

345 NURSERY SCHOOL APPLICATION FOR ADMISSION



VORNA VALLEY

YEAR APPLIED FOR _____

GRADE APPLIED FOR GR 0000 ____ GR 000 ____ GR 00 ____ GR R ____

FULL DAY ENROLMENT _____ HALF DAY ENROLMENT _____

PAYMENT FEE STRUCTURE: Annual ____ Termly ____ 12 Months ____ 11Months ____

MOST IMPORTANT

This Application for Admission will only be processed if **ALL** fields are completed legibly, are signed and **ALL** necessary supporting documents are attached.

NECESSARY SUPPORTING DOCUMENTS, COMPLETED SECTIONS & FORMS

☐	Copy of learner's birth certificate / passport
☐	Copy of learner's vaccination records
☐	Copy of parents / legal guardians ID's
☐	Copy of latest school report
☐	Copy of learners residence / study permit, if foreign

FOR OFFICE USE

Non Refundable registration paid _____ Date _____ Account Code _____ Credit Check _____

Commencement Date and Grade _____ Siblings at the School _____

CHILD'S PERSONAL DETAILS

Surname: _____ Full Name: _____

Preferred Name: _____ Date of Birth: _____ Gender: _____

Place of Birth: _____ ID Number: _____

Home Language: _____ Other Language: _____

Number of children in family: _____ Position of child in family: _____

Nationality: _____ Country of Origin: _____ Date of Immigration: _____

Religion: _____ Residence: Both Parents _____ Guardians _____ Single Parent _____

Child's last school attended: _____

Date of leaving last school: _____

Special dietary requirements: _____

Other details that need our attention: _____

CHILD'S MEDICAL DETAILS

Blood Type:	O+	O-	A+	A-	AB+	B+	B-	Unknown
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FAMILY DOCTOR Name: _____ Tel No: _____

MEDICAL AID Name: _____ Member Number: _____

Main Member: Initials & Surname: _____

Main Member: ID number: _____

Plan Option: _____

Has the child received all the necessary immunisations? If No, please state reason YES___ NO___

HAS THE CHILD SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X

☐	ASTHMA	☐	ENTERIC FEVER	☐	MEASLES	☐	SCARLET FEVER	☐	CHICKEN POX
☐	GERMAN MEASLES	☐	MUMPS	☐	TICKBITE FEVER	☐	DIABETES	☐	HEPATITIS
☐	POLIO	☐	TYPHOID FEVER	☐	DIPHTHERIA	☐	MALARIA	☐	RHEUMATIC FEVER
☐	WHOOPING COUGH	☐							

DOES THE CHILD SUFFER FROM ANY ALLERGIES? YES___ NO___

IF YES, PLEASE GIVE DETAILS _____

DOES THE CHILD HAVE ANY SPECIAL MEDICAL NEEDS? YES___ NO___

IF YES, PLEASE GIVE DETAILS _____

DOES OR HAS THE CHILD SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES? YES___ NO___

IF YES, PLEASE GIVE DETAILS _____

IS THE CHILD RECEIVING MEDICAL TREATMENT FOR ANY CONDITION? YES___ NO___

IF YES, PLEASE GIVE DETAILS _____

IS OR HAS THE CHILD SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET? YES___ NO___

IF YES, PLEASE GIVE DETAILS _____

HAS THE CHILD HAD ANY OPERATIONS YES___ NO___

IF YES, PLEASE GIVE DETAILS _____

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS _____

CHILD'S MEDICAL DETAILS – CONSENT

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE CHILD'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST AND BEST MEDICAL SERVICE AVAILABLE.

