

EXCEL ACADEMY OF EDUCATION

APPLICATION FOR ADMISSION

admin@excelacademyofeducation.co.za

bursar@excelacademyofeducation.co.za



NAME OF LEARNER _____

MONTH OR YEAR APPLIED FOR _____

GRADE APPLIED FOR _____

AFTERCARE YES NO

IMPORTANT – THIS APPLICATION FOR ADMISSION WILL ONLY BE PROCESSED IF ALL FIELDS ARE COMPLETED LEGIBLY, ARE SIGNED AND ALL RELEVANT SUPPORTING DOCUMENTS ARE ATTACHED.

REQUIRED SUPPORTING DOCUMENTS, COMPLETED SECTIONS AND FORMS

	TRANSFER DOCUMENTS ONCE AVAILABLE
	COPY OF LEARNERS FINAL PROGRESS REPORT ONCE AVAILABLE
	COPY OF LEARNERS LATEST PROGRESS REPORT
	COPY OF LEARNERS BIRTH CERTIFICATE /ID DOCUMENT
	COPY OF LEARNERS VACCINATION RECORDS IF AVAILABLE
	COPY OF LEARNERS RESIDENCE /STUDY PERMIT IF FOREIGN
	COPY OF PARENTS /LEGAL GUARDIANS ID DOCUMENT
	COMPLETED AFTERCARE APPLICATION IF APPLICABLE
	COMPLETED AND SIGNED DEBIT ORDER FORM
	SECTIONS COMPLETED AND SIGNED
	A NON-REFUNDABLE REGISTRATION FEE OF R500.

ONE RECENT COLOUR PHOTO OF LEARNER (ID SIZE)

FOR OFFICE USE

ASIAN	AFRICAN	COLOURED	INDIAN	WHITE	OTHER
-------	---------	----------	--------	-------	-------

RELIGION _____

RESIDENCE

PARENTS	GUARDIANS	HOSTEL
---------	-----------	--------

MEANS OF TRANSPORT TO AND FROM SCHOOL

MOTOR VEHICLE	BUS	BICYCLE	WALK
---------------	-----	---------	------

SECTION 2: LEARNERS EDUCATIONAL DETAILS

CURRENT SCHOOL _____

ADDRESS _____

TEL NO _____

PRINCIPAL _____

PREVIOUS SCHOOL _____

ADDRESS _____

TEL NO _____

PRINCIPAL _____

LAST GRADE PASSED _____ YEAR _____ GRADES REPEATED _____

HAS ADMISSION TO ANY OTHER SCHOOL/S EVER BEEN REFUSED? IF YES, PLEASE STATE REASON.

YES	NO
-----	----

REASON: _____

ACADEMIC ACHIEVEMENTS	EXTRA CURRICULAR ACHIEVEMENTS	OTHER ACHIEVEMENTS

SECTION 3 : LEARNERS MEDICAL DETAILS

BLOOD TYPE

O+	O-	A+	A-	AB+	AB-	B+	B-	UNKOWN
----	----	----	----	-----	-----	----	----	--------

FAMILY DOCTOR NAME _____ TEL NO _____

ADDRESS _____

MEDICAL AID NAME _____ NUMBER _____

MAIN MEMBER _____ ID NO _____

OPTIONS _____

HAS THE LEARNER RECEIVED ALL THE NECESSARY IMMUNISATIONS? IF NO, PLEASE STATE REASON.

YES	NO
-----	----

REASON: _____

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

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

DOES THE LEARNER SUFFER FROM ANY ALLERGIES?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

DOES THE LEARNER HAVE ANY SPECIAL MEDICAL NEEDS?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

DOES OR HAS THE LEARNER SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

IS THE LEARNER RECEIVING MEDICAL TREATMENT FOR ANY CONDITIONS?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS.

IS OR HAS THE LEARNER SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET?

YES	NO
-----	----

IF YES, PLEASE GIVE DETAILS. _____

HAS THE LEARNER HAD ANY OPERATIONS?

YES	NO
-----	----

IS YES, PLEASE GIVE DETAILS. _____

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS. _____

LEARNERS MEDICAL DETAILS- CONSENT

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO LEARNERS RECORDS.THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE 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 _____

SECTION 4: DETAILS OF FATHER /STEPFATHER /LEGAL GUARDIAN

COMPLETE ONLY IF NOT THE ACCOUNT HOLDER, REFER TO SECTION 8

SURNAME _____

FULL NAMES AS IN ID DOCUMENT _____

DESIGNATION

MR	MRS	MS	MISS	DR	REV	PROF	OTHER
----	-----	----	------	----	-----	------	-------

IDENTITY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS
TEL H:	TEL W :	CELL:

E-MAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS	LEARNER LIVING WITH PARENT/S	LEARNERS LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY

SECTION 5: DETAILS OF MOTHER/STEPMOTHER/LEGAL GUARDIAN

SURNAME _____

FULL NAMES AS IN ID DOCUMENT _____

DESIGNATION

MR	MRS	MS	MISS	DR	REV	PROF	OTHER
----	-----	----	------	----	-----	------	-------

IDENTITY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS
TEL H:	TEL W :	CELL:

