

ADMISSION FORM

Name

Surname

Application for

GRADE

TERM

YEAR

Starting Date

Receipt No

Admin No

Attach ID Photo
of Pupil

Details of Siblings

Name	School	Grade



Enlightened Minds

Pre-Preparatory • Preparatory • College

Date of Application

Y	Y	Y	Y	M	M	D	D
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Pre-Preparatory
Gr 000-0

Preparatory
Gr 1-6

College
Gr 7-12

Please submit the following with the application form:

1. Copy of the pupil's most recent report
2. Two recent colour passport sized photographs
3. A Certified Copy of the pupil's ID or Birth Certificate
4. A Certified Copy of both Parents'/Guardians' IDs
5. A non-refundable Application Fee is payable
6. Entry visa and proof of application for study permit (if applicable)
7. Proof of residence, i.e. Utility Bill (Certified copy)
8. If divorced, copy of Court Order
9. If relevant, copy of a therapist report

Parent Contract

I/We the Parent(s) / Legal guardian(s) of

Full name of pupil

agree to the admission of the above pupil to Southdowns College on the following terms and conditions:

1. I/We have read, understood and agree to the conditions contained in the College Policy and Procedure documents (which include the Code of Conduct, College Constitution and Policy documents as contained on the College website). It is further understood that the aforementioned documentation may be altered or added to by Southdowns College from time to time.

I/We have chosen the following method of accessing these documents: (tick one)

Hard copy

Self download from website

2. I/We bind ourselves jointly and severally liable for the payment of all school fees and ancillary charges (for instance camps, after-care, ad hoc stationery) which will become payable in terms of this agreement.
3. I/We agree to give ONE FULL TERM'S (please note; one term is four months) notice in writing should we wish to withdraw the pupil from the College. Failure to give proper notice will result in me/us being liable for the full terms fees in lieu of such notice. It is the parent's responsibility to prove that timeous notice has been provided.
4. I/We agree to pay school fees and ancillary charges in advance in accordance with the fee policy contained in the Fees and Debtors Policy document, either annually before first day of school or in 10 monthly payments by debit order to be made before the first day of each month, the first such payment to be made before the first working day of each month.
5. I/We agree that the College may, in the event of non- payment of fees and or ancillary charges, which will be deemed to be a material breach of this contract, after having given me/us 20 (Twenty) business days' notice to rectify my default, and should I/We still be in breach, summarily terminate this contract and refuse my child entry to the College.
6. In the event of any other breach of contract by me/us or in the event of serious breach of the Code of Conduct by the pupil or Parent, the College may terminate this contract, provided that due process in terms of the Disciplinary Code has been followed.
7. I/We accept that the College has appointed certain preferred suppliers and confirm that I understand the financial benefit to be derived by me through this arrangement in respect of price, quality control and branding.
8. I/We agree that this agreement will come into effect immediately on signature by me/us and shall remain in force for the full duration of the pupil's enrolment at the College (unless earlier terminated by the party in terms of this contract) or until a new annual agreement supercedes this agreement.
9. I/We have been notified of and agree to the school fees applicable to the grade of the aforementioned pupil and any ancillary costs which may be charged from time to time. I/We further acknowledge and consent that fees paid in advance will be deposited by the College and held in accordance with the provisions of the Consumer Protection Act 2008, with interest or income thereof to accrue to the College as income.
10. I/We consent to the College disseminating my/our names and contact details only to the other parents, staff or responsible persons engaged or authorised by the College for College related purposes, unless at any time the College is instructed in writing by me/us differently.

PLEASE PRINT CLEARLY AND COMPLETE IN FULL

Details of pupil

First Name(s)

Surname

Preferred Name

Date of Birth

Y	Y	Y	Y	M	M	D	D
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Gender Male Female Indicate with an X

ID/Passport No.

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Nationality

Home Language

For foreign pupils only:

Passport No.

