

APPLICATION FORM 2021

TODDLER INFORMATION

Date starting	
Full day or Half day	
Full names	
Surname	
Birth date	
Id number and small photo	
Nationality	
Gender	
Home language	
Learner able to speak and understand	Afr yes no Eng yes no
Chronic illnesses	
Allergies	
Chronic medication	
Is your child hyper active / attention deficiency disorder / autistic / Asperger or other, proof from your doctor must be submitted.	
Does your child see an Occupational therapist / speech therapist / other	
Child living with	
Medical aid number	
Medical aid Name/ Copy of the card	
Doctors name	
File number	
Doctor contact number	
Doctor physical address	
Please state any other conditions or allergies that you are aware of	
Attach the following: Clinic card Birth Certificate	

PRIMARY PERSON RESPONSIBLE FOR FETCHING THE CHILD?

LIST THE OTHER PEOPLE WHO MAY COLLECT YOUR CHILD FROM SCHOOL:

<u>NAME:</u>	<u>RELATION TO CHILD:</u>	<u>CONTACT NUMBER:</u>

ANY OTHER INFORMATION YOU FEEL THE SCHOOL SHOULD KNOW

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.....
.....

PARENT DETAILS

DETAILS OF PARENTS **FATHER to include a certified copy of your ID**

Title	
Full names	
Surname	
Id number	
Home language	
Email address	
Communication language	
Cellphone number/email	
Physical home address (not a postal box)	
Street name and number	
Suburb	
Town & Postal code	

Employer	
Physical address	
Phone no	
Employment Permanent / temporary / contract / owner	
Other / unemployed / pensioner	
Employer number	

I chose the above mentioned address as my chosen domicilium citandi et executandi address. Please attach a certified copy of your address and proof of employment that includes your ID number.

Signature: _____

Date: _____

DETAILS OF PARENTS**MOTHER** to include a certified copy of your ID

Title	
Full names	
Surname	
Id number	
Home language	
Email address	
Communication language	
Cellphone number/email	
Physical home address (not a postal box)	
Street name and number	
Suburb	
Town & Postal code	

Employer	
Physical address	
Phone no	
Employment Permanent / temporary / contract / owner	
Other / unemployed / pensioner	
Employer number	

I chose the above mentioned address as my chosen domicilium citandi et executandi address. Please attach a certified copy of your address and proof of employment that includes your ID number.

Signature: _____

Date: _____

Marital status of parents:

Married in / out of
Community of property

Term Needs

R170 per term per child. This will be for tissues, wet wipes for face cleaning, hand soap for hands. No towels will be used at school. Paper towels will be used to dry your hands. We also apply cream to your child's face.

Terms:

Please note that should you decide to take your child out of school you must give one month written notice. If not you will be held liable for one month's school fees, although your child did not attend school. School fees are not refundable. Should you take your child out of school for December or any other holiday, you are still liable for a full month's school fees. Your child will not be accepted at school if your school fees are not paid in full. If your school fees are not paid by the 3rd of each month, you child will not be allowed to attend until your fees are paid up to date. Your account will be handed over to the attorneys for collection. You will be liable for fees on and attorney and client scale, as well as interest and collection commissions.

Can we upload your child's photos onto the Facebook page? Yes No

I / we understand the above mentioned and agree to the terms and conditions as stated above.

PARENT NAME _____
DATE _____

PARENT NAME _____
DATE _____

WAIVER/PERMISSION TO PARTICIPATE IN ACTIVITIES/TRIPS

I/we the parents/guardian of _____herewith give my/our permission that our child can participate in any academic/sport/cultural/trips as organized by the school. I/we furthermore give my/our permission that our child may be transported by an approved bus/vehicle company as approved by the School Committee. If small amounts of children will be transported I understand that the school could make use of parents with legal driver licenses to transport my/our child. I/we confirm that the medical information regarding my/our child/children as supplied by me/ourselves is correct. This information can be used in medical emergencies. I/we also undertake to inform the school should any information change.

Parent name :

Signature:.....

Parent name :

Signature:.....

School fee tariffs

Late fees

10% Will be charged if school fees are received after the 3rd. of each calendar month.

Sibling discount

Double kids: R300

3 Children : R450

FULL DAY 6:15 am until 17:30 pm

R 2600.00. (Breakfast, 2 snacks, lunch and juice included) PLEASE SEND A WATER BOTTLE DAILY

HALF DAY 06:15 am till 13:30

R 2000.00 (Breakfast, 1 snack, lunch and juice included) PLEASE SEND A WATER BOTTLE DAILY

Half day children must be picked up no later than 13:30.

Additional cost:

Registration fee: R450 Once off fee

Re-enrolment fee will be charged every year.

Stationary fee: R 300 Once off

SWIMMING - MATH ZONE - STIMIX EDU CRAFTS - ,MONKEY NASTIX- KARATE - DANCING

Parent signature

Parent signature

I / we undertake herewith in writing to see to the payment of school fees in one of the following methods

R_____ once off (full year's school fees)

R_____ monthly payments on or before the 3rd of every month. THESE
INSTALLMENTS ARE PAYABLE FOR 12 MONTHS

THE LAST INSTALLMENT FOR DECEMBER MUST BE PAID BY THE 3rd OF DECEMBER

Parent signature and date

Parent signature and date