HILLSIDE AKADEMIE
76 Jan Shoba Street, Colbyn, Pretoria | 072 225 8246

2027 ENROLMENT FORM

Application and learner-information pack

ADMISSION NOTE: Completion of this form does not guarantee admission. Enrolment becomes final only after Hillside Akademie has confirmed acceptance in writing, all required documents have been received, the applicable deposit has been paid, and the Parent Enrolment Contract has been signed.

1. Learner details

Full names (as per identity document)	
Preferred name / nickname	
Surname	
Date of birth (DD/MM/YYYY)	
South African ID number	
Gender	☐ Male ☐ Female
Grade applying for in 2027	
Current grade (2026)	
Residential address	
Primary home language	
Other languages spoken	
Preferred language of communication	☐ English ☐ Afrikaans
Nationality / citizenship	
SA citizen	☐ Yes ☐ No
Passport number (if applicable)	
Country of issue and expiry date	
Study permit / visa number and expiry date	

2. Family and contact details

Parent / legal guardian 1

Relationship to learner	
Title, initials and full names	
ID / passport number	
Occupation and employer	
Residential address	
Postal address (if different)	
Cell number	
Email address	

Parent / legal guardian 2

Relationship to learner	
Title, initials and full names	
ID / passport number	
Occupation and employer	
Residential address	
Postal address (if different)	
Cell number	
Email address	

Family information

Parents' marital / relationship status	☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed ☐ Other
Learner lives with	
Names and grades of siblings at Hillside	
Primary language for school correspondence	☐ English ☐ Afrikaans

3. Legal guardianship, account holder and collection permissions

Custody and guardianship

Legal guardian(s)	
Are any court orders / parenting plans relevant?	☐ No ☐ Yes - attach a certified copy
Is either parent's access restricted?	☐ No ☐ Yes - provide details and supporting order
Additional information the school must know	

SAFEGUARDING: The school can act only on written legal documentation supplied to it. Parents/guardians must notify Hillside promptly of any change to custody, guardianship, contact or collection arrangements.

Person responsible for the account

Full name / registered entity	
Relationship to learner	
ID / company registration number	
Billing address	
Cell number	
Email for invoices and statements	
Alternative account contact	
Payment option selected	☐ 12 monthly payments ☐ 10 monthly payments ☐ Annual payment ☐ Other: _____

Authorised collection persons

Full name	Relationship	Cell number	ID number

4. Emergency and medical information

Emergency contacts (other than parents/guardians)

Full name	Relationship	Cell number	Alternative number

Medical profile

Blood group (if known)	
Chronic conditions / illnesses	
Allergies (food, medicine, environmental)	
Disabilities / physical limitations	
Dietary requirements	
Medication taken regularly	
Dosage, time and administration instructions	
Previous serious illness, injury or operation	
Other medical information	

Doctor and medical aid

Regular doctor / practice	
Doctor's contact number	
Medical aid and plan	
Membership number	
Main member and ID number	
Medical aid emergency number	

5. Medical permissions

Medication at school

☐ My child does not require medication at school.
☐ My child requires prescribed medication at school; written instructions and the medication in its original labelled container will be supplied.
☐ I authorise designated school staff to administer the supplied medication strictly according to the written instructions.

No learner may keep or self-administer medication at school unless a written arrangement has been approved by the principal. Parents/guardians remain responsible for keeping medical and medication information current.

Emergency treatment consent

If I/we cannot be reached in an emergency, I/we authorise Hillside Akademie and its designated staff to obtain reasonable emergency medical treatment for the learner, including ambulance transport and treatment by a medical practitioner or hospital. The school will make reasonable efforts to contact the parents/guardians or emergency contacts as soon as possible. I/we accept responsibility for medical costs not covered by medical aid, except to the extent that the law provides otherwise.

☐ I/We consent to emergency medical treatment as described above.
☐ I/We do not consent and have attached a written emergency instruction plan.

Preferred hospital (if any)	
Special emergency instructions	

Parent / guardian confirmation

Parent/guardian 1 full name	
Signature	Date: _____
Parent/guardian 2 full name	
Signature	Date: _____

6. Previous schooling and educational history

Please disclose information fully so that Hillside can determine whether it can reasonably meet the learner's educational and support needs.