E-MAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS	LEARNER LIVING WITH PARENT/S	LEARNERS LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY
------------------------	------------------------------	-------------------------	--------------------------	------------------------------------

SECTION 6: DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

SURNAME _____
FULL NAMES _____
RELATIONSHIP _____
TEL H _____ TEL W _____
CELL _____
EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

SECTION 7: DECLARATION OF PARENTS/LEGAL GUARDIAN

WE THE UNDERSIGNED, _____, HEREBY CERTIFY THAT THE INFORMATION GIVEN BY US IN THIS APPLICATION FOR ADMISSION IS COMPLETE AND ACCURATE. WE ALSO AGREE TO THE CONDITIONS AS SET OUT HEREIN.

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 SCHOOLS ATTENTION, IS WITHHELD.

WE HAVE READ THE CODE OF CONDUCT AND DRESS CODE AND WILL ACCEPT AN OFFER OF PLACEMENT FOR OUR CHILD AT THE SCHOOL IN ACCORDANCE WITH THE TERMS AND CONDITIONS AS SET OUT THEREIN.

NB: THE SIGNATURE OF BOTH PARENTS AND/OR LEGAL GUARDIAN ARE REQUIRED ON APPLICATION

SIGNATURE OF FATHER/ STEPFATHER/ LEGAL GUARDIAN

DATE

SIGNATURE OF MOTHER / STEPMOTHER / LEGAL GUARDIAN

DATE

QUESTION 8: DETAILS OF ACCOUNT HOLDER

SURNAME _____

FULL NAMES AS IN ID DOCUMENT _____

DESIGNATION

MR	MRS	MS	MISS	DR	REV	PROF	OTHER
----	-----	----	------	----	-----	------	-------

IDENTITY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS
TEL H:	TEL W :	CELL:

E-MAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS	LEARNER LIVING WITH PARENT/S	LEARNERS LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY

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

1. Name	GR	3. Name	GR
2. Name	GR	4. Name	GR

PAYMENT OPTION

MONTHLY DEBIT ORDER	ANNUALLY IN ADVANCE BY ELECTRONIC FUNDS TRANSFER OR CASH DEPOSIT AT THE BANK
---------------------	--

SECTION 9: DECLARATION OF ACCOUNT HOLDER

WE THE UNDERSIGNED _____, HEREBY CERTIFY THAT THE INFORMATION GIVEN BY THE ACCOUNT HOLDER IN THIS APPLICATION FOR ADMISSION IS COMPLETED AND ACCURATE.

WE ACCEPT JOINT AND SEVERAL LIABILITY TO EXCEL ACADEMY FOR THE DUE AND PUNCTUAL PAYMENT OF THE ONCE-OFF, 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 SIGNATURE 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

QUESTION 10: FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

1.1 The person responsible for the account (thereafter the account holder) as set out in the standard application for admission (thereafter 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 this 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.

2.3 Fees for 12 months are payable monthly in advance by means of debit order on or before the 2nd day of each calendar month or annually in advance by 31 December, depending on the fee payment option exercised by the account holder in the application.

2.4 The School reserves the right to charge of 15% (fifteen percent) on all accounts that are in arrears by 30 (thirty) days or longer.

2.5 Payment of monthly 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 learner entry to the school's 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 of any Agreement, bill or exchange or other document issued pursuant to or in terms of 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.

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. 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, collecting costs and commission, interest and tracing fees.

8. CANCELLATION

8.1 The Account Holder undertakes to give 30(thirty) calendar days written notice of termination of the enrolment of a learner, failing which the liability will be incurred for the full amount of the following term's fees.

8.2 The school shall be entitled to terminate the enrolment of any learner under the following circumstances:

Summarily, and with immediate effect, if the learner 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 amounts otherwise owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such learner.

8.3 In the event of emigration, which is a long process, the School requires 1(one) full term's written notice in advance.

SIGNATURE OF ACCOUNT HOLDER

DATE

SECTION 11: permission to use photographs

I understand and acknowledge that, from time to time, informal photographs are taken of the school learners , and that , insofar as these photographs are placed in the possession or control of the school. These photographs might be used by the school in the electronic or printed media which use will be solely for purposes of marketing the school as all marketing material of the school portrays excellence.

SIGNATURE OF PARENT / LEGAL GUARDIAN

SECTION 12: SCHOOL FEES 2018:

BREAKDOWN OF INFORMATION

1. Excel Academy of Education is a fee paying school.
2. The school academic program from Gr R-7 is CAPS aligned.
3. The school fees 2018 will be:
R33600-00 per learner per annum for Grade R-3 .Gr 4-7 will be R34800 per annum.
4. The payment plan (Terms) will be:
 - A) **In full settlement on the 1st day of the school year.**
 - B) **The amount to be paid quarterly on the 1st day of each term.**
 - c) **The amount to be paid over 12 monthly installments (Jan-Dec), at the beginning of each month.**
5. Discount Structure on school fees will be:
 - A) **8% Discount on fee settlement in full before the 31 January 2018**
 - B) **5% Discount on fee settlement in full before the 31 March 2018**
 - C) **The payment must reflect in the school bank account on or before the above given dates to qualify.**

6. **Non-payment of school fees** -Parents who default in their payment plan will result in their matter being handed over for collection and all costs incurred would be for the debtors account.