Date of First Entry into SA

Y	Y	Y	Y	M	M	D	D
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The following two items are required by Education Department for Statistical Purposes

Religion

Race Classification

Current Grade

Previous School / Institution:

<input type="text"/>
<input type="text"/>
<input type="text"/>

From	Y	Y	Y	Y	M	M	D	D	To	Y	Y	Y	Y	M	M	D	D
From	Y	Y	Y	Y	M	M	D	D	To	Y	Y	Y	Y	M	M	D	D
From	Y	Y	Y	Y	M	M	D	D	To	Y	Y	Y	Y	M	M	D	D

Achievements

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

In case of Emergency please list two alternate names and numbers. NB not parent's numbers

Name

Relationship to pupil

Tel Number

Name

Relationship to pupil

Tel Number

Medical Information

Confidential

Medical Aid

Scheme	<input type="text"/>	Option	<input type="text"/>
Principal Member	<input type="text"/>	Membership No	<input type="text"/>

Family Practitioner

Name	<input type="text"/>	Telephone No	<input type="text"/>
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Pupil

Name & Surname	<input type="text"/>		
Blood Type	<input type="text"/>	Gender	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Illnesses - Insert year of occurrence in space provided

Allergy	<input type="text"/>	Diphtheria	<input type="text"/>	Mumps	<input type="text"/>	German Measles	<input type="text"/>
Asthma	<input type="text"/>	Poliomyelitis	<input type="text"/>	Scarlet Fever	<input type="text"/>	Rheumatic Fever	<input type="text"/>
Chicken Pox	<input type="text"/>	Enteric Fever	<input type="text"/>	Tickbite Fever	<input type="text"/>	Typhoid Fever	<input type="text"/>
Diabetes	<input type="text"/>	Measles	<input type="text"/>	Drug Sensitivity	<input type="text"/>	Whooping Cough	<input type="text"/>

Please insert date of last Tetanus immunisation:

Does the pupil receive any medical treatment or chronic medication for any condition? If so please specify or attach letter.

Has the pupil suffered from or been treated for any psychological or emotional upset? If so please specify:

Has the pupil suffered from any contagious or notifiable illness? If so please specify:

Please specify any medication to which he/she is allergic

If he/she is on any maintenance therapy please ensure an emergency supply is brought to school and/or for outings. Please specify:

Please specify any other relevant data that would be in the interest of your child's health and well-being.

Insurance:

I/We, as parent/legal guardian accept the responsibility to take adequate insurance to cover any loss, damage or injury to the child or his/her belongings as the College shall not be liable for any injury, loss or damage.

Consent:

In a critical situation please bear in mind that there may not be time to refer to your child's records. The College therefore reserves the right to utilise the quickest medical service available. By signing below you agree that the appointed medical practitioner may carry out emergency treatment as may be necessary.

Father / Guardian Signature _____

Mother / Guardian Signature _____

Date

Date

Indemnity Declaration

I/We the Parent(s) / Legal guardian(s) of

Full names of pupil

hereby confirm the admission of the pupil named above to:

Southdowns College

I/We hereby give permission for him/her to participate in the Curricular and Co-Curricular activities of the College and to go on excursions that are necessary in the course of such activities.

I/We accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should any injury or loss be sustained by my child. I specifically indemnify and hold the College and its staff harmless against any claims of whatsoever nature arising out of any injury, damage or loss sustained in pursuance of the aforesaid participation.

I/We indemnify the College and its employees against all liability for any injury or loss sustained by my child on account of any act or omission by my child and I/we accept full liability and responsibility for any such act or omission.

I/We cede our power as parent/guardian to the Headmaster of the College or his/her representatives should medical treatment or surgery to my child be deemed necessary. As far as I know, my child is physically capable of participating in all College activities and he/she is in good health.

However, the persons responsible should please note the following (please state medical aspects that the staff should be aware of, eg. Allergies, tendency towards abnormal bleeding, epilepsy, etc.)

I/We agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the pupil's enrolment at the College.

Signed at _____

on this _____ day of _____ 20_____

Father / Guardian Signature _____ Mother / Guardian Signature _____

Witness 1

Name _____ Signature _____

Witness 2

Name _____ Signature _____

For Office use Only

Assessment Date

Assessment Received

General Comments

Conditions of Acceptance

Application Fee:

Administration Fee

Amount

Date

1st Non-refundable entrance fee

Amount

Date

2nd Non-refundable entrance fee

Amount

Date