I, _____ BEING THE PARENT / LEGAL GUARDIAN OF _____
HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

SIGNATURE OF PARENT / LEGAL GUARDIAN _____

DETAILS OF FATHER / STEPFATHER/ LEGAL GUARDIAN

SURNAME: _____ FULL NAMES: _____

DESIGNATION: _____ ID NUMBER: _____

RELATIONSHIP: _____ MARITAL STATUS: _____

OCCUPATION: _____ EMPLOYER: _____

RESIDENTIAL ADDRESS

WORK ADDRESS

POSTAL ADDRESS

TEL H _____

TEL W _____

CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

Initial: _____

DETAILS OF MOTHER / STEPMOTHER/ LEGAL GUARDIAN

SURNAME: _____ FULL NAMES: _____

DESIGNATION: _____ ID NUMBER: _____

RELATIONSHIP: _____ MARITAL STATUS: _____

OCCUPATION: _____ EMPLOYER: _____

RESIDENTIAL ADDRESS

WORK ADDRESS

POSTAL ADDRESS

TEL H _____

TEL W _____

CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

SURNAME: _____ FULL NAMES: _____

RELATIONSHIP: _____

TEL H _____ TEL W _____ CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

Initial: _____

DETAILS OF ACCOUNT HOLDER

(Person responsible for payment of fees)

SURNAME: _____ FULL NAMES: _____

DESIGNATION: _____ ID NUMBER: _____

RELATIONSHIP: _____ MARITAL STATUS: _____

OCCUPATION: _____ EMPLOYER: _____

RESIDENTIAL ADDRESS

WORK ADDRESS

POSTAL ADDRESS

TEL H _____

TEL W _____

CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1. NAME _____ GRADE _____ 2. NAME _____ GRADE _____

3. NAME _____ GRADE _____ 4. NAME _____ GRADE _____

DECLARATION OF ACCOUNT HOLDER

We, the undersigned, _____ hereby certify that the information given by the Account Holder in this Application for Admission is complete and accurate.

We accept joint and several liability to 345 Nursery School for the due and punctual payment of the once-of, non-refundable enrolment fee, school fees and any other amounts which may become due and payable to the School or in respect of participation in or attendance of any extracurricular activity.

We accept the Financial Terms and Conditions of which a copy has been kept.

NB: The signatures of the account holder and that of the 2nd parent / a parent / legal guardian are required if applicable.

SIGNATURE OF ACCOUNT HOLDER_____
DATE_____
SIGNATURE OF 2ND PARENT/ A PARENT/ LEGAL GUARDIAN_____
DATE_____
SIGNATURE OF AN AUTHORISED SCHOOL REPRESENTATIVE_____
DATE

FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

- 1.1 The person responsible for the account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the account, alternatively binds him/ herself as co-debtor and surety for payment of all fees to the School.
- 1.2 The legal guardian, as described in the Application, binds him / herself as surety and co-debtor for the payment of all fees by the Account Holder or any other payments that may arise from the Agreement.

2. TERMS OF PAYMENT

- 2.1 It is recorded that fees are determined at the beginning of the year and that the Account Holder is informed of the result in writing.
- 2.2 The Account Holder shall immediately inform the School if he/ she has not received an invoice at the start of the academic year/ termly or monthly.
- 2.3 Fees for 12 (twelve) months are payable monthly in advance by means of Debit Order on the 1st of every month. All Fees must be paid by the 7th (seventh) day of each calendar month or annually in advance by 31st January, depending on the fee payment option exercised by the Account Holder in the Application.
- 2.4 The School reserves the right to charge R500 (Five Hundred Rand) on all accounts that are not paid by the 7th (seventh) of each month.**
- 2.5 Payment of monthly school fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the School.
- 2.6 In the event where an existing account is / has **not** been managed in the proper manner, no further applications will be considered.

3. BREACH OF CONTRACT

In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the School may in its sole discretion:

- 3.1 Refuse the child entry to the School premises until the breach has been remedied; or
- 3.2 Claim damages from the Account Holder and / or the surety and legal guardian; or
- 3.3 Take whatever legal steps that may be necessary.

4. GENERAL

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or any Agreement, bill or exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

5. JURISDICTION

This Agreement is subject to South African Law.

Initial: _____

6. CREDIT INFORMATION

The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

7. DOMICILIUM

The parties choose as their domicilia citandi et executandi the addresses set out in the Application.

8. LEGAL FEES

In the event where the School takes legal action against the Account Holder, he / she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

9. CANCELLATION

9.1 Until 31 August the Account Holder undertakes to give 30 (Thirty) calendar days written notice of termination of the enrolment of a child, thereafter a terms written notice is required, failing which the liability will be incurred for the full amount of the following terms fees.

