



General Enquiries: info@legacyhouse.co.za

13 The Prongs, Plettenberg, 6600

Contact Number: 0813285195

REGISTRATION FORM

STUDENT INFORMATION: Complete the information below. Please print clearly.

First Name: _____ ID Number: _____

Surname: _____ Date of Birth: _____

Residential Address: _____ Phone (home) _____

City: _____ Phone (cell) _____

Current School: _____ Email _____

Current Grade: _____

**(PLEASE ATTACH LATEST REPORT AND COPY
OF BIRTH CERTIFICATE TO THIS APPLICATION)**

PARENT/GUARDIAN INFORMATION:

MOTHER:

First Name: _____ ID Number: _____

Surname: _____ Date of Birth: _____

Residential Address: _____ Phone (home) _____

City: _____ Phone (cell) _____

Email: _____ Phone (work) _____

Occupation: _____

(PLEASE ATTACH A COPY OF ID TO THIS APPLICATION.)

FATHER:

First Name: _____ ID Number: _____

Surname: _____ Date of Birth: _____

Residential Address: _____ Phone (home) _____

City: _____ Phone (cell) _____

Email: _____ Phone (work) _____

Occupation: _____

(PLEASE ATTACH A COPY OF ID TO THIS APPLICATION.)

Medical Details

Medical Aid: _____ Plan: _____

Medical Number: _____ Allergies: _____

Any other medical problems of which the school should be aware:

Parent Agreement:

I agree to abide by all the policies and procedures of Legacy House.

I agree to pay Legacy House for tuition and fees and any reasonable collection costs if applicable. One month's notice must be given if I intend to withdraw my child from the school. Fees are to be paid over 12 months in advance. Non-payment of fees will result in exclusion from classes. Fees are to be paid before or on the 1st of every month. Proof of payment to be mailed to admin@legacyhouse.co.za.

Parent Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Legacy House : _____

Date: _____