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HOPHOUSE APPLICATION FORM 2027

♻ **GO GREEN! DON'T PRINT – READ AND COMPLETE THIS FORM ON YOUR SCREEN.**

Please attach the following documents to this application:

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. HopHouse Application Form
4. HopHouse Contract / Agreement & Policies
5. Proof of guardianship (if applicable)

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

WHICH CLASS ARE YOU APPLYING FOR?

Please tick ✓where applicable

SERVICES

○ HOP-TODS (2 years – Gr R)
A 30 min lesson, once a week

○ JUNIOR-HOP (Gr 1 and up)
A 1-hour lesson, once a week

○ REQUEST FOR LESSONS TWICE A WEEK

DID YOU KNOW? WE ALSO OFFER:

- PUBLIC HOUSE (walk-ins most Friday afternoons from 13:00)
  We are open to the public on specified days – please check our Facebook page for updates
- VENUE HIRE (available for exclusive use)
  Enquire at reception for more information

GENERAL INFORMATION

Are you (or any siblings) currently or previously enrolled at 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 RESPOND TO REMINDERS, REQUESTS AND EVENTS. PLEASE BE DILIGENT IN COMPLETING, RESPONDING AND RETURNING NEWSLETTERS AND REPLY SLIPS.**

Number to be added to the WhatsApp group:	

ISASA

STUDENT / APPLICANT INFORMATION
ANNEXURE A

First Names		Surname	
Age on 1 January 2027		Birth Date (D/M/Y)	
Gender		Current Age	
Position in family		Siblings currently enrolled?	
Citizenship		Country of Birth	
Home address			

***ONLY COMPLETE THE SECTION BELOW IF THE APPLICANT IS OVER 18 YEARS OF AGE / AN ADULT**

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 PARENT / GUARDIAN / STEP-PARENT, OR BY THE SPOUSE IF THE APPLICANT IS AN ADULT**

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 SECTION BELOW**

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		(D/M/Y)		Tenant		(D/M/Y)	

IF YOU ARE RENTING, PLEASE PROVIDE THE INFORMATION BELOW

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	

***IF THE PARENTS ARE DIVORCED, THE PERSON COMPLETING THIS FORM MUST MAKE SURE THAT THE FEE PAYER NAMED ON THIS FORM (PARENT, GUARDIAN OR OTHER ENTITY) IS CORRECT IN TERMS OF THE SETTLEMENT AGREEMENT AND / OR COURT ORDER. IF THE PERSON RESPONSIBLE FOR PAYMENT FAILS TO PAY THE FEES WHEN DUE, THE PERSONS LISTED IN ANNEXURES B1 & B2 WHO SIGN THIS APPLICATION FORM SHALL BE RESPONSIBLE FOR PAYMENT OF ANY FEES DUE TO COUNTRY HOUSE SCHOOL.**

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