LEVEL – UP CENTRE

Registration number: 2024/325858/07

LEVEL-UP CENTRE

Where Education and Technology Meet

Enrolment Form 2025/2026

Please email all application forms
Or send with your child to the centre.

STARTING DATE:												
Grade Required:		Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12

Supporting Documents

The following document should accompany this application form:

Learner Birth Certificate		**Latest School Report:**	
Learner Vaccination Card (Road to Health):		**ID Copy of both parents:**	
Proof of Residence:		**Copy of Medical Aid Card** (if applicable):	
ID Copy of any drivers other than Adult A and Adult B (if applicable)		**Consent for Photos:**	

Student Details

Personal Details of Student

First Name:		**Surname:**		
Preferred Name: (if applicable):				
Date of birth: (dd-mm-yyyy)	_____/_____/ _____	**ID Number:**		
Position in the family:	Only Child / First Child	Second Child	Third Child	Fourth or more
Sex (tick):	☐ Male ☐ Female	**Student Mobile No:** (if applicable)		
Place of Birth:		**Nationality:**		
Language spoken at home:		**Dexterity of learner** (left/ right-handed)		

Family Details

List any other family members attending the Centre:

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the Centre if this is required. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS (PRIMARY CARER):

SEX (TICK):	MALE	FEMALE
Title: (Ms., Mrs., Mr., Dr etc.)		
Legal Surname:		
Legal First Name:		
Relation to Student:		
ID Number: (A certified copy of the ID must accompany this enrolment form)		
Physical Address: (A proof of residence must accompany this enrolment form)		
Cell Phone Number:		
Alternative Number:		
Email Address:		
Occupation:		
Employer/ Company Name:		

ADULT B DETAILS:

SEX (TICK):	MALE	FEMALE
Title: (Ms., Mrs., Mr., Dr etc.)		
Legal Surname:		
Legal First Name:		
Relation to Student:		
ID Number: (A certified copy of the ID must accompany this enrolment form)		
Physical Address: (A proof of residence must accompany this enrolment form)		
Cell Phone Number:		
Alternative Number:		
Email Address:		
Occupation:		
Employer/ Company Name:		

TRANSPORT / COLLECTION DETAILS

LIST ANY OTHER (NOT LISTED UNDER ADULT 1 OR ADULT 2) WHO HAS PERMISSION TO COLLECT YOUR CHILD FROM THE CENTRE:			
Name:		**Surname:**	
ID Number: (A certified copy of the ID must accompany this enrolment form)		**Relation to Learner:**	
Contact Number:			

MEDICAL DETAILS AND INDEMNITY

PRIMARY FAMILY DOCTOR AND MEDICAL AID DETAILS:

Doctor Name:		**Doctor Number:**	
Doctor Street Address:			
Medical Aid Name:		**Medical Aid Number:**	
Main Member Name and Surname:			

MEDICAL CONDITIONS AND MEDICATION:

	CONDITION:	**MEDICATION:**
Allergies: (Peanuts, bee stings, grass, etc.)		
Chronic Illnesses: (Diabetes, epilepsy etc.)		
Medical Conditions: (Pulmonary, Cerebral palsy etc.)		
Disabilities: (Hard of hearing, partially sighted, Wheelchair etc.)		
Psychologist Diagnosis: (ADHD, Autism, Depression etc.)		
Other: (Please Specify)		

MEDICAL RELEASE FORM

It is my understanding that Level – Up Centre will attempt to notify me in case of a medical emergency involving my child, such as a sudden illness or serious accident. If Level – Up Centre head or any other Level – Up Centre staff cannot reach me, then I authorize Level – Up Centre's representative Nadine Bolton 7410260119080 to secure any medical treatment necessary for my child by any licensed physician or dentist,including the admission for such emergency care to any hospital reasonably accessible. I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will accept responsibility for medical expenses so incurred.

IN THE EVENT MY CHILD NEEDS EMERGENCY MEDICAL ATTENTION, LEVEL – UP CENTRE PERSONNEL HAVE MY PERMISSION TO ACT ACCORDINGLY.

