



HOME OWNERS ASSOCIATION - Reg nr 2005/042658/08 - P O BOX 8929 SONPARK 1206 Tel 013-753 2484 Fax 013-755 1363

SCHOLARS REGISTRATION FORM

- All parents are required to complete the information below for **Each Child**.

PARENT PARTICULARS:

Name: _____ Surname: _____

ID: _____ Gender: Male / Female

Cell: _____ Tel (W): _____

Complex Name(Mark): **Clementine / Tangelo / Neroli / Mandarin / Fairview**

Street Name: _____ Number: _____

CHILD PARTICULARS LIVING AT ABOVE ADDRESS:

Name: _____ Surname: _____

Age: _____ Gender: Male / Female

Terms and Conditions:

Golfview HOA hereby accepts no responsibility for your child (ages 0-18 years old) nor the access he/she has to the gates as he/she should always be accompanied by a parent/guardian as per HOA rules. The child will only be allowed in and out of Golfview Estate through the side gate if they are in possession of their Access card.

- Time allowed out: 06:00-08:00 in the morning
- Time allowed in: 06:00-18:00.

The rest of the time a parent must make use of the Turnstile (060 868 6638) Pedestrian Entrance/Exit to which their phone is registered and Golfview HOA accepts no responsibility for controlling that activity.

I _____ declare and confirm by my signature hereto that the information provided herein is true and correct and accept the term and conditions stated.

Signed: _____ Date: _____

Access Card Received after processing:

(R20 non-refundable deposit for each card issued)

Signed: _____ Date: _____