

ACADEMY OF EXCELLENCE PRIMARY SCHOOL

APPLICATION FORM



Linquinda, Raceway Park, Bloemfontein,

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ACCREDITED BY UMALUSI, COUNCIL FOR QUALITY ASSURANCE IN GENERAL AND FURTHER EDUCATION AND TRAINING – ACCREDITATION NUMBER: 18 SCH01 00482

DOCUMENTS NEEDED FOR REGISTRATION – NO CHILD WILL BE ACCEPTED WITHOUT THESE DOCUMENTS

- 1 x head and shoulder ID photo of the child – most recent
- Latest School Report
- School readiness test results (only if applying for Grade 1)
- Copy of Child's Birth Certificate
- Disciplinary Record
- Copy of Parent / Guardian's ID & person responsible for payment of fees
- Proof of residence
- Payslip of the person responsible for the learners' school fees
- Transfer Letter – original (End of the year)
- Study permit if foreign – compulsory!

APPLYING FOR GRADE _____ YEAR _____

FOR OFFICE USE:

Not- / Accepted / Waiting list	
Signature: HOD checked	
Signature: Principal checked	
Date informed	
Interview date:	
Comments	

LEARNER DETAILS:

Surname												
Full names (as on birth certificate/ID)												
ID /Passport												
Date of Birth												
Nationality												
Gender	Male						Female					
Learner cell phone number												
Dexterity of Learner	Left-Handed						Right-Handed					
Residential address of the learner												
Home language												
Other spoken languages												
Number of children in the family												
Position in family												
Religion												
Means of transport	Motor vehicle			Private transport			Public transport			Walk		

LEARNER'S EDUCATIONAL DETAILS

Current school		
Address		
Tel number		
Principal		
Previous school		
Address		
Tel number		
Principal		
Last grade past	Year	Grades repeat
Has admission to any other school/s ever been refused? If yes, state the reason	Yes	No
Academic achievements		
Extracurricular activities		
Other achievements		

LEARNER'S MEDICAL DETAILS

Family doctor name				
Address				
Tel number				
Medical aid ~ attach a copy of the medical aid card				
Number				
Main member				
Option				
Has the learner received all the necessary immunisations? If no, please state the reason	Yes	No		
Has the learner suffered from any of the following illnesses? Other: _____	Asthma	Enteric fever	Malaria	Tick bite fever
	Covid 19	Scarlet fever	Measles	German Measles
	Mumps	Chickenpox	Hepatitis	Typhoid fever
	Polio	Rheumatic fever	Diabetes	Whooping cough
Is the learner receiving medical treatment for any condition? If yes please specify	Yes	No		
Specify any other relevant medical details/issues				

MEDICAL CONSENT

In a critical medical situation, please bear in mind that there may not be time to refer to the learner's records. The school, therefore, reserves the right to utilize the quickest 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 _____

PARENT/ GUARDIAN 1 DETAILS

Surname	
Name	
ID	
Date of birth	
Relationship to learner	
Marital status	
Occupation	
Employer	
Residential address	
Work number	
Cell phone number	
Email address	

PARENT/ GUARDIAN 2 DETAILS

Surname	
Name	
ID	
Date of birth	
Relationship to learner	
Marital status	
Occupation	
Employer	
Residential address	
Work number	
Cell phone number	
Email address	

EMERGENCY CONTACT DETAILS (NOT THE PARENTS PLEASE)

Surname	
Name	
Relationship to learner	
Cell phone number	

DECLARATION OF PARENTS / LEGAL GUARDIANS

I/We, the undersigned _____ hereby certify that the information given by me/us in this application for admission is complete and accurate.

We accept that the school is based on Christian principles and undertake that this will not be undermined.

We understand that the prescribed number of learners per class may be exceeded through the placing of a current learner that has to repeat a grade.

This application for admission will be reconsidered in the case where important relevant information, which should be brought to the school's attention, is withheld.

We accept an offer of placement for your child at the school under the terms and conditions as set out in the Code of Conduct and Dress Code.

The school and everybody involved undertaking to implement reasonable and generally acceptable measures concerning the safety and well-being of all learners, educators, and visitors to the School.

Due to the nature of the matter, the School and everybody involved, do not accept any responsibility for accidents that may take place in the class, on the school terrain, on sports fields, or outings, etc.

Each parent is therefore requested to complete this form as proof that you accept the position of the School and everybody involved as set out above as well as the risks involved therewith.

