**TEL:** (021) 855 4949 **ADDRESS:** P O BOX 22 SOMERSET WEST, 7129

**EMAIL:** admin@helderberghs.co.za



TO LEARN | TO LIVE | TO SERVE

## LETTER OF AGREEMENT: REGISTRATION OF LEARNER FOR REMOTE LEARNING (GRADES 8 – 12)

Name and Surname of Learner:		Grade:	
Naı	ame and Surname of Parent:		
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Thi	nis document must be completed if you wish to apply for remote	e learning at Helderberg High School.	
Ву	y completing this document, I understand and accept the followi	ng:	
1.	I understand that my child will remain registered at Helderber the teachers in an electronic format ( <b>TEAMS</b> ).	g High School, and receive tuition from	
2.	·		
3.			
4.			
5.	·		
6.			
7.			
8.			
9.			
Cia	gnature of Parents	Date	
Signature of Parent:		Date:	
Signature of Learner:		Date:	
Signature of Principal:		Date:	