



P.O. Box 194, Hazyview 1242
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Fax: 086 652 6052
Email: admin@hazyviewprimary.co.za
www.hazyviewprimary.co.za

HAZYVIEW PRIMARY SCHOOL

EMAIL ADDRESS REQUEST

Dear Parents/Carers

In a move to improve home-school communications we adopted a paperless approach to contacting parents and carers. With the growth in e-mail, smartphones and general home computer use, we have noticed this is the preferred method of communication for many parents now. There are benefits for all parents and carers adopting this method of communication.

- Communicating with home directly via email is far more reliable and faster than depending on pupils to deliver letters and notices home.
- More frequency of information, keeping parents/carers better informed.

It is vital that we have updated e-mail addresses if we are to communicate with you effectively.

In addition to the above, to enable the school to send out "group" texts, we will be using your mobile phone number as our first point of contact. We ask that you supply a mobile number to whom we can address relevant information as well.

Please complete the slip attached and return to school as soon as possible, or provide the requested information by emailing admin@hazyviewprimary.co.za.

We will still continue with our present system for those parents who express a preference for paper-based communication but the benefits as outlined above are undeniable, and we hope that you will join us in these efforts.

Yours faithfully

H.F. JOUBERT – ADMINISTRATOR

Principal: CA Joubert; Director: HF Joubert
EMIS NO. 800035603

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS AND RETURN TO SCHOOL AS SOON AS POSSIBLE.

(or return this completed form via email to admin@hazyviewprimary.co.za or fax 086 652 6052)

PUPIL'S NAME: _____

PUPIL'S SURNAME: _____

GRADE OF PUPIL: _____

TRANSPORT & TEL NO: _____

.....

Provide information for person concerning Tuition information:

PARENT'S NAME: _____

PARENTS EMAIL ADDRESS: _____
(Please use block letters)

PARENTS MOBILE NUMBER: _____

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Provide information for carer/guardian (where the child is staying)

CARER'S NAME: _____

CARER'S EMAIL ADDRESS: _____
(Please use block letters)

CARER'S MOBILE NUMBER: _____

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Provide information for person responsible for Financial Matters (accounts)

RESPONSIBLE PERSON'S NAME: _____

RESPONSIBLE PERSON'S EMAIL: _____
(Please use block letters)

RESPONSIBLE PERSON'S MOBILE: _____

DATE: _____

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