



Extra Classes / Remedial Teaching

21 JOHN STREET HEATHERDALE AKASIA / TSHWANE- EMAIL:
akasiastudyhelp@gmail.com

Contact information

Debbie Botha: 078 803 3879

Deon Slippers: 068 034 1029

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 AND GRADE:

CLASS/TEACHER:

TEACHER'S NUMBER IF POSSIBLE:

****PLEASE HAVE A COPY OF THE LATEST SCHOOL REPORT****

SUBJECTS: PLEASE SPECIFY SUBJECT AND GRADE:

PARENT INFORMATION:

NAME AND SURNAME OF MOTHER:

NAME AND SURNAME OF FATHER:

CELL OF MOTHER:

TEL WORK:

EMAIL:

CELL OF FATHER:

TEL WORK:

EMAIL:

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****COPY OF MOTHER OR FATHERS ID'S BOTH IF POSSIBLE****

ADRESS: _____

TERMS/CONDITIONS AND RULES:

- LESSONS WILL BE 50-55 MINUTE LESSONS
- R160 PER LESSON PER HOUR NO MATTER WHAT SUBJECT OR GRADE.
- MONTHLY PACKAGES ARE AVAILABLE:
 - 4 SESSIONS @ R600
 - 8 SESSIONS @ R1040
 - 12 SESSIONS @ R1440
- IF CHILDREN ARE ABSENT FROM LESSONS, NO TIME WILL BE WORKED IN.
- FEES ARE PAYABLE IN ADVANCE. EFT OR CASH PAYMENTS AT RECEPTION.
- LESSON TIMES: WEEKDAY AFTERNOONS 14:00-18:00
AND SATURDAY MORNINGS 08:00-14:00
- IF LEARNER ATTENDS LESSONS FOR MORE THAN 1 WEEKS, WITHOUT PAYMENT, LESSONS WILL BE
TERMINATED UNTILL PAYMENT IS MADE OR IF YOU HAVE AN ARRANGEMENT
- 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 DETAILS:

****PLEASE USE CHILD'S NAME AND SURNAME AS REFERENCE****

Debbie Botha (Account holder)

FNB

Cheque Account

Acc no. 62387581046

Branch code: 250655