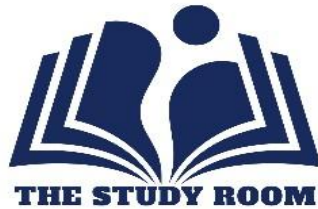


KATZ ACADEMY
1014 Landhuis Street
Allen's Nek



Marikie du plessis
082 442 6935
marikieduplessis@gmail.com

Dear Parent,

This registration form applies to students attending online school while using Katz Academy as their venue. The learners listed here will be attending through The Study Room.

All venue fees are paid directly to Katz Academy.

Venue fees for online homeschooling 2027 (Grade 8-12)

- Per learner: R2,200 per month for 11 months

Payments can be made as follows:

- Once-off payment for the year
Per learner: R24,200
- Monthly EFT payment
- Credit card facilities are available upon request. (Additional transaction fees may apply to credit card payments).
- Monthly invoices will be issued in advance and be payable by the 1st of each month. Interest may be levied on late payments.
- A minimum period of one month's notice must be given if learners are leaving the online venue.
- EFT payments must be made to the following bank account, using your allocated six-digit account number as reference. If no account number has been allocated yet, please use the learner's name as a reference:

Bank:	FNB
Account type:	Cheque/Current account
Account number:	628 243 58015
Branch code:	250655
Account holder name:	Katz Academy (Pty) Ltd

Principal M Katz



Please complete the registration information below and email it, to mia@katzacademy.co.za

LEARNERS INFORMATION

Surname:

Full names:

Nickname:

Grade for 2027:

Male/Female:

Date of Birth:

Online Curriculum:

Home Language:

Number of learners using The Study room as venue for online schooling:/2027

- Name of learner:.....Grade:
- Name of learner:.....Grade:
- Name of learner:.....Grade:

MEDICAL INFORMATION

Medical Aid:

Main Member:

Medical Aid Plan:

Medical Aid Number:

House doctor: Doctor's Tel:

Allergies:

Chronic/Special needs:



INFORMATION OF PARENTS

Parent 1

Parent 2

Surname:
 Name:
 ID number:
 Tel: Work
 Cell
 Email:
 Occupation:
 Home address:

 Postal address:

Family status (please circle the number)

- | | |
|-----------------|-------------------------------------|
| 1. Both parents | 7. Divorced (stay with Father) |
| 2. Stepdad | 8. Divorced (staying with Mother) |
| 3. Stepmom | 9. Separated (staying with Father) |
| 4. Widower | 10. Separated (staying with Mother) |
| 5. Widow | 11. Staying together |
| 6. Guardian | 12. Single parent. |
| | 13. Other |

ALTERNATIVE CONTACT PERSON

Name:
 Relationship:.....
 Cell:.....
 Tel: (Home):.....
 (Work):



STUDY ROOM STRUCTURE & RESPONSIBILITY

I understand that The Study Room is a supervised venue only, and not an education provider. I accept full responsibility for:

- Enrolling my child in a recognised online school
- Providing all necessary devices (laptop/tablet), chargers, headphones, and learning materials

The Study Room offers structure, supervision, Wi-Fi, and a focused work environment, but does not directly supply any academic content.

Please tick to confirm:

- YES – I understand and accept these responsibilities
- NO – I do not accept

PARENTS ACKNOWLEDGEMENT

Parents/Guardian Surname: Initials:

Learner/s Surname: Initials:

Number of learners in Katz Academy:/2027

- Name of learner:.....Grade:
- Name of learner:.....Grade:
- Name of learner:.....Grade:
- I/We confirm that I/we are the legal parents/guardians of the above learner/s.
- I/We accept the rules and regulations of Katz Academy (Pty) Ltd and will ensure that my/our child adhere to these rules and regulations. I/We agree that my child's/children's venue participation may be terminated if these rules and regulations are not adhered to.



- If my/our child/children leave/s the online venue, I/we will give at least one month's notice.
- I undertake to pay the venue fees per learner as it is prescribed for 2027.
- I/We hereby confirm that the information provided herein is accurate and complete, and that the documents provided are genuine.

Signature of parent/guardian

Date

