

Join the **PLAINVIEW COLLEGE** family

plainview college High school



School Enrolment Form



PLAINVIEW
COLLEGE

| | | | |
|-------------|--|--|--|
| School name | | Promo/employee no. | |
| | | Year applying for | |
| | | Family code (existing parents only) | |

Necessary supporting documents, completed sections and forms

This application will be processed only if all fields are legibly completed, are signed, and all supporting documents are attached.

| | | | |
|---|--------------------------|--|--------------------------|
| Copy of learner's birth certificate/ID | <input type="checkbox"/> | Copy of learner's latest progress report | <input type="checkbox"/> |
| Copy of parents'/legal guardians' IDs | <input type="checkbox"/> | Copy of learner's FINAL progress report once available | <input type="checkbox"/> |
| Proof of residence/study permit, if foreign | <input type="checkbox"/> | Subject choice form (for Grades 10 to 12) | <input type="checkbox"/> |
| Completed and signed debit order form | <input type="checkbox"/> | Completed boarding application form (if applicable) | <input type="checkbox"/> |
| Two recent ID photos of learner | <input type="checkbox"/> | All sections completed and signed | <input type="checkbox"/> |

Application details

☐ Please confirm availability at the school.

Grade: 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ ☐ ☐ ☐

Learner details

| | | | | | | | | | | | | |
|-----------------------------------|------------|--------------------------|----------|--------------------------|-----------------------|--------------------------|-------|--------------------------|------------------|--------------------------|-------|--------------------------|
| Surname | | | | | | | | | | | | |
| Name/s as on birth certificate/ID | | | | | | | | | | | | |
| Preferred name | | | | | | | | | | | | |
| ID number | | | | | | | | | | | | |
| Date of birth | DD/MM/YYYY | | | Current age | | Gender: | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | | |
| Home language | | | | | Second language | | | | | | | |
| 1st teaching language | | | | | 2nd teaching language | | | | | | | |
| Nationality | | | | Country of origin | | | | | Immigration date | | | |
| Race: | Asian | <input type="checkbox"/> | African | <input type="checkbox"/> | Coloured | <input type="checkbox"/> | White | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Resides with: | Parents | <input type="checkbox"/> | Guardian | <input type="checkbox"/> | Boarding | <input type="checkbox"/> | | | | | | |

For office use

| | | | | | |
|----------------|--|-------------------|---|------------------------|----------------------------|
| Interview date | | Approved | Y <input type="checkbox"/> N <input type="checkbox"/> | Family code | |
| Notes | | Date approved | | Credit reference | |
| | | Commencement date | | Siblings at the school | 1 <input type="checkbox"/> |
| | | Group/Grade | | | 2 <input type="checkbox"/> |

Learner details (continued)

Religion Mode of transport

Person dropping learner at school (up to Grade 7)

Name
Relationship

Person collecting learner from school (up to Grade 7):

Name
Relationship

Learner's education details

Current school Tel no.

Last grade passed Year Grade/s repeated

Has admission to any other school/s ever been refused? Yes ☐ No ☐

If yes, please state the reason below:

Learner's medical details

Blood type: O+ ☐ O- ☐ A+ ☐ A- ☐ AB+ ☐ AB- ☐ B+ ☐ B- ☐ Unknown ☐

Family doctor

Name Tel. no.
Address

Medical aid

Name Member no. Option

Main member initials and surname

Main member ID number

Has the learner received all the necessary immunisations? Yes ☐ No ☐

If no, please state the reason below:

Has the learner suffered from any of the following illnesses? Please indicate with an X.

| | | | | | | | |
|---------------|--------------------------|-----------------|--------------------------|---------------|--------------------------|-----------------|--------------------------|
| Asthma | <input type="checkbox"/> | Chickenpox | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Diphtheria | <input type="checkbox"/> |
| Enteric fever | <input type="checkbox"/> | German measles | <input type="checkbox"/> | Hepatitis | <input type="checkbox"/> | Malaria | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | Mumps | <input type="checkbox"/> | Polio | <input type="checkbox"/> | Rheumatic fever | <input type="checkbox"/> |
| Scarlet fever | <input type="checkbox"/> | Tick bite fever | <input type="checkbox"/> | Typhoid fever | <input type="checkbox"/> | Whooping cough | <input type="checkbox"/> |

Learner's medical details (continued)

Does the learner suffer from any allergies?

Yes

☐

No

☐

If yes, please provide details below:

Does the learner have any special medical needs?

Yes

☐

No

☐

If yes, please provide details below:

Does/Has the learner suffered from any other illnesses/disabilities?

Yes

☐

No

☐

If yes, please provide details below:

Is the learner receiving medical treatment for any condition?