Current / most recent school	
School contact number and email	
Dates attended	
Reason for leaving	
Previous schools attended	
Has the learner repeated a grade?	☐ No ☐ Yes - grade and year: _____
Has the learner ever been suspended, expelled or asked to leave a school?	☐ No ☐ Yes - provide full details below
Has the learner received disciplinary or behavioural support?	☐ No ☐ Yes - provide details below
Academic strengths	
Areas requiring support	

_____

_____

Current academic arrangements

Curriculum / examining body (if applicable)	
Subjects currently taken (Grades 8-12)	
Existing concessions / accommodations	
IEP / ISP / SNA or support plan in place	☐ No ☐ Yes - attach current plan
Learning support currently provided	

7. Learner support and developmental history

☐ Educational psychologist assessment	☐ ADHD / ADD assessment or diagnosis
☐ Autism spectrum assessment or diagnosis	☐ Dyslexia / specific learning disorder assessment
☐ Occupational therapy	☐ Speech and language therapy
☐ Remedial therapy / specialist tutoring	☐ Play therapy / counselling / psychotherapy
☐ Psychiatric care	☐ Physiotherapy
☐ Hearing assessment	☐ Vision assessment
☐ Concessions / accommodations	☐ Individual Education / Support Plan (IEP / ISP)
☐ SNA1 / SNA2 / SIAS support process	☐ Previous remedial or special-school placement
☐ Other: _____	

For every item selected above, provide the practitioner, approximate dates, outcome or diagnosis, current recommendations, and whether the support is ongoing:

_____

_____

_____

_____

_____

Social, emotional and behavioural support

Anxiety, emotional regulation or mental-health needs	
Sensory needs / known triggers	
Behavioural or safety concerns	
Peer relationships / bullying history	
Strategies that help the learner succeed	
Professionals currently involved and contact details	

REQUIRED DISCLOSURE: Attach all relevant educational, psychological, medical and therapeutic reports. Material non-disclosure may affect the school's ability to assess or continue the placement, subject to the Parent Enrolment Contract and applicable law.

8. POPIA privacy notice and consent

Hillside Akademie collects and processes personal information about the learner, parents/guardians and responsible payer for lawful school purposes, including admissions, education and learner support, safeguarding, communication, billing, regulatory reporting, medical response and the administration of school activities. This may include special personal information such as health, disability and educational-support information.

Information may be shared only where reasonably necessary and lawful with authorised staff, service providers, medical personnel, educational professionals, regulators, examination bodies, government departments and other parties involved in the learner's education or safety. Hillside will take reasonable measures to protect information and retain it in accordance with legal and operational requirements. Requests to access or correct information may be directed to the school's Information Officer.

☐ I/We acknowledge receipt of this privacy notice and consent to lawful processing necessary for the learner's application, enrolment, education, support, safeguarding and school administration.
☐ I/We confirm that the information supplied is accurate and undertake to notify Hillside of changes.
☐ I/We authorise Hillside to contact previous schools and relevant professionals to verify information and obtain records reasonably required for the admission and support process.

Information Officer / privacy enquiries	Name: _____ Email: _____
Parent/guardian limitations or queries	

Note: Consent is not the only lawful basis for processing under POPIA. Hillside may process information where required or permitted by law, contract, legitimate interests or the protection of the learner. A full Privacy Policy should accompany or be made available with this form.

POPIA acknowledgement

Parent/guardian 1 full name	
Signature	Date: _____
Parent/guardian 2 full name	
Signature	Date: _____

9. Photography, media and communication choices

Photography and video

Please select one option in each row. Internal educational and safeguarding records may still be created where lawful and necessary.

Use	Yes	No
School newsletters, D6 notices and closed parent groups	☐	☐
Hillside website and public social-media pages	☐	☐
Printed marketing, posters and open-day material	☐	☐
Group photographs / event photographs	☐	☐
Learner's first name may appear with an image	☐	☐
Learner's full name may appear for awards or achievements	☐	☐

These choices may be changed prospectively by written notice. Hillside will not sell learner images and will take reasonable care not to publish sensitive personal information.

