LEARNER'S RECORD

Pre-existing medical conditions: _____

_____

Date: _____

Details: _____

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_____

Conclusion: _____

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Date: _____

Details: _____

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Conclusion: _____

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Date: _____

Details: _____

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Conclusion: _____

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Date: _____

Details: _____

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Conclusion: _____

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CONDITIONS OF AGREEMENT

Your registration is accepted subject to the following conditions:

1. Right of admission reserved.
2. The student agrees to be bound by the rules and conditions set down by Nomaswazi High School.
3. I acknowledge that whereas every effort will be made to provide a safe and secure environment for the student, nevertheless I hereby specifically, irrevocably and indefinitely indemnify and hold blameless Nomaswazi High School and it's staff against any or all loss, damage or injury which may be sustained by the student at school or en route thereto, or there from, or in the course of any extra mural activity, or any school outing in which he/she may participate. I hereby also give consent for Nomaswazi High School to arrange any medical assistance where the said school sees fit.
4. I acknowledge that Nomaswazi High School will act in Loco Parentis in situations that the school feels fit.
5. I acknowledge that Nomaswazi High School is not liable for any loss or damage to the student's property while on the premises or elsewhere.
6. I further acknowledge that should the student cause any malicious damage to property and/or equipment of Nomaswazi High School, I undertake to pay for such damage. I further acknowledge that such damage could result in the expulsion of the student from the said school.
7. I understand that students and their parents/guardians are expected to abide by the school's ethos, policy, rules and regulations, including school standards of discipline, dress, behavior, extramural involvement and social values.
8. It is clearly understood that no unruly or disruptive behavior and/or contravention of clause (6) in this agreement by the student will be tolerated, and the school reserves the right to:

   (a). Suspend tuition to the student for a specified period or

   (b). Expel the student without recourse.

9. Nomaswazi High School is not responsible for providing textbooks and stationery.
10. Nomaswazi High School must be notified immediately of changes of address or phone number.
11. All fees collected by Nomaswazi High School are collected on a non-refundable basis.

12.I acknowledge that non-payment of fees can lead to the suspension of tuition.

13. I undertake to give Nomaswazi High School notice of no less than one school term before removing the student irrespective of the reasons for such removal.
14. Deregistration will only take effect after written and signed notice of such is submitted to the school by myself, after observing the notice period as stated in glossary no. 13 and school fees associated with.
15. Any failure on the student's part to attend classes or removal of the said student from the school by the parent/guardian shall not reduce the liability of the tuition fees for the full academic year.
16. Any consensual cancellation alleged by myself shall not be of any force of effect unless contained in writing and signed by both parties, after observing the notice period as stated in glossary no. 13 and school fees associated with.

17. I agree to be bound by the official Nomaswazi High School price list as amended year to year. I agree that should I choose to pay in installments as allowed by the official price list and any installment is not paid up to date, Nomaswazi High School shall have the right to suspend the student from attending all classes.

18. Monthly school fees installments are payable in advance i.e. beginning of each month. The timings of the account holder's salary has no bearing on the due dates of fee payments. It is expected that the account holder will budget accordingly so that they meet deadlines.

19. In the event of any payment due is more that thirty (30) days overdue, Nomaswazi High School reserves the right to cancel this contract and retain all fees paid on account.

20. My physical address as set out on this contract shall serve as my domicillium citandi et executandi for all purposes in terms of this contract. All notices posted by pre-paid registered post to my domicillium as aforesaid or handed to he student shall be deemed to have been received on the third business day of the posting thereof, or on the day such notice is handed to the student.

21. Nomaswazi High School is not bound by any warranty, representation, promise, term or condition not stipulated herein, express or implied.

22. I agree that the school, being knowledgeable of curriculum structure and requirements, can advise the child and guardian of subject combinations and changes throughout the year. If the school also see it fit and in the best interest of the child and/or pass percentage the school can affect the necessary change in Subjects.

_____

NAME OF STUDENT

_____

PERSON RESPONSIBLE FOR FEES

I hereby agree to be liable jointly and severally, in sol idum as co-principal debtors for the total fee. I/We understand that this contract cannot be cancelled. If attorneys are instructed to recover amounts due I/We will be liable for all costs on an attorney/client basis including collection and tracing fees and attorney charges. I/We the undersigned agree to all fees as stipulated. I/We warrant that I/We have read and understood the contents and special conditions and agree to be bound to them.

We hereby accept the enrolment subject to the above terms and conditions.

Dated at _____ on this _____ day of _____

in the year _____.

Signature: _____ Signature: _____

(Person responsible for fees) (Student)

_____ _____

(Witness) (Witness)

W25725

Nomaswazi High School

Reg. No. 1999/017015/08

Umalusi Accredited

100 Church Street & 88 Pietermaritz Street . Pietermaritzburg

Tel: 033 3427093 • 033 345 7841

OVER 30 YEARS

REGISTRATION/ENROLMENT 2026

Student Details

SURNAME: _____

FIRST NAME/S: _____

DATE OF BIRTH: _____

ID. NUMBER: _____

HOME LANGUAGE: _____

RESIDENTIAL ADDRESS: _____

_____

STUDENT CELL NUMBER: _____

Person responsible for fee payment

SURNAME: _____

NAME/S: _____

RELATIONSHIP TO STUDENT: _____ Email: _____

ID. NUMBER: _____

HOME ADDRESS: _____

_____ CELL. NO. _____

NAME OF EMPLOYER: _____

WORK ADDRESS: _____

_____ TEL. NO. _____

ALTERNATIVE CONTACT PERSON: _____ TEL NO: _____

Academic Details

LAST SCHOOL ATTENDED: _____

HIGHEST GRADE PASSED: _____

GRADE ENROLLED FOR IN 2026: _____

Please attach your last ORIGINAL report.

Duration of Contract:

☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years

PLEASE LIST THE SUBJECTS YOU WISH TO STUDY:

1. **HOME LANGUAGE:** _____
2. **1st Additional LANGUAGE:** _____
3. _____
4. _____
5. _____
6. _____
7. _____