

# KUNSENTRUM HUGO NAUDÉ ART CENTRE



## Creative Arts Application Form



☎ 023 347 1552 (Fax) 086 529 4435

admin@kunshugonaude.co.za; accounts: martie@kunshugonaude.co.za

### For Office Use Only

Date application is received		2015 - ____ - ____		Term started		1		2		3		4	
Foundation Phase Class			Intermediate Phase Class				Senior Class					Adult Class	
Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12	MM	RE
CEMIS nr													

Instructions: please read the following carefully before completing the form

1. This form must be completed by the **Parents/Guardian** who applies for their children to the Art Centre.
2. It is in your own interest to ensure that this form is completed in full and that certified copies of all supporting documents are enclosed. If any question is unanswered or certified documents are not enclosed, or the agreement is not signed, it will cause delay as the form will be returned to you for completion. **Please write in black ink and use block letters.**
3. **Class fees are paid on the 1<sup>st</sup> Day of each New Term.**

**Checklist, please note that the Art Centre does not consider incomplete applications. Before submitting your application, please check that you have done everything on the list below. Please tick  the box next to each point when you have checked it).**

1	Have you attach an ID photo and certified copy of your child's ID document or passport?	
2	Certified copies of the Parents ID documents.	
3	Have you attach proof of your postal address (e.g. municipal account)?	

### My School Details

School		E-mail address	
☎ (T)		☎ (F)	

### Particulars of Learner

Full Names												Sex	M	F
Surname														
ID number	Y	Y	M	M	D	D								
Grade in 2015														
White		Coloured		Indian		Black/African		Other (specify)						

**The responsible person paying for the class fees must complete this section**

Title		Initials		Marital status								
Full Names												
Surname												
Occupation					Employer							
☎ (W)						☎ (F)						
☎ (H)						☎ (C)						
E-mail												
ID number	Y	Y	M	M	D	D						
Postal address												
Town/City									Postal code			

**Class fees are paid on the 1<sup>st</sup> Day of each New Term. Overdue fees will be recovered by our Attorneys at your cost.**

Signature of Account holder \_\_\_\_\_ 2014 - \_\_\_\_ - \_\_\_\_

# KUNSSENTRUM HUGO NAUDÉ ART CENTRE



## Skeppende Kunste Aansoekvorm

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### Slegs vir kantoor gebruik

Datum aansoekvorm ontvang		2015 - ____ - ____		Kwartaal begin		1		2		3		4	
Grondslag Fase Klas			Intermediêre Fase Klas				Senior Klas				Volwasse Klas		
Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12	MM	RE
CEMIS nr													

Lees die volgende instruksies noukeurig deur voordat u die vorm voltooi.

- Hierdie vorm moet deur die **Ouers/Voogde** voltooi word wat aansoek doen vir hul kinders na die Kunssentrum.
- Dit is in u eie belang om te verseker dat u die vorm volledig voltooi en gesertifiseerde afskrifte van alle stawende dokumente aanheg. Indien u enige vrae onbeantwoord of gesertifiseerde afskrifte nie ingesluit is, of die ooreenkoms nie onderteken is nie, sal dit vertraging veroorsaak, aangesien die vorm weer aan u terug gestuur sal word vir voltooiing. **Voltooi die vorm in swart ink en gebruik drukskrif.**
- Klasgelde is betaalbaar op die 1ste dag van die nuwe kwartaal.**

**Kontrolelys, neem asseblief kennis dat die Kunssentrum nie onvolledige aansoeke sal oorweeg nie. Merk met 'n ✓ dat u die toepaslike dokument aangeheg het.**

1	Het u 'n ID foto en gewaarmerkte afskrif van u kind se ID dokument of paspoort aangeheg?	
2	Gewaarmerkte afskrifte van die ouers se ID dokumente of paspoorte.	
3	Het u 'n bewys van u posadres (bv munisipale rekening) aangeheg?	

### My Skool Besonderhede

Skool		E-pos adres	
☎ (T)		☎ (F)	

### Besonderhede van Leerder

Volle Name												Sex	M	F
Van														
ID nommer	J	J	M	M	D	D								
Graad in 2015														
Wit		Kleurling		Indiër		Afrikaner		Ander (spesifiseer)						

**Hierdie afdeling moet deur die Rekeninghouer voltooi word**

Titel		Voorletters		Huwelikstaat								
Volle Name												
Van												
Beroep			Werkgewer									
☎ (W)						☎ (F)						
☎ (H)						☎ (S)						
E-mail												
ID nommer	J	J	M	M	D	D						
Posadres												
Dorp/Stad						Poskode						

**Klasgelde moet op die 1<sup>ste</sup> dag van die nuwe kwartaal ten volle betaal word. Agterstallige foie sal deur ons Prokureurs op u onkoste verhaal word.**

Handtekening van Rekeninghouer \_\_\_\_\_

2014 - \_\_\_\_ - \_\_\_\_