Parent communication

☐ Email	☐ Telephone / SMS
☐ WhatsApp messages or parent groups	☐ D6 communication platform
☐ Printed notices sent with the learner	

Preferred primary contact person	
Preferred cell number	
Preferred email address	

Excursions and transport

☐ I/We consent to the learner participating in routine local educational outings after receiving appropriate notice.
☐ I/We consent to transport arranged by the school or an approved service provider for authorised school activities.
☐ I/We require separate written consent for every outing.

Parent/guardian 1 full name	
Signature	Date: _____
Parent/guardian 2 full name	
Signature	Date: _____

10. Parent contract, policies and declarations

Required acknowledgements

☐ Parent Enrolment Contract and 2027 Fee Schedule
☐ Code of Conduct and disciplinary procedures
☐ POPIA Privacy Policy
☐ Photography and media choices recorded in this form
☐ Notice, cancellation and termination provisions in the Parent Enrolment Contract

I/We acknowledge that the policies and fee terms listed above form part of the enrolment arrangements where incorporated into the Parent Enrolment Contract or separately accepted. I/We undertake to support the school's reasonable rules and to keep contact, medical, custody and account information current.

Declaration

I/We declare that the information in this form and its attachments is true, complete and accurate to the best of my/our knowledge. I/We understand that Hillside relies on this information when assessing whether it can reasonably meet the learner's needs. I/We understand that this form is not, by itself, the complete Parent Enrolment Contract and does not guarantee admission.

Signed at	
Date	

Parent/guardian 1 full name	
Signature	Date: _____
Parent/guardian 2 full name	
Signature	Date: _____

11. Excursion participation and acknowledgement of risk

Hillside Akademie will take reasonable steps to safeguard learners during school activities, excursions, transport and visits. Parents/guardians acknowledge that ordinary participation in these activities may involve inherent risks that cannot be eliminated completely.

I/We authorise the learner to participate in authorised school activities and excursions, subject to information and consent requirements communicated for the activity. I/We undertake to disclose relevant medical, behavioural and safety information and to ensure that the learner follows reasonable instructions.

To the extent permitted by South African law, I/we accept responsibility for loss of or damage to the learner's personal belongings and for costs arising from risks not caused by the negligent or unlawful conduct of the school or persons for whom it is legally responsible. Nothing in this acknowledgement excludes or limits liability that cannot lawfully be excluded, including rights and remedies under applicable consumer-protection and child-protection law.

LEGAL REVIEW: This clause should be read with the Parent Enrolment Contract. Hillside should have its final enrolment contract, cancellation terms and liability clauses reviewed by a South African education-law attorney before issue.

Learner's full name	
Activity limitations / relevant information	

Parent/guardian 1 full name	
Signature	Date: _____
Parent/guardian 2 full name	
Signature	Date: _____

School use only

Application received	Date: _____ By: _____
Interview / assessment date	
Admission decision	☐ Accepted ☐ Conditional ☐ Waiting list ☐ Not accepted
Conditions / notes	
Acceptance letter issued	Date: _____
Parent contract signed	Date: _____
Deposit received	Date: _____ Amount: R_____

12. Supporting-document checklist

☐ Completed and signed 2027 Enrolment Form
☐ Certified copy of learner's birth certificate / ID document
☐ Certified copies of parents' / legal guardians' ID or passport documents
☐ Recent head-and-shoulders photograph of learner
☐ Most recent school report
☐ Transfer card (where applicable)
☐ Passport and valid study permit / visa (non-SA learners)
☐ Court order / parenting plan / guardianship documents (where applicable)
☐ Educational psychologist assessment reports
☐ Occupational therapy / speech therapy / remedial reports
☐ Medical reports and medication instructions
☐ Current IEP / ISP / SNA / SIAS documents
☐ Approved concessions / accommodations documentation
☐ Proof of residence
☐ Signed Parent Enrolment Contract
☐ Signed 2027 Fee Schedule / payment option
☐ Proof of payment of the applicable non-refundable enrolment deposit
☐ Any other document requested by Hillside

PRIVACY: Please submit copies securely. Do not send medical, psychological or identity documents to informal parent groups. Hillside should advise applicants of the approved submission method.

For office use

Item	Received	Outstanding / notes
Identity and legal documents	☐	
Academic records	☐	
Support and medical reports	☐	
Contract and fee documents	☐	