Yes

☐

No

☐

If yes, please provide details below:

Is/Has the learner suffered from or received treatment for any psychological/emotional upset?

Yes

☐

No

☐

If yes, please provide details below:

Has the learner had any operations?

Yes

☐

No

☐

If yes, please provide details below:

Please specify any other relevant medical details:

Consent to act in a medical emergency

In a critical medical situation, please bear in mind that there may not be time to refer to the learner's records. The school, therefore, reserves the right to utilise the quickest medical service available.

I, _____, being the parent/legal guardian of _____, hereby agree that a medical practitioner may provide emergency treatment as may be necessary.

Signature of parent/legal guardian

Date

Personal details of parent/legal guardian (1)

☐ Complete only if NOT the account holder.

Surname

Full names as on ID

ID number

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Personal details of parent/legal guardian (1) – continued

| | | | | | | | | | | |
|-------------|------|--------------------------|-------|--------------------------|-------|--------------------------|------|--------------------------|----|--------------------------|
| Designation | Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Ms | <input type="checkbox"/> | Miss | <input type="checkbox"/> | Dr | <input type="checkbox"/> |
| | Rev. | <input type="checkbox"/> | Prof. | <input type="checkbox"/> | Other | <input type="text"/> | | | | |

| | | | |
|--------------|----------------------|----------------|----------------------|
| Relationship | <input type="text"/> | Marital status | <input type="text"/> |
| Occupation | <input type="text"/> | Employer | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Residential address | Work address | Postal address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | | |
|--------|----------------------|--------|----------------------|------|----------------------|
| Tel. H | <input type="text"/> | Tel. W | <input type="text"/> | Cell | <input type="text"/> |
|--------|----------------------|--------|----------------------|------|----------------------|

Email address

Parental status:

| | | | |
|------------------------------|--------------------------|---------------------------------|--------------------------|
| Learner living with parent/s | <input type="checkbox"/> | Learner's legal guardian | <input type="checkbox"/> |
| Access rights to learner | <input type="checkbox"/> | Access rights in emergency only | <input type="checkbox"/> |

Personal details of parent/legal guardian (2)

☐ Complete only if NOT the account holder.

| | | | | | | | | | | | | |
|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Surname | <input type="text"/> | | | | | | | | | | | |
| Full names as on ID | <input type="text"/> | | | | | | | | | | | |
| ID number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | | | | | | | |
|-------------|------|--------------------------|-------|--------------------------|-------|--------------------------|------|--------------------------|----|--------------------------|
| Designation | Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Ms | <input type="checkbox"/> | Miss | <input type="checkbox"/> | Dr | <input type="checkbox"/> |
| | Rev. | <input type="checkbox"/> | Prof. | <input type="checkbox"/> | Other | <input type="text"/> | | | | |

| | | | |
|--------------|----------------------|----------------|----------------------|
| Relationship | <input type="text"/> | Marital status | <input type="text"/> |
| Occupation | <input type="text"/> | Employer | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Residential address | Work address | Postal address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | | |
|--------|----------------------|--------|----------------------|------|----------------------|
| Tel. H | <input type="text"/> | Tel. W | <input type="text"/> | Cell | <input type="text"/> |
|--------|----------------------|--------|----------------------|------|----------------------|

Email address

Parental status:

| | | | |
|------------------------------|--------------------------|---------------------------------|--------------------------|
| Learner living with parent/s | <input type="checkbox"/> | Learner's legal guardian | <input type="checkbox"/> |
| Access rights to learner | <input type="checkbox"/> | Access rights in emergency only | <input type="checkbox"/> |

Emergency contact details (not parental)

| | | | | | |
|------------------------|--|--------|--|------|--|
| Full names and surname | | | | | |
| Tel. H | | Tel. W | | Cell | |
| Relation to learner | | | | | |
| Email address | | | | | |

Details of person responsible for account

| | | | | | | | | | | | | |
|---------------------|------------------------------|--------------------------|-------|--------------------------|--------------------------|---------------------------------|------|--------------------------|----|--------------------------|--|--|
| Surname | | | | | | | | | | | | |
| Full names as on ID | | | | | | | | | | | | |
| ID number | | | | | | | | | | | | |
| Designation | Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Ms | <input type="checkbox"/> | Miss | <input type="checkbox"/> | Dr | <input type="checkbox"/> | | |
| | Rev. | <input type="checkbox"/> | Prof. | <input type="checkbox"/> | Other | | | | | | | |
| Relationship | | | | | Marital status | | | | | | | |
| Occupation | | | | | Employer | | | | | | | |
| Residential address | | | | Work address | | | | Postal address | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Tel. H | | | | Tel. W | | | | Cell | | | | |
| Email address | | | | | | | | | | | | |
| Parental status | Learner living with parent/s | | | | <input type="checkbox"/> | Learner's legal guardian | | | | <input type="checkbox"/> | | |
| | Access rights to learner | | | | <input type="checkbox"/> | Access rights in emergency only | | | | <input type="checkbox"/> | | |

Details of children in your care who are currently at this school:

| | | | | | | | |
|---------|--|----|--|--------|--|----|--|
| 1. Name | | Gr | | 2.Name | | Gr | |
| 3. Name | | Gr | | 4.Name | | Gr | |

Payment option Please complete the debit order form.

Signature of parents/legal guardians and account holder

We, the undersigned parents/guardians, hereby certify that the information provided in this application for admission is complete and accurate. We acknowledge that enrolment is subject to, inter alia, signing a learner admission contract that contains the detailed terms, conditions and requirements for admission. We acknowledge that we have read the school-specific policies and school rules and will accept an offer of placement for our child at the school in accordance with the terms and conditions as set out therein. These documents, as amended from time to time, are available on the official school website. We further consent to the processing of personal information contemplated in the POPI Act No 4 of 2013, for the following purposes: evaluation of this application form; administration of the contract between us and Faku Holdings Group; and conducting credit enquiries.

NB: The signatures of the account holder and both parents and/or legal guardians are required where applicable.

Signature of account holder

Date

Signature of parent/legal guardian (1)

Date

Signature of parent/legal guardian (2)

Date

Survey

Where did you hear about us? Please indicate with a ☐.

| | | | | | | | | | |
|-----------|--------------------------|-----------|--------------------------|----------|--------------------------|------------|--------------------------|--------------|--------------------------|
| Billboard | <input type="checkbox"/> | Newspaper | <input type="checkbox"/> | Magazine | <input type="checkbox"/> | Radio | <input type="checkbox"/> | Presentation | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> | Brochure | <input type="checkbox"/> | Flyer | <input type="checkbox"/> | Exhibition | <input type="checkbox"/> | Web | <input type="checkbox"/> |

Other (specify):

How satisfied were you with the service you received pre-enrolment?

Very satisfied ☐ Satisfied ☐ Unsatisfied ☐ Very unsatisfied ☐

Was the information received pre-enrolment ...

Relevant ☐ Informative ☐ Sufficient ☐

What made you choose our school? Please indicate your five top reasons with a ☒.

| | | | | | |
|--------------------------------------|--------------------------|--------------------------------------|--------------------------|----------------------------|--------------------------|
| Academic standards | <input type="checkbox"/> | Affordability | <input type="checkbox"/> | Boarding facilities | <input type="checkbox"/> |
| Bursary or scholarship received | <input type="checkbox"/> | Bus routes | <input type="checkbox"/> | Class sizes | <input type="checkbox"/> |
| Christian values (ethics and morals) | <input type="checkbox"/> | Facilities | <input type="checkbox"/> | Final examination | <input type="checkbox"/> |
| Focus on holistic child development | <input type="checkbox"/> | Independent school | <input type="checkbox"/> | Language offering | <input type="checkbox"/> |
| Learner discipline | <input type="checkbox"/> | Learning environment | <input type="checkbox"/> | Location and accessibility | <input type="checkbox"/> |
| Online school offering | <input type="checkbox"/> | Performing arts and culture offering | <input type="checkbox"/> | Safety and security | <input type="checkbox"/> |
| School heritage and culture | <input type="checkbox"/> | Sports offering | <input type="checkbox"/> | Subject choices offered | <input type="checkbox"/> |
| Teachers | <input type="checkbox"/> | NCV programme option | <input type="checkbox"/> | | |

Consent to Process Personal Information



I, the parent/guardian of the learner mentioned below, hereby confirm my voluntary consent given in terms of the Plainview College School Admission application and Enrolment contract, that PVC schools (hereafter named Plainview College High School), by way of their school of enrolment may process the following personal information of myself in the capacity of parent/guardian as well as of said learner, being a minor, name, identity number, telephone number, email address, physical address, and financial information including the conducting of a credit check.

I also acknowledge the following:

The abovementioned personal information will be processed in order to conclude the abovementioned enrolment contract as stipulated in section 11 of POPI.

Processing shall include the receipt, recording, organising, collation, storage, updating or modification, retrieval, alteration, consultation, and use; the dissemination by means of transmission, distribution or making available in any other form, or the merging, linking as well as blocking, degradation, erasure or destruction of information, as described by POPI.

In terms of POPI, parents/guardians and learners whose personal information is being processed, will be referred to as 'data subjects'.

This consent is effective immediately and will remain effective until such consent is withdrawn.

The personal information may only be processed if it is adequate, relevant and not excessive, given the purpose for which it is processed, and if processing occurs in accordance with the relevant provisions of POPI. The purpose of the processing of information must relate to a school-related function or activity.

