



REGISTRATION FORM

PARENT / GUARDIAN ENROLMENT AGREEMENT – 2026

(087) 265 6274

support@bredelltutoringacademy.co.za

263 8th Road Bredell Kempton Park 1619

PARTIES TO THE AGREEMENT

1.1 The Academy

Name: Bredell Tutoring Academy

Physical Address: 263 8th Road, Bredell, Kempton Park, 1619

Email: support@bredelltutoringacademy.co.za

Contact Number: 087 265 6274

Hereafter referred to as "the Academy"

STUDENT INFORMATION

Name:

Student ID: Date of Birth: / /

Home Address:

City: State: Zip Code:

Gender: ☐ Male ☐ Female Previous School (if any):

GUARDIAN INFORMATION

Guardian Name:

Relationship to Student: Other:

Phone Number: Email Address:

Home Address (if different from student):

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Relationship to Student: Phone Number:

MEDICAL INFORMATION

Does the student have any allergies? ☐ yes ☐ No

If yes, please list:

Does the student have any medical conditions we should be aware of? ☐ yes ☐ No

If yes, please specify:

Primary Physician Name: Phone Number:

Health Insurance Provider: Policy Number:

BILLING ACCOUNT INFORMATION

Full Name: Surname:
ID Number:
Gender: ☐ Male ☐ Female
Email Address:
Cellphone: Telephone

BANKING DETAILS

Account Holder:
ID Number: Bank:
Branch: Branch Code:
Account Number: Account Type ☐ Cheque ☐ Savings ☐ Transmission
Parent/Gardian ☐ Yes ☐ No
Preferred Debit Order Date: ☐ 1st ☐ 15th ☐ 25th

DEBIT ORDER AUTHORISATION

I / We hereby authorise Bredell Tutoring Academy to debit my / our bank account as detailed above for amounts due in terms of this Agreement.

- This authority shall remain in force until cancelled in writing.
- I understand that this debit order may be processed monthly on the selected date.
- I acknowledge that a failed or returned debit order may result in additional bank charges being added to my account.
- I understand that failure to maintain payments may result in suspension or termination of services.

I confirm that I am the lawful account holder or have authority to approve debits on this account.

- I understand that debit orders may be processed via a registered third-party payment service provider acting on behalf of Bredell Tutoring Academy.
- I understand that any cancellation of this debit order must be submitted in writing and does not cancel my financial obligations under this Agreement.

Debit Order Start Date: / /
Monthly Installment:

ACCOUNT HOLDER CONFIRMATION

Full Name: ID Number:
☐ I consent to a recurring debit order as set out above
Date: / / 20 Signature:

Registration Number:

Registration Received On:

CONSENT & AGREEMENT

- ☐ I certify that the above information is correct to the best of my knowledge.

Documents Submitted: ☐ Birth Certificate ☐ Immunization Records
☐ Proof of Address ☐ Other:

Date: / / Signature: