



# ENROLMENT INTERNATIONAL FLEX LEARNING SYSTEM



## OUR OFFERING

**ONLINE SELF-  
PACED LEARNING**

**INSTRUCTOR LED  
LEARNING**

**PEER LEARNING**

Norscot Playschool now offers a primary program for learners aged 5 to 11, and a lower secondary program for learners aged 11 to 14. Our flex learning system offers personalised learning with a combination of teacher led lessons, individual online work, and group work. The system is designed towards the Cambridge International exit exams. Learners receive exposure to a wide range of subjects, with a strong foundation in English, Maths and Science. The system can be followed at our learning centre or at home.

Only the final Cambridge secondary school exit exams are compulsory, but optional exams can be taken at any stage. Exams are conducted at accredited Cambridge exam centres throughout Gauteng, and must be arranged by parents directly with these centres. We provide continuous assessments of each learner throughout the year.

In order to follow the Cambridge system parents need to inform the Department of Basic education that their child is being homeschooled. Details are included in this document. We provide the academic and social support for homeschool learners through our flex learning system.

## FEE STRUCTURE

Our services are provided on a monthly subscription basis.

| Deposit payable on enrolment    | One month's fees |
|---------------------------------|------------------|
| Non-refundable registration fee | R 900            |
| Monthly fee                     | R 3700           |

Bank details:

Bank – Standard Bank

Account Name – Norscot Playschool

Account Number – 023324244

Branch – Fourways Crossing

Branch Code – 051001

Reference – Learner's Name

## LEARNER INFORMATION

One form per learner

|            |                                                                                                                 |                                                    |                                                                                                                   |
|------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Full names | <input type="text"/>                                                                                            | ID number (required)                               | <input type="text"/>                                                                                              |
| Surname    | <input type="text"/>                                                                                            | Type of ID                                         | SA ID <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="text" value="Specify Other"/> |
| Title      | <input type="text"/>                                                                                            | Initials                                           | <input type="text"/>                                                                                              |
| Gender     | Female <input type="checkbox"/> Male <input type="checkbox"/> Does not wish to specify <input type="checkbox"/> |                                                    |                                                                                                                   |
|            |                                                                                                                 | Copy of ID/birth certificate attached (compulsory) | No <input type="checkbox"/> Yes <input type="checkbox"/>                                                          |
|            |                                                                                                                 | Home language                                      | <input type="text"/>                                                                                              |
|            |                                                                                                                 | Date of birth                                      | <input type="text"/>                                                                                              |

### Physical address

|                      |                      |           |                      |             |                      |
|----------------------|----------------------|-----------|----------------------|-------------|----------------------|
| Street name & number | <input type="text"/> | City/Town | <input type="text"/> | Province    | <input type="text"/> |
| Suburb               | <input type="text"/> | Country   | <input type="text"/> | Postal code | <input type="text"/> |

## LEGAL GUARDIAN

The Legal Guardian is the parent or guardian of a Learner; or the person who has legal custody of a Learner. This person will be responsible for ensuring compliance with the requirements of the South African Schools Act, registering the learner for home-schooling with the Department of Basic Education, ensuring a good standard of education, maintaining a portfolio, monitoring the learner's progress. The Legal Guardian takes responsibility for the integrity and completion of marks towards the final report.

Is the Legal Guardian the same person as the Account Holder? ☐ No ☐ Yes – You do not need to complete this section.

|             |                      |                                    |                                                                                                                   |
|-------------|----------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Full names  | <input type="text"/> | ID number                          | <input type="text"/>                                                                                              |
| Surname     | <input type="text"/> | Type of ID                         | SA ID <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="text" value="Specify Other"/> |
| Title       | <input type="text"/> | Initials                           | <input type="text"/>                                                                                              |
| Cell number | <input type="text"/> | Preferred method of communication: | SMS <input type="checkbox"/> Email <input type="checkbox"/>                                                       |
| Email       | <input type="text"/> |                                    |                                                                                                                   |

SMS communication will be sent to this number.

Important academic communication and notices will be sent to this email address.

### Physical address

|                      |                      |             |                      |
|----------------------|----------------------|-------------|----------------------|
| Street name & number | <input type="text"/> | City/Town   | <input type="text"/> |
| Suburb               | <input type="text"/> | Country     | <input type="text"/> |
| Province             | <input type="text"/> | Postal code | <input type="text"/> |

## ACCOUNT HOLDER

Person responsible for payment

The Account Holder is the person/entity who undertakes to make payment of all amounts due to IFLS in respect of IFLS's provision of the Products and Services. It is the responsibility of the Account Holder to ensure that the correct information is provided to IFLS to finalise the registration. The Account Holder is also the person with whom IFLS enters into a contractual agreement. Please refer to the Ts and Cs for more information.

|             |                      |                                                                     |                                                                                                                   |
|-------------|----------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Full names  | <input type="text"/> | ID number (required)                                                | <input type="text"/>                                                                                              |
| Surname     | <input type="text"/> | Type of ID                                                          | SA ID <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="text" value="Specify Other"/> |
| Title       | <input type="text"/> | Initials                                                            | <input type="text"/>                                                                                              |
| Cell number | <input type="text"/> | PLEASE NOTE:<br>A copy of the Account Holder's ID must be attached. |                                                                                                                   |
| Email       | <input type="text"/> |                                                                     |                                                                                                                   |

All financial correspondence will be sent to this email address.