9.2 The School shall be entitled to terminate the enrolment of any child under the following circumstances:

Summarily and with immediate effect, if the child is guilty of an offence which, in the sole opinion of the School, renders his / her continued enrolment at the School impossible, in which event the Account Holder, after deduction of all the amount otherwise owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such child.

9.3 In the event of emigration, which is a long process, the School requires 3 (three) calendar month's written notice in advance.

SIGNATURE OF ACCOUNT HOLDER

DATE

Initial: _____

DEBIT ORDER FORM

Students Name and Surname _____

I hereby grant permission for 345 Nursery School Carlswald House Preparatory to arrange with my bank for payment of the amount (current and/or in arrears) in terms of the school fees, aftercare fees and food option fees (including amendments that may be made during the year) from my account (stated below), in accordance with the debit order system, as follows:

On the 1st ☐

In the event that this date falls on a Sunday or public holiday, the debit will be effective on the next business day.

The first debit is to take place on _____ and the final debit on _____

A R500.00 levy will be charged for dishonoured debit orders.

Type of account (check the appropriate block):

Cheque account ☐

Savings account ☐

Transmission account ☐

Name of Account Holder: _____

Name of Bank: _____

Account Number: _____

Branch Code: _____

Parents name and Surname: _____

Cell phone number: _____

Email address: _____

Work phone number: _____

I confirm that I have read and understood the above information and will ensure that funds are available in my account to cover this debit order.

I acknowledge that the party hereby authorised to affect the drawing(s) against my account may not cede or assign any of its rights to any third party without my prior written consent and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

To cancel your debit order, please advise 345 Nursery School Carlswald House Preparatory in writing one month in advance.

Please note this debit order will remain in place for the duration of your child's time at 345 Nursery School Carlswald House Preparatory.

The above information will remain confidential.

Signature of Account Holder

Date

GENERAL INDEMNITY

I, _____ (Full Name)

ID Number: _____

Physical Address:

The Mother: _____

The Father: _____

Guardian: _____

Hereby give consent for my son or daughter to take part in any extra mural activities of 345 Nursery School while on the 345 Nursery School premises or any such place where such activities are engaged in, including but not limited to playball, swimming, music and other extra mural activities and to make use of the educational and play equipment at the 345 Nursery School.

The Parent(s) fully understand(s) and accept(s) that all Pre-School activities of 345 Nursery School shall be undertaken by my son/daughter at my own risk and I undertake on behalf of myself, the executors of my estate, my spouse, and my Child the aforementioned, to indemnify, hold harmless and absolve 345 Nursery School, the owner, the principal, teachers and paid or unpaid assistants against any form of claims whatsoever that may arise in connection with any loss or damage to the property, or injury, illness or death to the person of my Child aforementioned, at the Pre-School, in the course of an excursion or (Pre-School) activity notwithstanding that the owner, principle, teachers and paid or unpaid assistants will nevertheless take all reasonable precautions for the safety and welfare of the Child.

I have read and understand the terms and conditions of the Indemnity form on this page

Name of Parent(s) and/or guardian:

Signature of father/guardian: _____

Signature of mother/guardian: _____

Dated: _____

Place: _____

No changes, copies, or omitted sections of this Indemnity will be accepted

Initial: _____

CONSENT TO USE PHOTOGRAPHS

I understand and acknowledge that, from time to time, informal photographs are taken of the School's children, and that, insofar as these photographs are place in the possession or control of the school, these photographs might be used by the School in the electronic and or/printed media, including the 345 Nursery School website, newspaper advertisements, magazine advertisements, brochures, flyers, posters, billboards, banners, flippers and signage on buildings and vehicles, which use will be solely for the purpose of marketing the School. As all marketing material of the School portrays excellence, the School will at all times, insofar as the use and publication of photographs are place in the control of the School and ensure that these photographs are used in good taste.

SIGNATURE OF PARENT / LEGAL GUARDIAN

Initial: _____