



PRE-PRIMARY SCHOOL

Application for Admission / Conditions of Enrolment

(All fields must be completed with the exception of those marked with *)

Please download the Application Form onto your computer before filling in any details. Please use Acrobat Reader to fill in the form. If you do not have Acrobat Reader please download it [here](#). The document has space for details of TWO pupils only. If you are applying for more than that, please fill out an additional form. Once complete please send the saved document as an attachment in an email to lfadmissions@littleflock.co.za

Date of Application:	DD/MMM/YY
Learners Full Name and Surname:	
Year of admission for which application is submitted:	
How did you hear about Little Flock?	

This form must be accompanied by (please cross or tick):

- ☐ R350 Registration fee paid and Proof of Payment sent to lfadmissions@littleflock.co.za
- ☐ R3 000 Enrolment Fee paid and Proof of Payment sent to lfadmissions@littleflock.co.za
- ☐ Last report from Previous School if applicable
- ☐ Copy of any Therapist Reports
- ☐ Completed Financial Clearance Certificate if applicable
- ☐ Birth Certificate

• **PLEASE NOTE** incomplete applications will not be processed and we can only accept your child once the financial clearance certificate (if applicable) has been received and the Registration and Enrolment Fees are paid.

Key Contacts:

Landline: 011 462 2644 | Admissions: lfadmissions@littleflock.co.za | Website: www.littleflock.co.za

FOR OFFICE USE ONLY	
Reg Fee paid:	Date: DD/MMM/YY
Enrl Fee paid:	Date: DD/MMM/YY
Acc number:	Date: DD/MMM/YY

FAMILY INFORMATION

Father's Surname:		Title	
First Name:		ID number:	
Physical Address:			
Postal Address:		Postal Code:	
Cell Number:		Home Number:	Work Number:
Church you attend:			
Email:			
Occupation:			
Name of Employer:			

Mother's Surname:		Title:	
First Name :		ID number:	
Physical Address:			
Postal Address:		Postal Code:	
Cell Number:		Home Number:	Work Number:
Church you attend:			
Email:			
Occupation:			
Name of Employer:			

Sibling Information

Name:		Grade:		School:	
Name:		Grade:		School:	
Name:		Grade:		School:	
Name:		Grade:		School:	
Name:		Grade:		School:	



LEARNER PERSONAL INFORMATION:

Surname:					
Full Names:					
Preferred Name to be used on hats and stationery:					
Enrolment Date:	DD/MMM/YY	Enrolment Grade:			
Gender:	<input type="radio"/> M <input type="radio"/> F	Date of Birth:	DD/MMM/YY	Age:	
ID or Passport Number:					
Child's Citizenship:			Country of Birth:		
Home Language:					
Previous school/s attended:					
Race:	<input type="radio"/> B <input type="radio"/> W <input type="radio"/> C <input type="radio"/> I <input type="radio"/> A				
(This information is required by the Gauteng Department of Education and ISASA.)					
Is your child fostered or adopted:					
Name of learner's official parent / guardian:					
ID of learner's official parent / guardian:					
Are both parents living at home:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Death				
Who does the child live with:					
Number of children in family:			Place of child in family:		
Are both parents allowed to collect your child?	<input type="radio"/> Yes <input type="radio"/> No				

If there is anything we need to know about your child to help meet his/her needs, please stipulate:

• **PLEASE NOTE** that all children must be able to speak English. Children who are not age-appropriately proficient in the English language will be expected to attend Language Enrichment Classes at their parent's expense.

APPLICANT'S HISTORY

Has your child had any previous learning difficulties?

☐ Yes ☐ No

If "yes" please indicate areas of intervention: (please tick the relevant block)

Occupational Therapy	<input type="radio"/>	Speech Therapy	<input type="radio"/>	Play Therapy	<input type="radio"/>
Remedial School Placement	<input type="radio"/>	Individual Education Plan	<input type="radio"/>	Full Assessment	<input type="radio"/>
Physiotherapy	<input type="radio"/>	Remedial Therapy	<input type="radio"/>	AIT	<input type="radio"/>

**Please include any reports with your application*

Has your child ever experienced any social or emotional difficulties at school?

