

SIGN ALL SPACES AND INITIAL EACH PAGE

Necessary documents

Certified Copy of ID/birth certificate of learner
Certified copy of latest school report
Certified copy of both parents' or guardians' IDs
Proof of Residence (No older than 3 months)
Copy of medical aid card (if applicable)

Student particulars

Grade applied for	Highest grade passed	Year when grade was passed
Surname		
Names		
Preferred name to be called		

ID number														
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Date of birth	. yyyy/mo/day
Nationality	
Country of Origin	

Languages	language	Signify fluency (good/fair/bad)
Home language		
Language of teaching (English)		
* Other languages you prefer they should continue in or learn		

**In case of application of more than one student, you can fill in page 1 and 2 for each student and attach together with a separate option for each on page 6. The rest of the form does not have to be done separately as long as none of the details are different*

** In case the residential location of the child is different than that of the parents/one parent has residential custody please fill in the next part. Otherwise you can just ignore this part of the form.*

Living situation

Student primary lives with	name	Surname
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Relationship to the student		
Relationship to the primary guardian or parent		
Residential address		

**If this person is not a parent/guardian, we ask that you please fill in an additional form to allow them to come get the child in question AND add a certified copy of their ID. We know this might be an inconvenience, but we mean to keep the students safe.*

Learner Medical needs

Any special needs we need to be aware of		
Blood type		
Allergies (Provide a full list)		
Special problems that might need counseling		

Dexterity of learner	Left handed	Right handed
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Typing skills		
Computer skills		

Parent/guardians information (Both, if applicable, please fill out)

Title	ints	Surname	Name

Marital status	married	divorced	separated
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Home language		
Work language		
Other languages you speak with the child		

ID number													
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Address		

Home telephone	code	
Work telephone	code	
Cell phone	code	

Email address	
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Your occupation		
Employer name and address		

Parent/guardian information 2

Title	ints	Surname	Name

Marital status	married	divorced	separated
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Home language		
Work language		

Other languages you speak with the child		
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ID number														
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Address		

Home telephone	code	
Work telephone	code	
Cell phone	code	

Email address	
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Your occupation		
Employer name and address		

Details of account holder

Title	ints	Surname	Name

ID number													
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Address		

Home telephone	code	
Work telephone	code	
Cell phone	code	

Email address for account	
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Preferred method of contact if account is not paid		
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Declaration of account holder

I/we , the undersigned

_____ (Full names)

_____ (Full names)

hereby contract/s with Innovative Instruction (ii-Cottage) to deliver the services as referred to in the options as chosen to the learner.

Choose your option

Programme	Grade	Fees (January to November) – 11 months per year If enrolling in term 4 (October – December)	SIGNATURE OF PARENT
International home school (Level K – 8)		Registration and Admin (yearly): R 1200-00 Testing fee: R 600-00 (once-off) Fees per month: R 2600 – 00 (Includes curriculum fees)	
GED (Grade 10-12)		Registration and Admin (yearly): R 1200-00 Testing fee: R 600-00 (once-off) Fees per month: R 2700 – 00 (Includes curriculum fees but excludes exam fees – 4 examinations at \$80 per exam)	
American High school (Grade 9 – 12) FEES ARE PAYABLE FOR JANUARY TO DECEMBER		Registration and Admin (yearly): R 1800-00 Testing fee: None Fees per month: R 3400 – 00 JANUARY TO DECEMBER (Includes curriculum fees)	
South African CAPS (Grade R – 12) – Through Think Digital Academy		Registration and Admin (yearly): R 1200-00 Testing fee: None Fees per month: R 2300 – 00 (Excludes curriculum fees. Please use the Think digital portal to register and their fees are paid separately)	
OTHER: (Please specify)		Registration and Admin (yearly): R 1200-00 Testing fee: None Fees per month: R 2300 – 00 (Excludes curriculum fees. Use your own online platform to inform you about pricing etc.)	

DECLARATION, INDEMNITY FORM AND UNDERTAKING.

