

BERTHARRY ENGLISH PRIVATE SCHOOL

Knowledge is power, in God we trust

P.O.Box 1557
Tembisa
1628



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14 Mapungubwe Street
Temong Section
Tembisa
1632

Email: bertharry@bertharryschools.co.za

GDE Reg: 700400054

Umalusi Accreditation No: 24 SCH01 01118

2025 ENROLMENT FORM

This form is for new learners to Bertharry English Private School and must be signed by a responsible person. This form must be accompanied by a R800.00 Registration Fee (non refundable), Refundable deposit of R500.00 (refundable based on certain conditions) and January fees

1. LEARNERS DETAILS

Surname:	
First name(s):	
Female/Male:	
Date of birth:	
ID No (if applicable):	
Race:	
Home language:	
Cell No:	
Email address:	
Telephone No (home):	
Physical address:	
Grade applied for:	
Grade learner is currently in:	
Previous school:	
Is your child in good	<input type="radio"/> Yes

health	<ul style="list-style-type: none"> • No
If not, provide info	
Dexterity of learner	<ul style="list-style-type: none"> • Left-handed • Right-handed
Medical aid No:	
Doctor's name:	
Telephone No (doctor):	
Allergies (specify):	
Special disabilities (specify):	
Chronic medication used by learner (specify):	

2. PARENTAL DETAILS

FATHER'S DETAILS

Surname:	
First name(s):	
ID No:	
Cell No:	
Alternative Cell No:	
Email address:	
Telephone No (home):	
Marital status:	<ul style="list-style-type: none"> • Single • Married • Divorced • Widowed • Guardian
Physical address:	
Occupation:	
Company:	

Telephone No (work):	
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MOTHER'S DETAILS

Surname:	
First name(s):	
ID No:	
Cell No:	
Alternative Cell No:	
Email address:	
Telephone No (home):	
Marital status:	<ul style="list-style-type: none"> ● Single ● Married ● Divorced ● Widowed ● Guardian
Physical address:	
Occupation:	
Company:	
Telephone No (work):	

DECLARATION FOR PARENT/GUARDIAN: I, _____, identity number, _____ agree that my child may undergo an academic assessment and understand that the school reserves the right to deny admission based on the results of this assessment.

3. FEE PAYER DETAILS

Surname:	
First name(s):	
ID No:	
Cell No:	
Alternative Cell No:	
Email address:	

Telephone No (home):	
Occupation:	
Company:	
Telephone No (work):	

DECLARATION FOR FEE PAYER: I, _____, identity number, _____, hereby acknowledge that I am fully responsible for paying the total amount of fees owed to Bertharry English Private School. I acknowledge and obliged myself to pay school fees on or before the 7th of each month in advance and not in arrears. I understand and agree to settle any outstanding balances as per the school's payment terms and conditions. The payment method is as indicated in the checkboxes below:

- EFT
- Debit order
- Card payment at school premises

Fee payer's signature

4. School Banking Details

Below are Bertharry's bank details, for your reference:

Account Name: Bertharry English Private School.

Bank Name: FNB.

Branch Name: Greenstone.

Account Number: 62423120782.

Branch Code: 201510.

Reference: Name of Child & Grade [(e.g. Full name & Gr 1)]

5. EMERGENCY CONTACT

Surname:	
First name(s):	
Relation to child (specify):	
Cell No:	
Alternative Cell No:	
Email address:	
Physical address:	

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NB: By signing this re-registration form, I grant Bertharry English Private School permission to take and use photographs of the enrolled child for marketing purposes. This may include, but is not limited to, posting on social media platforms and websites.

Signature

Signed at _____ on this _____ day of _____

Name _____ Signature _____
 Parent /Guardian

Name _____ Signature _____
 Fee payer

FOR BERTHARRY'S OFFICE USE ONLY

ID Copy of Parent/Guardian	
Transfer Letter	
Previous School Report Card	
Birth Certificate (Copy)	
Administrative Fees	
Fees Deposit	
Proof of Residence	