I/we, subject to the terms set out herein, indemnify the School and everybody involved for any losses or damages in general, however, they may occur, that I as a parent / legal guardian of the above learner may suffer as a result of any occurrence whereby the learner may be involved, whether as the causing or suffering party, whilst participating in any school activity, except if such loss or damage arises as a consequence of the gross negligence or wilful misconduct of the school or any person acting for or controlled by the School.

In particular, I authorise that the aforesaid learner may be involved in all excursions undertaken by his/her group of class during school days as part of his/her learning experience and, where applicable, I agree that he/she may utilise the transport arranged by the School for such excursions. I also indemnify the School and everybody involved for any damages or losses that I as a parent/legal guardian of the above learner may suffer under such circumstances and voluntarily accepts the risks associated therewith, except if such loss or damage arises because of the gross negligence or wilful misconduct of the School or everybody involved.

Declare that I/we have familiarized myself/ourselves with the contents of the rules and regulations of Academy of Excellence. Accept that at the sole discretion of the Principal, the school reserves the right to transfer a student to a lower Grade in case of the student being too young and/or below the required academic standard.

I/we accept that in case of a student being too old for the grade he/she is placed in, the school reserves the right to ask the student to leave the school, should satisfactory progress not be achieved.

I/we accept that Academy of Excellence reserves the right to expel a student in case of using and/or bringing alcohol and any form of drugs, onto the school grounds and if any form of violence is used. No gambling is allowed.

I/we accept, understand, and agree that Academy of Excellence reserves the right to ask a girl student to leave the school should she fall pregnant. This will apply to a boy student as well if he is responsible for the pregnancy.

I/we accept that, at the sole discretion of the principal, the school reserves the right to expel and/or ask the student to leave the school, should such student not adhere to or strictly follow the general school rules. I/we have read it, it has been explained to me and I/we accept, understand, and agree with the contents in full.

Accept and understand that the school fees are based on an annual amount and are therefore not affected by the student's absence from school during holidays or for any other reason.

Accept and understand that the instalment agreement I/we enter with Academy of Excellence is legally binding and payable in advance on or before the 1st day of every month.

Interest at 24% per annum will be charged on amounts that are paid after the 1st of every month. Any discount for early settlement will be to the sole discretion of management as well as discounts given for any other reason. Discount will also be recalculated should I/we fail to adhere to the initial agreement.

I/we accept and understand that a penalty fee of R50.00 will be charged for every payment not received by the 1st of the month if Academy of Excellence must phone me/us or forward correspondence to me/us reminding me/us of payments to be made. Accept/understand that no registration or school fees are refundable should I/we remove my/our child from the school and during the month, term or year.

Accept and understand that (1) one month's written notice is required when I/we want to remove my/our child from school to cancel the instalment agreement; otherwise, the instalment will remain in place in lieu of notice.

Accept and understand that upon registration and signing of this contract, I/we undertakes to pay Academy of Excellence the required amount for the registration fee for the year.

Accept/understand and agree that if payments on the instalment agreement are in arrears, Academy of Excellence as a Registered Independent School can refuse any further teaching of a student and forward the student's name and particulars to the Free State Department of Education, in which case the student will be placed in a government school.

I/we accept and undertake that I/we will have to pay for any damages to school property due to misbehaviour and/or negligence of my/our child.

I/we accept responsibility for the prompt payment of all accounts as prescribed in the rules and regulations and any other amounts of which I/we am/are indebted to Academy of Excellence.

I/we accept and understand that upon signature hereof, I/we will/shall be liable for a minimum of one year's fee if the student is still attending the school.

Furthermore, that if legal action is instituted against me/us for not paying the fees accordingly and my/our child is still attending the school, the full outstanding amount for the respective year will become due and payable.

I/we have familiarized myself/ourselves with the School's Financial Policy. Arrear accounts will be handed over for collection and the account holder will then be held responsible for the payment of all interest, collection fees, and legal fees on attorney and client scale.

I/we hereby declare that I/we have read and understood all the above and accept all the terms and conditions and therefore subject myself/ourselves to the school's policies and procedures.

Full name (block letters) and signature of the person responsible for payment of fees	
Signature of father/mother/guardian	
Full names and surname (block letters)	
Signature of student/applicable if a student Are you 16, or is turning 16 in the year of registration	
Full names and surname (block letters)	
Date:	
Witness:	

DETAILS OF THE PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES

Surname													
Name													
ID ~ PLEASE ATTACH A COPY													
Date of birth													
Relationship to learner													
Marital status													
Occupation													
Employer													
Residential address													
Work number													
Cell phone number													
Email address													
Details of children in your care who are currently at this school	Name and surname												
	Grade												