☐ Yes ☐ No

Does your child have any physical disabilities, allergies or medical conditions?

☐ Yes ☐ No

If you have answered "yes" to any of the above questions, please explain below:

CONTACT PERSON IN CASE OF AN EMERGENCY (Other than parents)

Contact Person #1

Name:

Contact number:

Relationship to child:

Contact Person #2

Name:

Contact number:

Relationship to child:

PHOTO PERMISSION

I hereby grant Little Flock permission to take photos of my child to be included on the Little Flock Website, Moving Forward Newsletter, Instagram, Twitter or Facebook in order to celebrate the School's or your child's activities, achievements or successes.

☐ Yes ☐ No

Parent / Guardian Name:

Signature:

PERSON RESPONSIBLE FOR ACCOUNT

Name:	
Email:	
Contact Number:	
Are there school fees outstanding at the previous school?	<input type="radio"/> Yes <input type="radio"/> No

I hereby declare that the information that I have given is true in every respect and that I have read and understood all that is contained in this form. I agree to be bound by the rules and regulations of the School and the Terms and Conditions set out in this Application Form and I understand that the completion of this form does not necessarily mean that the child will be admitted to the School.

I acknowledge that by signing this document I consent and authorise Little Flock to:

- a) contact, request and obtain information at any time from any supplier, service or credit provider (or potential credit provider) or registered credit bureau in order to assess my behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness and
b) provide information about my behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness to any registered credit bureau or to any supplier, service or credit provider (or potential credit provider) seeking a trade reference regarding my dealings with Little Flock.

Child's Name #1	
Child's Name #2	
Child's Name #3	
Child's Name #4	

Parent / Guardian 1 Name _____ Signature _____

Date
DD/MMM/YY

Place: _____

Parent / Guardian 2 Name _____ Signature _____

Date
DD/MMM/YY

Place: _____

PARENT'S AGREEMENT

As the parent(s)/guardian of *(Full names of child)* _____

I/We hereby undertake:-

1. To meet our/my financial obligation to the School timeously by ensuring that payments are made by the time agreed. (Para. 8 Terms and Conditions of Enrolment.)
2. I agree to pay an administration fee of R500 per month for late payment of fees.
3. I agree to pay the relevant penalty fee imposed for late collection of children from either half day or full day Aftercare and Holiday Care.
4. I hereby note that the School Leadership is always willing to discuss any financial difficulty I may encounter, and I agree to communicate the same to them.
5. To comply with the required one calendar month's written notice, should I/we need to remove my/our child/children for whatever reason.
6. To keep open lines of communication with the School and Staff.
7. Generally to do all I/we can, to ensure that my/our association with the School is a healthy and happy one.
8. To advise the school of any change in contact details.

Parent / Guardian 1 Signature _____

Date DD/MMM/YY

Parent / Guardian 2 Signature _____

Date DD/MMM/YY

MEDICAL DECLARATION AND INDEMNITY FORM

(All fields must be completed with the exception of those marked with *)

Learner's First Names:								
Surname:								
Date of birth:		Gender: Female or Male						
ID Number (Learner):								
Medical Aid Name:								
Main Member Name:								
Membership Number:								
Family Doctor		Contact Number:						
Previous illnesses including emotional instability*:								
Ongoing medication*:								
Allergies*:								
Blood Type:	<input type="radio"/> A+	<input type="radio"/> O+	<input type="radio"/> B+	<input type="radio"/> AB+	<input type="radio"/> A-	<input type="radio"/> O-	<input type="radio"/> B-	<input type="radio"/> AB-
Please supply any other information that may be relevant*:								

INDEMNITY:

1. I permit Little Flock Pre-School to administer medication supplied by the parents as per Authorization Form / basic medical assistance where deemed necessary.
2. I permit Little Flock Pre-School to arrange medical treatment on my behalf in the event of an emergency.
3. I agree that I will not hold Little Flock Pre-School liable in respect of any injury or illness or related incident that arises out of the above mentioned student's attendance at the school or whilst she/he participates in any activity / sports event with the school.

