

★  
**MODDERFONTEIN**  
**ACADEMY**  
— OF ARTS, SPORTS & CULTURE —

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APPLICATION FOR ENROLMENT

Annexure A

Please complete in black pen.

Applications must be accompanied by:

- Copy of birth certificate of learner.
- Copy of Parent(s) / Guardian(s) ID.
- ID of person responsible for fees.
- Latest school report.

**R4 500.00** Registration fee will be payable on acceptance with proof of payment.

<b>LEARNER DETAILS:</b>
NAME:
SURNAME:
DATE OF BIRTH:
ID / PASSPORT NUMBER:
RESIDENTIAL ADDRESS:
CODE:
CITIZENSHIP:
HOME LANGUAGE:
EMERGENCY CONTACT NAME:
EMERGENCY CONTACT NUMBER:
RELIGION:
GRADE OF ENTRY:
YEAR OF ENTRY:
PRESENT SCHOOL:
PREVIOUS SCHOOLS:

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3 Main Street, Founders Hill, Lethabong, 1609.  
083 326 1112 Email: [tamsynn@modderfonteinacademy.com](mailto:tamsynn@modderfonteinacademy.com)  
[info@modderfonteinacademy.com](mailto:info@modderfonteinacademy.com) [www.modderfonteinacademy.com](http://www.modderfonteinacademy.com)  
Directors: Gary Lipchick; Tamsynn Lipchick  
Registration number 700401106

<b>FATHER / MALE GUARDIAN:</b>
TITLE:
FIRST NAME:
SURNAME:
ID / PASSPORT NUMBER:
RESIDENTIAL ADDRESS:
CODE:
OCCUPATION:
NAME OF EMPLOYER:
WORK ADDRESS:
CODE:
MOBILE NUMBER:
HOME TEL:
WORK TEL:
EMAIL ADDRESS:
POSTAL ADDRESS:
POSTAL CODE:
RELATIONSHIP TO LEARNER IF OTHER THAN FATHER:

<b>MOTHER / FEMALE GUARDIAN:</b>
TITLE:
FIRST NAME:
SURNAME:
ID / PASSPORT NUMBER:
RESIDENTIAL ADDRESS:
CODE:
OCCUPATION:
NAME OF EMPLOYER:
WORK ADDRESS:
CODE:
MOBILE NUMBER:
HOME TEL:
WORK TEL:
EMAIL ADDRESS:

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**Directors: Gary Lipchick; Tamsynn Lipchick**  
**Registration number 700401106**

POSTAL ADDRESS:
POSTAL CODE:
RELATIONSHIP TO LEARNER IF OTHER THAN MOTHER:

<b>CONTACT DETAILS OF THE PARTY RESPONSIBLE FOR PAYMENT OF FEES</b>
TITLE:
FIRST NAME:
SURNAME:
ID / PASSPORT NUMBER:
RESIDENTIAL ADDRESS:
CODE:
OCCUPATION:
NAME OF EMPLOYER:
WORK ADDRESS:
CODE:
MOBILE NUMBER:
HOME TEL:
WORK TEL:
EMAIL ADDRESS:
POSTAL ADDRESS:
POSTAL CODE:
RELATIONSHIP TO LEARNER:

How did you hear about Modderfontein Academy?  
 (Advertisement, social media, member of staff, friend, etc.)

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Please attach any relevant or necessary medical documents regarding the learner.  
 Are there any medical conditions / allergies or other information that is necessary to the Academy?

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**TO BE COMPLETED BY THE PARTIES:**

The signatory(ies) confirm(s) that he / she has full authority to enter into this agreement.

**PARENT/GUARDIAN 1**

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_

Please print full name: \_\_\_\_\_

**PARENT/GUARDIAN 2**

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_

Please print full name: \_\_\_\_\_

**MODDERFONTEIN ACADEMY**

FOR OFFICE USE ONLY:

DATE OF ACCEPTANCE: \_\_\_\_\_

DATE OF ADMISSION: \_\_\_\_\_