- **Do you as parent/guardian give Level – Up Centre permission to administer Panado and or Allergex to your child if deemed necessary. YES / NO**

_____ Parent/Guardian

_____ Signature

_____ Date

SCHOLASTIC; EXTRA-MURAL INFORMATION

PREVIOUS SCHOLASTIC INFORMATION			
	Name of School	***Grades***	***Reason for leaving***
1			
2			
3			
4			

EXTRA MURAL INFORMATION			
	Sport	***At school/ private***	***When and at what level***
1			
2			
3			
4			

AGREED SERVICES AND FEES

			PLEASE TICK
Centre Fees Monthly (12) Primary School	**07h30 – 13h30**	**R3400**	
Centre Fees Monthly (12) High School	**07h30 – 13h30**	**R3700**	
Non-refundable (Once off per family)	**Admin Fee**	**R500**	
Department Registration Fee	**Registration Fee**	**R250 (Gr1-9), R780 (G10-12)**	
TOTAL MONTHLY FEE:			
EFT Banking Details **First National Bank** **Level – Up Centre (PTY) Ltd** **Acc#: 63105265630** **Branch #: 250655** **Ref: Your child's name**		Sibling discount – 5% discount for siblings	

A one months' notice must be provided in writing if you intend on removing your child from the program. If this is not provided, the parents will be liable for all outstanding fees incurred to recover the costs, including a 10% handover fee and legal fees.

* We will reserve the right to report bad payers to the nearest schools as well as the credit bureau including TransUnion, and Experian.
* I hereby confirm the terms of this agreement.
* I understand that there are no refunds on fees should you terminate this contract early.

If payment is made after the 3rd, a R150 fine will be reflected on your next invoice.

Note – If prior arrangements have been made, no fine will be levied.

Parent/Guardian _____ Signature _____ Date _____

UNDERTAKING TO PAY CENTRE FEES

Level – Up Centre is an Independent (private) Centre and therefore receives no financial assistance from the state and as such the fees are compulsory and parents are not entitled to apply for any form of fee exemption.

We would like to thank you for entrusting your child's education with our Centre and we look forward to growing the Centre and enjoying seeing the development of your child, as he/she succeeds!

PLEASE COMPLETE AND SIGN DOCUMENT BELOW AND RETURN SOONEST.

1.1. Centre fees of R3400-00 (Primary School) and/or R3700-00 (High School) per month (January – December 2025/2026)

1.2. The EFT payment must be made for the last of every month.

1.3. NO CASH PAYMENTS into the Centre's account – If cash payments are made, the cash deposit charge fees will be added to your invoice.

1.4. There will be an administrative late penalty fee of R150-00 after the 1st of a particular month.

1.5. If Centre fees are late after ONE (1) month, the student will be removed from school.

1.6. One (1) full month written notice is required when terminating your contract at Level – Up Centre – between January – September – no notice during the 4th Term notice will be accepted – full fees are payable.

1.7. The student will only be accepted back at the Centre once all outstanding fees are settled in full.

1.8. R500-00 Yearly Admin Fee to be settled immediately.

I, _____ (person responsible for settling Centre fees - full name) _____ (ID number), hereby state that I will abide to pay the Centre fees of _____ (student's full name)

Per Student: R3400-00 (Primary School) and/or R3700-00 (High School) x 12 months per learner (January – December) will be settled by the last day of each month. A 5% discount will be granted for siblings.

Yearly Administrative Fee of R500-00 per family must be made with first payment when child begins with the Centre.

One (1) full month's written notice is required to terminate the contract at Level - Up Centre.

I agree to the administrative late penalty fee of R150-00 (after the 1st of each month) if I am overdue on the above agreement.

Signed _____ at _____ (place) on _____ (day) of _____ (month) 202__.

Centre Activities

I as a parent and or Guardian of_____hereby give my consent for my son / daughter to take part in the Centre activities. I fully understand and accept that all activities shall be undertaken at myson's / daughter's own risk, and I undertake on behalf of myself, my wife any child aforesaid to indemnify, hold harmless and absolve the Principal/Owner and the staff or any duly authorized representative against and from any claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of my child aforesaid in any activity, in the knowledge that the Principal and the staff will nevertheless take all reasonable precautions for the safety and welfare of my child.

_____	_____	_____
Parent/Guardian	Signature	Date

Consent and Indemnity

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enroll your child at our Centre.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian:_____Date:_____/_____/ _____