Name of parent / guardian: _____

Signature: _____

Place: _____

Date

DD/MMM/YY



PRE-PRIMARY SCHOOL

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CHILD COLLECTION FORM

Child's Name:

Surname:

The following people are allowed to collect my child:

Mother's Contact Details

Cell Number:

Work Number:

Home Number:

Father's Contact Details

Cell Number:

Work Number:

Home Number:

Additional people who may collect my child. If a collection company is used please stipulate below.

Name:

Relationship:

Cell Number:

Name:

Relationship:

Cell Number:

Name:

Relationship:

Cell Number:

If you make use of a Transport Company, please provide the following information below

Transport Company
Name:

Driver's
Name

Driver's
Surname:

Cell Number:

1. Only the above people will be allowed to collect your child. We will not allow anyone else to collect your child unless the Office has been informed in writing to do so by the parents.
2. We will also not allow children to walk to or from the car park without their parent/guardian.
3. I have read and accept the conditions set out above.

Parent / Guardian 1 Name _____ Signature _____

Date DD/MM/YY

Parent / Guardian 2 Name _____ Signature _____

Date DD/MM/YY



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AFTERCARE & PAYMENT OPTION

Please select a Payment Option below:

Annual Payment due by the first day of school:

☐

Monthly Payment due by the 10th of each month.

☐

Please indicate the number of siblings:

Number of siblings currently at Little Flock:

Number of siblings currently at Kings:

AFTERCARE SERVICE

The Aftercare service is available to all pupils attending Little Flock Pre-school. The following options are available for Aftercare:

AD HOC – this is billed in arrears as and when the facility is used and does NOT include any holiday care

Half day 13:30 – 15:00

Full day 13:30 – 17:30

Adhoc applies to parents whose children come on a part time basis only, and to those children not collected by 13h30 daily.

FULL TIME AFTERCARE – this is billed in advance and is charged regardless if facility is used or not & includes holiday care

Half day 13:30 – 15:00

Full day 13:30 – 17:30

An additional charge of R100.00 per 15 minutes, or part thereof, will be charged if a child is not collected by 15:00 for full time half day Aftercare and 17h30 for full time full day Aftercare (closing time).

*All children will be signed into Aftercare, if not collected by 12h45. Children must be signed out when collected or a full afternoon will be charged for. Water and sandwiches will be provided for children staying after 15h00. Parents must provide sufficient lunch in their child's lunchbox. **NO NUTS OR NUT PRODUCTS WILL BE ALLOWED!***

My child / children will need to attend Aftercare:

Full time Half day 13:30 – 15:00

☐

Full time Full day 13:30 – 17:30

☐

Ad Hoc – part time basis

☐

NB. Please note it is the parent's responsibility to advise the finance office of any change in Aftercare requirements.

Parent(s)/guardian of *(Full names of child(ren))*

Parent / Guardian 1 Signature _____

Date DD/MM/YY

Parent / Guardian 2 Signature _____

Date DD/MM/YY

Parent / Guardian 1 Name _____

Parent / Guardian 2 Name _____

DEBIT ORDER AUTHORITY AND MANDATE FOR PAYMENT INSTRUCTIONS

Given by (name of Accountholder):	
Address:	
Bank Name:	
Branch and Code:	
Account Number:	
Type of Account:	<input type="radio"/> Current (cheque) <input type="radio"/> Savings <input type="radio"/> Transmission
Varies:	Varies (includes School fees, camps, stationery & other extras)

Date

Contact Number

Abbreviated Name as Registered with the Bank: **LITTLFLOCK**

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").
I / We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my / our abovementioned account at my / our above-mentioned Bank (or any other bank or branch to which I / we may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised must be issued and delivered as follows:

Select date for monthly debit order:	<input type="radio"/> Day 1	<input type="radio"/> Day 3	<input type="radio"/> Day 10
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In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

Mandate

I / We acknowledge that all payment instructions issued by you shall be treated by my / our above-mentioned Bank as if the instructions have been issued by me/us personally.

