



Becoming Learning Program

"together we can build a foundation"

Enrolment Form

Learner Information

Surname			
Full Name			
Gender	M	F	
Date of Birth			
Residential Address			

Grade	
Name of the School	

Person "**responsible**" to fetch the learner: _____

Parents/Guadian's Information

Title													
Full Name													
Surname													
ID Number													
Company													
Occupation													
Home Language													
Cell Number													
Residential Address													

The fees must be paid or due date **07th** of each and every month.
After 07th of the month fine **R50.00**

When the child is part of our team it is **compulsory** for him/her to **pay every month** even if they are not coming for that particular month. **NO CASH REFUND**

NB: Submit the form with the following requirements:

- **Certified copy of Birth Certificate**
- **School Report**
- **Certified Parents ID copy**

S.B Mazibuko (Principal)

Cell/WhatsApp: 069 129 3390

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