

Physical Address:
9 Piet Retief street
Sonheuwel
Nelspruit



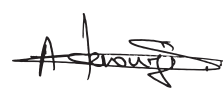
AFTERCARE FORM OF WAIVER AND AKNOWLEDGEMENT

	Document Type	Policy and Procedure		
	Document Title	Aftercare Form Of Waiver And Acknowledgement		
	Applicable To	All staff		
	Document Owner	Board of Director		
Doc No: JPS -25-0001	Effective from 12 Feb 2025	Page 1 of 3	Version:0001	Author: Director

A AMMENDMENT HISTORY:

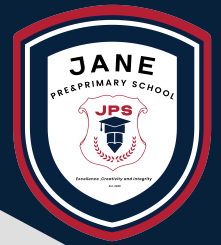
Amendment Date	Version	Amendment Date	Final Approval Level

B. APPROVAL

Title	Name	Date	Signature
Director	O.D Adewuyi	12 Feb,2025	

Disclaimer	It is the responsibility of the user to ensure that the printed document corresponds with original master copy available at the school.
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Nelspruit



AFTERCARE FORM OF WAIVER AND ACKNOWLEDGEMENT

DETAILS OF PARENTS/LEGAL GUARDIANS

MOTHER'S/GUARDIAN'S NAME AND SURNAME:	
MOTHER'S/GUARDIAN'S ID NUMBER:	
HOME ADDRESS:	
HOME TELEPHONE NO:	
CELL NO:	
WORK NO:	
EMAIL ADDRESS:	
FATHER'S/GUARDIAN'S NAME AND SURNAME:	
FATHER'S/GUARDIAN'S ID NUMBER:	
HOME ADDRESS:	
HOME TELEPHONE NO:	
CELL NO:	
WORK NO:	
EMAIL ADDRESS:	

PLEASE SELECT APPLICABLE AFTERCARE OPTION

☐	FULL MONTH :
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PLEASE SIGN THE DECLARATION BELOW:

I, (full name) _____ am aware that my child will be under constant supervision and that the Management of the Centre will not be held responsible for any loss of property, injury or loss of life.

Date

Parent/Legal Guardian signature

Learner/s name