Cancellation

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

Assignment

I / We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

(Assisted by)

Agreement reference number is

TERMS AND CONDITIONS OF ENROLMENT/ APPLICATION

Your attention is drawn to the following terms on which this application is made and would be considered.

1. A separate application must be completed for each child and only applications on these forms will be considered.
2. A Registration Fee of R350.00 is payable to the School at the time a new Application Form is submitted. No application will be processed until such time as this amount has been paid.
3. A once-off non-refundable Enrolment Fee of R3000.00 is payable within 21 days from acceptance of your child at Little Flock as per your Letter of Acceptance. For last minute applications, the Enrolment Fee is payable before the pupil can start school. No pupil will be admitted to the School unless the Enrolment Fee has been paid. (This amount may be adjusted annually when annual increases take effect.) **The Enrolment Fee is only valid for 1 year, for the year of enrolment stated on the application form. Should the child not be enrolled within the year specified on the application form, the Enrolment Fee will be forfeited.**
4. School hours are **8:00 – 12:30**, Monday to Friday. The school follows the same calendar as The King's College and Preparatory School.
5. Children who are not age-appropriately proficient in the English language will be expected to attend Language Classes at the Parents' expense.
6. Children in Grade 000 and upwards must be potty trained.
7. There are three terms per annum.
8. The following payment options are available for the payment of school fees:
 - a) Monthly payments are payable on the **1st of every month** by debit order or EFT. If fees are not paid by the 10th of each month, an administration fee of R500 will be charged for each month the amount remains outstanding.
Little Flock banking details are as follows:
FNB Current Account
Acc no: 62328637197
Branch: Bryanston
 - b) There is a 6% discount if fees are paid annually. Annual payments must be made by the **first day of the school year**. If annual fees are paid later than this then the discount will be added back to the account. The interest on fees paid in advance is accrued to the School and not to the account.
9. There are additional charges that will be billed over and above the annual or monthly fees. These items may vary from grade to grade and will be billed as and when they become due.
10. If fees are not paid by the 10th day of the month in which they are due and not paid in full by the end of that same month, the school services will be suspended to the child/ren **until arrangements for the settlement of the outstanding fees have been agreed upon**. The School leadership however is always open to discuss your situation with you at any time.
11. All school accounts for the year must be paid in full by 10th DECEMBER of the academic year otherwise pupils will not be accepted back the following year, unless special dispensation is granted by the Finance Team.
12. Fees are payable in advance on either an annual or monthly basis by way of debit order or EFT.
13. Fees are reviewed on an annual basis.
14. The following options are available for Aftercare:
 - a) Monthly (charged in advance for entire month regardless if facility is used or not):
Half day (13:30 – 15:00), includes holiday care until 15:00
Full day (13:30 – 17:30), includes holiday care until 17:30

An additional charge of R100.00 per 15 minutes, or part thereof, will be charged if a child is not collected by 15:00 for half day and 17:30 for full day.
 - b) Adhoc (charged in arrears as and when facility is utilised):
Half day (13:30 – 15:00), does not include holiday care – this will be charged over and above
Full day (13:30 – 17:30), does not include holiday care – this will be charged over and above
15. One calendar months' notice, in writing, of the proposed removal of a child from the school must be given or alternatively, the fee for the month in lieu of such notice must be paid.
16. Whilst every effort will be made to ensure the safety of the children at all times, you are required to appoint and hereby do appoint the principal and/or other authorized persons to act, if deemed advisable by such persons, on behalf of the child in loco parentis.
17. The parents / guardians / responsible parties agree to indemnify and hold blameless the Church, the School Finance Team, its Principal and staff, or their authorized agents or representatives, against any and all claims, howsoever arising, including negligence, but not gross negligence, whether claimable by us, or by the pupil, or by any third party arising out of injury, death, loss, damage, costs or expense including legal costs, suffered by the pupil while enrolled at the School.

