SCHOOL STAMP

|  |
|--|
|  |
|--|

**CONSENT FOR CREDIT CHECK (INDEMNIFICATION)**

As part of the student’s admission process, the School is required to obtain credit reports or other related information on the account of the account holder, as may be deemed necessary.  
 The purpose of the credit report is to assess the account holder’s financial means and ability to satisfy the financial obligations as set out in the Fee Schedule.  
 You are required to complete the section below and return to the School’s finance department with your completed application form.

We the undersigned, hereby authorise Country House School and / or any of its associates to conduct credit enquiries and / or obtain credit reports in respect of our credit profile, as may be necessary, with the credit bureau of its choice.

**ACCOUNT HOLDER 1**

|                               |  |                        |  |
|-------------------------------|--|------------------------|--|
| Account holder full name *    |  | ID / Passport number * |  |
| Date of birth *               |  | Cellular number *      |  |
| Home address *                |  |                        |  |
|                               |  |                        |  |
| Email address *               |  |                        |  |
|                               |  |                        |  |
| Signature of account holder * |  | Date (D/M/Y) *         |  |

**ACCOUNT HOLDER 2**

|                             |  |                      |  |
|-----------------------------|--|----------------------|--|
| Account holder full name    |  | ID / Passport number |  |
| Date of birth               |  | Cellular number      |  |
| Home address                |  |                      |  |
|                             |  |                      |  |
| Email address               |  |                      |  |
|                             |  |                      |  |
| Signature of account holder |  | Date (D/M/Y)         |  |

Furthermore, we the undersigned acknowledge that any Personal Information supplied to Country House School is provided voluntarily and that Country House School may not be able to comply with its obligations if the correct Personal Information is not supplied to Country House School. We understand that privacy is important to Country House School and that Country House School will use reasonable efforts in order to ensure that any Personal Information in their possession or processed on their behalf is kept confidential, stored in a secure manner and processed in terms of the Protection of Personal Information Act 4 of 2013 (POPIA).  
 We warrant that all information, including Personal Information, supplied to Country House School is accurate and current and agree to correct and update such information when necessary.  
 By submitting any Personal Information to Country House School in any form, we acknowledge that such conduct constitutes an indefinite, unconditional, specific and voluntary consent to the processing of such Personal Information in the following manner by Country House School and / or its third parties.  
 Personal Information may be shared by Country House School with the relevant verification information suppliers for verification, credit check or other legitimate purposes.  
 A copy of Personal Information kept by Country House School will be furnished to me upon request in terms of POPIA. We unconditionally agree to indemnify Country House School against any liability that may result from the processing of Personal Information and or verification of such personal information.  
 This includes unintentional disclosures of such Personal Information to - or access by - unauthorised persons, and / or any reliance which may inadvertently be placed on inaccurate Personal Information provided to Country House School by myself and / or any third parties.

## LTSM DISCLAIMER AND DECLARATION OF AUTHENTIC WORK

|                   |  |               |  |
|-------------------|--|---------------|--|
| Learner full name |  | Grade / class |  |
| Year              |  | Class teacher |  |

### PART A: BOOKS AND LEARNING MATERIALS (LTSM)

We accept responsibility for the textbooks, workbooks and other learning materials the school gives our child, and will make sure they are used properly and kept safe. We will return them in good condition at the end of each year, or when the enrolment contract ends, and will tell the school straight away if anything is lost or damaged.

We understand that we must pay the full replacement cost of any textbooks, learning materials, school equipment, furniture, fittings or facilities that are damaged, lost or not returned when asked.

We further confirm that we:

1. have received all books and learning materials in good condition;
2. will cover books in protective plastic and replace covers when they are damaged;
3. will take care to prevent damage or loss; and
4. will respect CHS facilities, equipment and resources.

**Copyright:** Country House School owns the copyright of the eNotes, workbooks and worksheets it prepares or provides, whether printed or digital. They may only be used by the learner for their own schoolwork, and may not be copied, shared, sold, photographed, scanned, posted online or changed without the school's written permission.

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### PART B: DECLARATION OF AUTHENTIC WORK

We declare that all schoolwork our child hands in during the year, including projects, assignments and assessments, will be our child's own work, done without help that is not allowed, such as an adult or older child doing the work, copying from others, plagiarism, or using AI tools to do the work for them. Normal support at home, like reading instructions together or encouraging our child, is welcome.

We understand that honesty and independent work are important. Copying, plagiarism, getting help that is not allowed, or handing in work that is not their own will not be accepted and may lead to action in line with the school's policies.

### SIGNATURES

By signing below, we confirm that we have read and agree to Part A and Part B.

|                  |  |                    |  |
|------------------|--|--------------------|--|
| Parent full name |  | Contact number     |  |
| Parent signature |  | Learner signature  |  |
| Date (D/M/Y)     |  | CHS representative |  |