Plainview College High School will collect and process only personal information pertaining to the proper functioning, management and governance of

its schools, as prescribed in the South African Schools Act, no. 84 of 1996 and other relevant education legislation and policies.

The subjects and categories of information collected will depend on the purpose for which it is collected and will be processed for that purpose only.

Curro recognises that personal information may be processed in terms of POPI only if: 9.1. the data subject, or a competent person where

8.1. the data subject is a minor, consents to the processing;

8.2. processing is necessary to carry out actions for the conclusion or performance of a contract to which the data subject is a party

8.3. processing complies with an obligation imposed on the school by law;

8.4. processing protects a legitimate interest of the data subject;

8.5. processing is necessary for the performance of a public law duty, and/or

8.6. processing is necessary for pursuing the legitimate interests of the school.

9. A data subject has the following rights in terms of this consent:

9.1. The right of a data subject to correct their details. The school will attempt to keep information updated. Should any of details of a data subject change, the school should be notified to ensure that all records are as accurate as possible.

9.2. The right to revoke consent. Data subjects may revoke the consent that has been given in terms of this form at any time. This should be done in writing and addressed to the information officer of Plainview College High School, at pvcschools@plainviewcollege.co.za. Revoked consent is not retroactive and will not affect any past or current use of information.

9.3. All the aforesaid information is contained in Curro's policy on the Protection of Personal Information and its privacy policy, both available on the Plainview College website, as well as at Faku Holdings Group Head Office.

10. I also consent to the following (mark with ✓, if consent is given)

☐ 10.1. to receive marketing information relevant to the marketing of Plainview College High School only, in the form of SMSes, WhatsApp messages, emails, etc. from the school.

☐ 10.2. to make personal information (limited to photos/images of learners participating in events) available on broadcast platforms, including video recordings for a programme related to the school, as well as any participation in any school sports or school cultural event on a television station or other form of transmission or broadcasting platform including the Internet or apps, including the livestreaming of such events.

☐ 10.3. to be added on Plainview College High school WhatsApp groups for parents/guardians, solely related to Plainview College High school activities, including relevant class groups and sports groups, administrated by Curro staff.

| | | | | | |
|----------------------|--|-----------|--|-------|--|
| Learner name | | | | Grade | |
| Parent/Guardian name | | | | | |
| Address | | | | | |
| | | | | | |
| Tel no. | | Cell. no. | | | |

Signature of parent/guardian
Learners of 18 years or older may sign themselves

Date

Consent for Credit Check (and Indemnification)



As part of the learner admission process, the school is required to obtain credit reports or other related information on the account of the account holder, as may be deemed necessary.

The purpose of the credit report is to assess the account holder's financial means and ability to satisfy the financial obligations as set out in the Learner Admission Contract.

You are required to complete the section below and return to the school's finance department with your completed application form.

Kind regards
Executive Head

I/We the undersigned, hereby authorise Plainview College High School and/or any of its associates to conduct credit enquiries and/or obtain credit reports in respect of my/our credit profile, as may be necessary, with the credit bureau of its choice.

| | | | |
|---------------------|--|---------------|--|
| Account holder name | | | |
| Identity number | | | |
| Address | | Date of birth | |
| | | Cell. no. | |
| Email address | | | |

| | |
|-----------------------------|-------|
| _____ | _____ |
| Signature of account holder | Date |

Furthermore, I/ we the undersigned acknowledge that any Personal Information supplied to PVC School (Plainview College High School) is provided voluntarily and that Plainview College High School may not be able to comply with its obligations if the correct Personal Information is not supplied to Plainview College High School. I understand that privacy is important to Plainview College High School and that Plainview College High School Parties will use reasonable efforts in order to ensure that any Personal Information in their possession or processed on their behalf is kept confidential, stored in a secure manner and processed in terms of the Protection of Personal Information Act, No 4. Of 2013 (POPI). I warrant that all information, including Personal Information, supplied to Plainview College High School is accurate and current and agree to correct and update such information when necessary. By submitting any Personal Information to Plainview College High School in any form, I acknowledge that such conduct constitutes an indefinite unconditional, specific and voluntary consent to the processing of such Personal Information in the following manner by Plainview College High School and/or third parties.

Personal Information may be shared by Plainview College High School with the relevant verification information suppliers for verification, credit check or other legitimate purposes.

A copy of Personal Information kept by Plainview College High School will be furnished to me upon request in terms of the provisions of POPI. I unconditionally agree to indemnify Plainview College High School against any liability that may result from the processing of Personal Information and or verification of such personal information. This includes unintentional disclosures of such Personal Information to - or access by - unauthorized persons, and/or any reliance which may inadvertently be placed on inaccurate Personal Information provided to Plainview College High School by myself and/or any third parties.