18. The signatories accept that any personal property belonging to either pupils / parents / guardians / responsible parties is not insured by Little Flock Pre-School, and that they have no claim against the School for loss, theft or damage to such property.
19. If your child is admitted to the school you are hereby advised of the terms and conditions upon which such admission is made. You will be required to accept and agree to the same.
20. All correspondence between the School and signatories will be done via e-mail or via D6 or via the pupil's Talking Book. The responsibility for receiving correspondence, especially accounts due for payment, lies with the signatories.
21. If the Principal, at any time, requires that a pupil be removed from the school, full fees and disbursements payable in respect of such a pupil will remain due to the School except to any extent decided by the School Finance Team.
22. Your attention is drawn to the fact that the Little Flock Pre-School is governed by the Church Leadership of the New Covenant Church, and the principles espoused by the leadership will be promoted in the school.
23. Admission to the school is at the discretion of the Church Leadership whose decision on all matters relating to the school is final and binding.
24. The parents / guardians / responsible parties hereby nominate the home address appearing on the application form as their chosen domicilium citandi et executandi for services of all notices or legal process in connection with any claim/s arising from this application. The parents / guardians / responsible parties need to advise the School immediately should the home address change.

Parent / Guardian 1 Signature

Parent / Guardian 2 Signature

FINANCIAL CLEARANCE CERTIFICATE

(Please ensure that this form is completed by the last school your child attended)

Name of Learner:	
Name of person responsible for fee payment:	
ID no of person responsible for fee payment:	
Name of school where pupil is currently enrolled:	
Telephone number of school:	
Annual fees for year: R	
Fees paid to date: R	
Fees outstanding: R	

Comment:

Please can the School Finance / Admin office email this certificate back to Little Flock lfadmissions@littleflock.co.za



School Stamp

Bursar / Principal Signature _____

Date DD/MM/YY



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Little Flock

PRE-PRIMARY SCHOOL

2020 Fee Structure

NEW APPLICATIONS A Registration Fee of R350 is payable on application. Application forms will only be put on file once this payment is received. A non-refundable Enrolment Fee of R3 000 is due and payable as per the conditions of acceptance letter. This is a once-off fee and does not form part of the annual school fees.

SCHOOL FEES

Parents are required to select one of two payment options for 2020 fees:

MONTHLY (debit order or EFT) payments are due over 12 months (January – December) and are payable on the **1st of every month**. If not paid by the 10th of each month, an **administration fee of R500** will be charged for each month the amount remains outstanding.

ANNUAL payments must be made **by the 15th January 2020**. There is a **6% discount** if the fees are paid annually.

Method of Payment	Instalments	Total Fees	Payment Due
Annual	1 x R 50 535.00	R 50 535.00	By 15th January 2020
Monthly	12 x R 4 480.00	R 53 760.00	By the 10th of the month

Annual discounts will be reversed if fees are not settled within the given time.

The sibling discounts for the 2020 academic year are as follows:

- Families with children already at the school in April 2015, the old discount structure will continue on a phase-out basis:
- 2nd child – 7.5%
- 3rd Child – 10%
- 4th Child – 12.5%

For any new family registered (After April 2015):

- 3rd Child – 5%
- 4th Child – 5%

LITTLE FLOCK BANKING DETAILS:

FNB Current Account
Acc No: 62328637197
Branch: Bryanston

Additional costs (where applicable):

The fee structure excludes the following:

- Annual Extra costs for additional items, stationary, fundraising levy, concert costumes, caps, shows etc
- Aftercare charges as per the below table:

Aftercare - An additional charge of R100.00 per 15 minutes or part thereof, will be charged if a child is not collected by 15h00 for half day and 17h30 for full day	
Ad Hoc half day 13:30 – 15:00	R 40.00 per day
Ad Hoc full day 13:30 – 17:30	R 80.00 per day
Full-time half day 13:30 – 15:00	R 525.00 per month x 12
Full-time full day 13:30 – 17:30	R 1 050.00 per month x 12
Adhoc Holiday care - Only applicable if not signed up for half or full day Aftercare.	
Ad Hoc 7:00 – 13:30	R 80.00 per day
Ad Hoc 7:00 – 17:30	R 160.00 per day

- School fees relate to the hours 8:00 – 12:30 pm during the school term.
- Aftercare fees relate to the hours 13:30 – 17:30 pm during school term.
- Holiday care fees relate to time outside of school terms.