Preferred method of communication: SMS ☐ Email ☐

### Physical address

|                      |                      |             |                      |
|----------------------|----------------------|-------------|----------------------|
| Street name & number | <input type="text"/> | City/Town   | <input type="text"/> |
| Suburb               | <input type="text"/> | Country     | <input type="text"/> |
| Province             | <input type="text"/> | Postal code | <input type="text"/> |

## MEDICAL DETAILS

In case of a medical emergency the parents/guardian will be contacted. If Norscot Playschool are unable to make contact, the parents/guardian agree to permit Norscot Playschool staff to arrange medical assistance using the medical aid information below. The onus is on the parents/guardians to keep Norscot Playschool informed of any changes to this information.

|                            |                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                                                                                                                                                            |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical Scheme Name        | <input type="text"/>                                                                                                                                                                                                                                                                                                       | Membership Number    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Main Member                | <input type="text"/>                                                                                                                                                                                                                                                                                                       | Doctor's Name        | <input type="text"/>                                                                                                                                                                                                                                                                                                       |
| Alternative Contact Person | <input type="text"/>                                                                                                                                                                                                                                                                                                       | Street name & number | <input type="text"/>                                                                                                                                                                                                                                                                                                       |
| Contact Number             | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Suburb               | <input type="text"/>                                                                                                                                                                                                                                                                                                       |
|                            |                                                                                                                                                                                                                                                                                                                            | City/Town            | <input type="text"/>                                                                                                                                                                                                                                                                                                       |
|                            |                                                                                                                                                                                                                                                                                                                            | Country              | <input type="text"/>                                                                                                                                                                                                                                                                                                       |
|                            |                                                                                                                                                                                                                                                                                                                            | Province             | <input type="text"/>                                                                                                                                                                                                                                                                                                       |
|                            |                                                                                                                                                                                                                                                                                                                            | Postal code          | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                                                              |

## TECHNICAL REQUIREMENTS

Each learner requires their own electronic tablet. Specifications:  
Android version 9 or higher  
Minimum 2GB of RAM  
Minimum 10GB of free space available. Only Wi-Fi connectivity is required.  
A stylus for use with the tablet.

Examples of suitable equipment are given below:

<https://www.takealot.com/rct-enkulu-mx101m2-10-1-3g-wi-fi-tablet/PLID70675630>

<https://www.takealot.com/sideswipe-dual-silicone-tip-stylus/PLID90353132>

## REGISTERING FOR HOMESCHOOLING

Each learner must be registered with the Department of Basic Education for homeschooling. <https://www.education.gov.za/Programmes/HomeEducation.aspx>  
The application can be made electronically, and parents need to submit the following documentation: Parent/s certified ID copy.  
In case of foreign nationals, certified copies of passport/ study permit/ work permit/ Asylum document is required  
Last copy of school report (if the child was in school before, but if the child is only starting school now, you must attach an immunisation card)  
Weekly timetable which includes contact time  
per day Breakdown of terms per year (196 days  
per year) Learning programme  
Certified copy of child's birth certificate

It may be difficult to access the application forms or to submit the application on the website.

It is advisable to join the Pestalozzi Trust, a support group for homeschoolers, who can assist if you are unable to submit an application or to meet the criteria stipulated by the Department of Basic Education.

<https://pestalozzi.org/>

## CONDITIONS OF ENROLMENT

Norscot Playschool undertakes to care for your child during the hours set out on the enrolment form (08h00 to 15h00). Should it occur that you find yourself in a position wherein you are unable to collect your child by 15h00 you are to contact a relative/friend as per the enrolment form and arrange for them to collect your child. Under no circumstances will the staff of Norscot Playschool be held accountable after 15h00.

Fees are subject to an annual increase, in January of each year, and are payable monthly in advance for each month. Notice or refund, to cancel the agreement and to require the child to leave Norscot Playschool forthwith is in the sole opinion of the principal/owner of Norscot Playschool if this becomes necessary. The parent/guardian may terminate the child's enrolment at Norscot Playschool on giving three calendar month's notice to the effect in writing, but shall still be liable for the full month's fees.

Neither Norscot Playschool nor any of its employees, or agents shall in any manner be responsible for any loss or injury whatsoever sustained by the child and arising from any cause whatsoever including negligence of the school or any of its employees, or agents. All personal belongings must be clearly marked. Norscot Playschool will not be held responsible for any lost items.

Parents may visit the school at any time but are requested not to interrupt the day's schedule. The school reserves the right to decide whether a child may or may not attend school for health reasons. According to City Health Regulations, a sick child may not remain at the school and has to be isolated at home, or at another suitable venue. The school must be notified of any cases of infectious diseases immediately. Furthermore, no child is to be brought to school suffering from a high temperature, a bad cough, vomiting, any infections, diarrhea, head lice, etc.

NB - In the case of a child returning to school after an infectious illness, a medical certificate clearing the child of the contagion will be required.

## DECLARATION

### ACCOUNT HOLDER

I, \_\_\_\_\_ (full names and surname), (ID number: \_\_\_\_\_) hereby confirm that I have read and fully understand the above terms and conditions and further that I am personally responsible for the payment of the account or any penalty cost or administration fees, as stipulated above and in the Registration Form. I bind myself to these terms and conditions.

Thus accepted and signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_



\_\_\_\_\_  
Signature: Account Holder

### LEGAL GUARDIAN (IF NOT ACCOUNT HOLDER):

I, \_\_\_\_\_ (full names and surname), (ID number: \_\_\_\_\_) hereby confirm that I have read and fully understand the terms and conditions as stipulated above and in the Registration Form. I bind myself to these terms and conditions.

Thus accepted and signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_



\_\_\_\_\_  
Signature: Legal Guardian