



= AKASIA STUDY HELP =

Extra Classes / Remedial Teaching

21 JOHN STREET HEATHERDALE AKASIA / TSHWANE – 076 212 6178 / 079 3166130 – E-MAIL:
akasiastudyhelp@gmail.com

I, _____ PARENT OF _____

Hereby register my child for extra classes, I will be responsible for the account and undertake to give one month notice at termination of this contract.

PARENT'S SIGNATURE

DATE

CHILD'S INFORMATION:

NAME AND SURNAME:

SCHOOL: GRADE:

CLASS/TEACHER:

Please attached a copy of latest school report.

Subject: (Mark appropriate subject with x)

MATHS	AFRIKAANS	ENGLISH
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PARENT INFORMATION:

NAME AND SURNAME – MOTHER

NAME AND SURNAME – FATHER

CELL MOTHER:CELL FATHER:

TEL WORK: TEL WORK:

EMAIL: EMAIL:

TERMS/CONDITIONS AND RULES:

- ✓ LESSONS WILL BE 50 TO 55 MINUTE LESSONS.
- ✓ 4 LESSONS A MONTH. (1 LESSON EVERY WEEK) – R 350-00 PER MONTH.
- ✓ 8 LESSONS A MONTH. (2 LESSONS EVERY WEEK) – R 600-00 PER MONTH.
- ✓ IF CHILDREN ARE ABSENT FROM LESSONS, NO TIME WILL BE WORKED IN.
- ✓ FEES ARE PAYABLE IN ADVANCE. EFT OR CARD PAYMENTS AT RECEPTION.
- ✓ LESSON TIMES: WEEKDAY AFTERNOONS, AND SATURDAY MORNINGS.
- ✓ IF LEARNER ATTENDS LESSONS FOR MORE THAN 3 WEEKS, WITHOUT PAYMENT, LESSONS WILL BE TERMINATED.
- ✓ WE WILL BE CLOSED ON PUBLIC HOLIDAYS.
- ✓ A SPECIFIC TIME WILL BE ALLOCATED TO A LEARNER, YOU ARE NOT ALLOWED TO MOVE THESE TIMES, YOU WILL NOT BE COMPENSATED IF YOUR CHILD DO NOT ATTEND LESSONS.

AKASIA STUDY HELP, OWNER OR STAFF CANNOT BE HELD RESPONSIBLE FOR ANY INJURY OR LOSS SUSTAINED BY MY CHILD AS A RESULT OF ACTIONS BY, MYSELF, MY CHILD, OTHER PERSONS WHILE ON THE PREMISES OR WHEN MY CHILD TAKE PART IN ORGANIZED LESSONS AND/OR SPONTANEOUS PLAY.

I _____ (PARENT/GUARDIANS FULL NAMES AND SURNAME)

GIVE FULL PARENTAL RESPONSIBILITY TO AKASIA STUDY HELP FOR THE DURATION OF THE LESSON TIME. IN CASE OF EMERGENCY I GIVE AKASIA STUDY HELP, FULL AUTHORITY TO CONTACT ANY MEDIAL PRACTITIONERS OR EMERGENCY MEDICAL SERVICES OR TO TRANSPORT MY CHILD TO A HOSPITAL IN CASE OF EMERGENCY, I FURTHER GIVE AKASIA STUDY HELP PERMISSION TO GIVE AUTHORITY FOR ANY EMERGENCY MEDICAL PROCEDURES.

FULL NAMES AND SURNAME PARENT: _____

SIGNATURE PARENT: _____

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BANKING INFORMATION:

AKASIA STUDY HELP (ECBOTH)

ABSA

9204399222

SAVINGS ACCOUNT

BRANCH CODE: 334 645

LEARNERS NAME AND SURNAME AS REF. PLEASE.