



**JOHANNESBURG  
(HEAD OFFICE)**

TEL: (011) 037 1016/17/18  
FAX: (086) 416 6027

**MIDRAND  
(REGIONAL OFFICE)**

TEL: (011) 074 1944  
FAX: (086) 416 6028

**PRETORIA  
(AREA OFFICE)**

TEL: 061 475 2080  
FAX: (086) 416 6029

**HOME-EDUCATION TUITION AGREEMENT**  
**EQUATION EDUCATORS (TRAINING AND EDUCATION CONSULTING)**

STUDENT NUMBER						
STUDENT NAME						
DATE OF APPLICATION			AREA OFFICE			
DD	MM	YY	JHB	MDRD	PTA	
FOR OFFICE USE ONLY						

*Please tick appropriately*

**IMPORTANT TO PLEASE NOTE BEFORE PROCEEDING:**

1. YOU ARE REQUIRED TO COMPLETE ALL SECTIONS IN FULL, INCOMPLETE ENROLMENT FORMS WILL NOT BE ACCEPTED.
2. COMPLETE IN BLACK PEN ONLY
3. PRINT SINGLE SIDED, COMPLETE AND SEND TO ENROLMENT OFFICE

**DOCUMENTS REQUIRED (attach to this application)**

Learners Birth Certificate	ID copy of Sponsor/Account Holder
Parents/Guardians ID Copy	Academic Record/Report Card

First time/Returning EET&EC students	GRADE R - 7	GRADE 8 -12
Registration Fee (Non-refundable)	R850.00	R950.00

*Please tick your preferred option*

PLEASE INDICATE METHOD OF PAYMENT	
<input type="checkbox"/> MONTHLY	<input type="checkbox"/> 6 MONTHS ONCE OFF (5.5% DISCOUNT APPLIES)
<input type="checkbox"/> TERMLY (4% DISCOUNT APPLIES)	<input type="checkbox"/> 12 MONTHS ONCE OFF (10% DISCOUNT APPLIES), PLEASE STATE WHICH.....

**YEAR APPLIED FOR ----- GROUP OR GRADE APPLIED FOR (X BELOW)**

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**FOR OFFICE USE**

INTERVIEW DATE _____	APPROVED _____	FAMILY CODE _____
NOTES _____	DATE _____	SIBLINGS 1) _____
_____	COMMENCEMENT DATE _____	AT THIS 2) _____
_____	GROUP/ GRADE _____	SCHOOL 3) _____

**Parent /Guardian to please initial this page**

**LEARNERS DETAILS (ALL FIELDS ARE COMPULSORY)**

SURNAME:		OTHER NAMES:	
DATE OF BIRTH:	AGE:	PREFERRED NAME:	
IDENTITY/PASSPORT NUMBER:			
HOME LANGUAGE:		OTHER LANGUAGE:	
CELL NUMBER:		HOME TEL:	
FATHER'S NAME:		MOTHER'S NAME:	
STUDENT'S RACE:		RELIGION:	
CURRENT SCHOOL:			
LAST GRADE PASSED:	YEAR:	CURRENT GRADE:	YEAR:
PHYSICAL ADDRESS:			
:			

**ACCOUNT HOLDERS DETAILS (PERSON RESPONSIBLE FOR THE PAYMENT OF FEES)**

SURNAME:	
FIRST NAME:	
RELATIONSHIP TO APPLICANT:	
IDENTITY NUMBER:	
DATE OF BIRTH (DD/MM/YY) :	
CELL NUMBER:	
HOME TEL:	
WORK TEL:	FAX NUMBER:
E-MAIL ADDRESS:	

RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS

**Parent /Guardian to please initial this page**

TERMS OF PAYMENT

ALL FIRST INSTALMENTS TO BE MADE DURING THE REGISTRATION ENROLMENT WINDOW

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_:

- Declare herewith that the contents of the enrolment and parent/guardian details forms are true and correct and undertake to inform the office in writing should any changes occur. I take full responsibility for any loss for whom it may occur as a result of the incorrectness of the said information.
- Acknowledge herewith that I have read and accept the conditions in the Policy of Admission.
- Hereby give permission that the above mentioned child may attend EQUATION EDUCATORS Learning Centre and participate in all activities.
- Accept that that the staff in charge will do everything reasonable to their knowledge to safeguard the safety of my child.
- Herewith abandon and indemnify Educators of any claims that may arise from teaching, safekeeping and caring for my child or any connections thereto.
- Confirm that I will pay the amount of \_\_\_\_\_ per month for my child’s facilitation to EQUATION EDUCATORS, SA. The payment will take place \_\_\_\_\_ day of every month and acknowledge that late payments carry a fee.
- Confirm payment of a once off payment of R 850.00...../ R950.00..... registration fee.(non-refundable)
- Confirm payment of a deposit 50% value half of my monthly fee as a holding deposit which is **non-refundable**
- Accept and understand a standard 6% increase will be applied annually
- Accept and understand that if I do not honour this agreement it will lead to my child being denied access to EQUATION EDUCATORS until such a time that I have paid in full.
- Accept that I am responsible to any chosen home school curriculum for the payment of curriculum material, and **as a home-schooling parent/guardian, am ultimately responsible** for my child’s education and registration with the relevant authorities.
- Agree to give a terms notice period should I wish to take my child out of EQUATION EDUCATORS.
- Any legal fees incurred due to non-payment will be for my account.

**ADDITIONAL NOTES:**

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**NB!! The signatures of the account holder and that of the parent/2<sup>nd</sup> parent/legal guardian are required**

\_\_\_\_\_  
NAME & SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF 2<sup>ND</sup> PARENT / PARENT / LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED EETEC REPRESENTATIVE

\_\_\_\_\_  
DATE

Please Return Completed Application Forms to; Email: homeschool@equationeducators.com Fax: 086 416 6028
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**Parent /Guardian to please initial this page**