7. Additional Monetary Contributions will be defined as all non - compulsory activities requiring financial support by participants.

8. Confidential Information – The school may hold and process by computer or otherwise, any information obtained about the parents as a result of their liability for payment of school fees.

PAYMENT METHODS

For security reasons, NO CASH will be accepted at the school for school fees.

Please ensure that all payments have the correct amount number and details used as the reference to ensure correct allocation.

Preferred method's: stop order /EFT

Stop order must be activated by the parent with own bank and proof provided to the bursar.

Cash deposits may only be made directly into the schools bank account.

NON-PAYMENT OF FEES

Parents who fail to pay, will be handed over to our attorneys for collection of these fees and to be listed at various credit bureaus. Our legal representatives have been mandated to proceed with Warrants of Execution for the emolument attachment on salaries to clear school fee debts and legal costs, if necessary. We trust with every parent's co-operation we will not have to take this course.

Please be advised that if the full monthly school fee cannot be paid, a lesser amount in the interim is preferable to not paying anything at all. The bursar must be advised in writing how and when the deficit will be settled.

CONCLUSION

In the interest of the continued provision of quality education for your children, your fullest co-operation with regards to the payment of fees is imperative.

BANKING DETAILS

EXCEL ACADEMY OF EDUCATION

BANK: NEDBANK

ACCOUNT NUMBER: 111 086 3144

BRANCH CODE: 133 526

DECLARATION

I/We fully understand that:

COMPULSORY SCHOOL FEES

The payment of fees at Excel Academy of Education is compulsory, according to the South African Schools Act 84 of 1996

PAYABLE IN ADVANCE

School fees are payable annually in advance at the beginning of each school year .The school management is prepared to consider an application of payment in a quarterly or monthly basis . This undertaking in no way changes the fact that the payment of the school fees at Excel Academy of education is a statutory duty and not a voluntary agreement, particularly not a credit agreement as defined in terms of the National Credit Act No.34 of 2005.

LEGAL ACTION

Legal action can be instituted against me/ us should I/we default in payment.

CREDIT BUREAU SEARCH

I/we authorize the school to do credit bureau searches on me/us an in the event of any school fees due by me/us not being paid. I/we authorize the school or an attorney to inform any relevant credit bureau and have my, our name listed with them.

JOINTLY AND SEVERALLY

Parents/ Guardians jointly and severally agree to pay the school fees commencing the beginning of the academic year.

CUSTODIAN PARENTS

It is the responsibility of the custodian parent to ensure that the fees are paid and that this form is fully completed, signed and returned to the school. According to high court precedent, both parents are liable for the school fees irrespective of marriage status or maintenance agreements.

DEFAULTERS

Should I/We default on the agreed payment plan, fees are immediately due in full. I/We will be liable for the full school fees and all the costs incurred on the attorneys/client or collection scale, should fees be handed over. Costs for returned payments will be for the fee account.

DOMICILIUM CITANDI ET EXCECUTANDI

I/We choose the address specified as our residential address under the school information sheet as my /our chosen legal domicile for the service of all legal notices and processes until I/we advise the school in writing of my/our new address.

PRINCIPALS SIGNATURE: _____ DATE: _____ PLACE: NORTHdene

FATHERS /GUARDIANS SIGNATURE: _____ DATE: _____

PLACE: _____

MOTHERS/GUARDIANS SIGNATURE: _____ DATE: _____

PLACE: _____

2018 SCHOOL FEE AMOUNTS AND COMMITMENT

GRADE	SCHOOL FEES	LESS 8% DISCOUNT
<u>R-3</u>	<u>R33600-00</u>	<u>R30912-00</u>
<u>4-7</u>	<u>R34800-00</u>	<u>R32016-00</u>

COMMITMENT TO SCHOOL FEES 2018

LEARNERS FULL NAME AND SURNAME: _____

CURRENT GRADE AND CLASS (2017): _____

PLEASE TICK NEXT TO THE APPROPRIATE BOX IN THE TABLE BELOW WHICH WILL INDICATE YOUR CHOICE OF PAYMENT METHOD FOR SCHOOL FEES 2018.

OPTIONS	AMOUNT GRADE R-3	TICK BOX	AMOUNT GRADE 4-7	TICK BOX
PAYMENT IN FULL BEFORE 31 JAN 2018	R30912		R30360	
QUARTERLY PAYMENTS	R8400		R8700	
12 MONTHLY PAYMENTS	R2800		R2900	
10 MONTHLY PAYMENTS	R3360		R3480	

HOME

ADDRESS: _____

SIGNED FATHER /GUARDIAN: _____ DATE: _____

SIGNED MOTHER/GUARDIAN: _____ DATE: _____