Extra Mural Activities 2020

Watch your little ones grow from strength to strength!
We love our extra mural groups and activities as they
bring learning through fun!

Please note all the information is subject to change.

Activity	Contact Details	Days
Gymnastics	Camilla – 083 492 1408	Tuesday – 12:45 – 13:15
Playball	Roxy – 079 089 3993	Monday – During School Hours
Soccer Starz	Greg – 082 495 5191	Tuesday – 12:45 - 13:15
Rugba Kids	Darren – 011 460 0547	Monday – 12:45 – 13:15
Cricket	Marsden Vickery – 081 775 0993	Wednesday – 12.30
Golf	Eddie – 082 293 9955	Tuesday – 10:30
Ballet	Kirsty – 072 387 2379 Balletclasses4u@gmail.com	Wednesday & Friday – During School Hours
Music 4 Mini's	Tammy – 071 335 9397 tammy@music4minis.co.za	Wednesday – During School Hours
Pottery	Cheryl Orchard randburg@bacre8.co.za	Tuesday – 9:00

Private Lessons

Swimming

Private lessons to be arranged

*Please ensure that your child is able
to swim the length of the King's
swimming pool when they go to
Grade 1*



PLACE STICKER FROM CARD HERE
Place sticker from card here,
or insert card number on web application

Apply online www.myschool.co.za OR e-mail cs@myschool.co.za OR call 0860 100 445 OR complete this form and fax to 0866 822 833.



If you are a current MySchool supporter, please provide your card number:

Your card no:

1. BENEFICIARY DETAILS: (YOU MAY CHOOSE TO SUPPORT UP TO 3 BENEFICIARIES)

Beneficiary name

City / Region

1. Little Flock Pre-School [103]	54 Hornbill Road, BRYANSTON, 2001
2.	
3.	

2. CREATE YOUR PROFILE:

*Title:

*First Name:

*Surname:

*ID or Passport Number:

*Your ID or Passport number is compulsory in order for us to process your application

*Date of birth: YYYYMMDD

*Postal Address:

(For card delivery)

(For card delivery)

*E-mail:

Telephone (H): [] [] [] [] [] [] [] [] [] [] **Cellphone:** [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

3. STAY INFORMED:

Want to know how your contribution makes a difference? MySchool MyVillage MyPlanet will send you all the latest news on our schools and charities plus information on exciting competitions. You may choose not to receive this information:

☐ **I DO NOT WANT** to receive promotional information from MySchool MyVillage MyPlanet.

Your MySchool MyVillage MyPlanet card gives you automatic membership to Woolworths **WRewards** loyalty programme. By swiping your MySchool MyVillage MyPlanet card at Woolworths you automatically enjoy **WRewards** instant savings. The more you shop the more Woolworths will reward you with special vouchers, let you know first about exclusive sale previews, and other loyalty rewards. We'll add you automatically unless you ask us not to by ticking the box below.

☐ **I DO NOT WANT** to join WRewards

If you've just joined **WRewards**, welcome to the family! In addition to your loyalty rewards we're going to send you information about new products, great savings and exciting competitions. Not interested? You can unsubscribe from promotional information that does not relate to your exclusive **WRewards** benefits by updating your profile online at www.woolworths.co.za or by calling 0861 50 20 50. Or you can optout here:

I DO NOT WANT to receive promotional information from:

 Woolworths

 Woolworths Financial Services

If you're already a Woolworths cardholder or WRewards member contact the Woolworths call centre or update your Woolworths profile at www.woolworths.co.za to manage what information you receive.

4. AGREEING TO THE TERMS AND CONDITIONS

By signing this application form you accept the MySchool Terms and Conditions (available at www.myschool.co.za).

Your Signature _____ **Date** _____

Terms and Conditions apply. For full details about MyShool MyVillage MyPlanet card usage T&C's - visit www.myschool.co.za

EVERY SWIPE COUNTS!