I/we the undersigned declare that:

1. The abovementioned entry form has been filled in correctly;
2. I/we am/are aware of the rules, regulations, terms and conditions of ii-cottage which forms an integral part of this entry form;
3. I/we undertake to respect and obey the aforementioned rules and regulations;
4. I/we undertake to pay the Hub fees provided for and understand that additional care might incur additional fees but will be communicated before such fees are required;
5. I/we choose the physical addresses as set out above as our chosen domicilium citandi et executandi for any purposes whatsoever in relation hereto.
6. I/we undertake to see that the learner abides by the rules, uphold our norms and traditions and follow all prescriptions and instructions;
7. I/we authorize P.J.van Zyl/I. Cason/ authorized representatives, to refer the learner to a general practitioner in case of an emergency and accepts liability for all costs in relation thereto.
8. I/we hereby indemnify ii-cottage, its owners, members, officials, employees or agents (hereinafter called "the indemnified parties") against any and all claims howsoever arising (inclusive of claims arising from the rendering of transport services) for any loss or damage resulting from any bodily injury, disability, psychological harm, loss of life or loss or damage to property which can be attributed to any act or omission on the part of the indemnified parties, which I/we/the learner may sustain pertaining the learner's enrolment at ii-cottage and taking part in any ii-cottage activities.
9. I/we am/are aware that the fees are subject to a yearly escalation of up to 10%.
10. I/we am/are aware that Hub fees are calculated for 11/12 months per year (see hub fees). No half-months for months with holidays etc will be entertained. Please ensure you understand that **you have to give a month's notice when terminating.** You are still liable for the monies owing for that full calendar month notice.
11. **I/we am/are aware that a Month's notice cannot happen after the 2nd of the month you wish to terminate your contract with the Hub. Terminations for the next Calender year must be done before or on 28th of OCTOBER of the previous year.**
12. I/we am/are aware that that All terminations must be done **in writing** to innovativeinstructionschool@gmail.com no later than 13:00 on the 2nd of the calendar month you wish to terminate in. **You are still responsible for the fees for that month.**
13. I/we am/are aware that Unpaid fees/late fees carry a penalty of 5% unless alternative arrangements were made for that month.
14. I/we am/are aware that the second month of non-payment will result in termination of contract and handover for collection by a legal entity, both for the months owing and the month of termination.
15. I/we am/are aware that no services will be rendered until this document and all outstanding documents are handed in, fully signed and sent to innovativeinstructionschool@gmail.com **along with proof of payment of the registration-, testing and first month's hub fees.**
16. I/we am/are aware that this is a LEARNER/HUB CENTRE and we help students with their online/homeschool curriculum.

FULL SIGNATURE HERE: _____

I, _____ with ID
number, _____ as legal guardian of

_____ hereby acknowledge the rules for payment, all legalities and understand all points 1 –
15 as set out in this document and will adhere to these without fail.

SIGNED AT _____ ON THIS ____ DAY OF
_____ 20_____.

SIGNATURE MOTHER/LEGAL GUARDIAN

SIGNED AT _____ ON THIS ____ DAY OF
_____ 20_____.

SIGNATURE FATHER/LEGAL GUARDIAN

ACCOUNT: ABSA ACCOUNT (Cheque)

ACCOUNT NUMBER: 408 448 6456

REFERENCE: Learner's name

Registration at Department of basic education

1. Parents need to register themselves at the department of basic education as a homeschooling parent
2. We are not liable for problems relating to this if it is not done
3. The Trust will only defend a learner who had been properly registered at the department of basic education as a homeschool learner.
4. Please visit department of basic education
education.gov.za/programmes/HomeEducation.aspx.
5. Choose your province and register as a homeschooling parent
6. Confirmation must be sent to info@iicottage.com.

I, _____, undertake to register myself as a homeschooling parent in order for my child(ren) to attend a Learner Hub.

SIGNED AT _____ **ON THIS** ____ **DAY OF**

_____ **20** _____.

LEGAL GUARDIAN