

uniQ Homework Centre
A unique homework experience



Application form

Office use:

Start date:..... End date:.....

Reason for leaving:

Pasport photo:

Student Information:

Full Name:

Surname: Birth:

Physical Address:

Parent Information:

Mother:

Full Name: Surname:

ID Number:

Tel no 1: Tel no 2:

Signature:

E-mail:

Occupation:

Employer Name and Address:

.....

.....

Father:

Full Name: Surname:

ID Number:

Tel no 1: Tel no 2:

Occupation:

Email:

Employer Name and Address:

.....

.....

Marital status:

Emergency Contact Details

Name: Name:

Tel No 1..... Tel no 1.....

Tel No 2..... Tel no 2.....

Who will pick child up from the homework centre:

.....

Medical Information

Name of GP:

Tel No:.....

Medical Aid.....

Dependant code:.....

Medical Aid

Plan.....

Stuggle your child with any of the following:

Signature:

Any medical condition:	
Allergies:	
Any Abnormalities or physical disorder that we need to know:	
Any Operations:	
Name and address of current school:	
Current Grade of child	
Documentation	
Parent ID's	

Declaration

I/We the undersigned (Full Name and Surname)

FATHER:.....

MOTHER:

As the parents of (CHILD NAME IN FULL)

.....

Declare, H Swanepoel (Owner) of uniQ Homework Centre, free from any of the below:

1. In the case of an accident, damage or loss, I / We declare to keep uniQ Homework centre, it's owner, directors, management, personnel or any child or their parants free from any claim
2. I / We declare to pay homework centre fees in full, on/before the 1st of each month
3. I / We declare to give one month written notice before child can leave uniQ Homework Centre, or one month's fees will be paid upfront. Notice can not be accepted in December.
4. I/We accept all the rules and regulations at uniQ Homework Centre.

Signature:

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5. I / We understand that the my child will be placed in the best possible care, and therefore I / We wont keep uniQ Homework Centre nor it's owner, directors, management, employees or any other child or child's parents responsible for any accident that might happen.
6. I / We will keep sick children at home till they are better. In such a case, fees must still be paid and cannot be deducted for days not attending.
7. Completed application forms must be forwarded to unighuis@gmail.com

Signature Mother:

Signature Father:

Date.....

Signature: