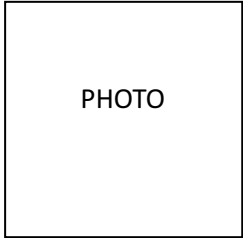




SOUTHAMPTON PRIVATE ACADEMY

2nd Floor, George Corie Centre, 59 Voortrekker Street,
P.O. Box 1417 Alberton. Tel: 010 634 0487 WhatsApp 067 356 9025
GDE Reg No. 700401027



Please Attach:

- 1) Child's birth certificate/ID Copy
- 2) Parents' ID
- 3) Copy of clinic card
- 4) Proof of residence
- 5) Previous school report
- 6) Previous school transfer card

FOR OFFICE USE ONLY

Date Enrolment For Received: _____ Registration Date/Date Paid: _____ Grade Applying For: _____

Amount: _____ Year: _____

Method: EFT: _____ Rec: _____ Card: _____

Accepted: _____ Rejected: _____ Reason for Rejection: _____

CERTIFIED DOCUMENTATION RECEIVED (TICK THE RIGHT BOX)

- | | |
|--|---|
| ID Photo of Learner: | Copy of School Report: |
| Copy of Clinic Card: | Copy of legal Guardians ID: |
| Copy of Birth Certificate: | Copy of Psychological / Therapist Reports (IF Any): |
| Registration Fee Non Refundable: | Copy of Medical Aid Card (Both Sides): |
| Transfer Card / Letter from the Previous School: | |

WHERE DID YOU HEAR ABOUT OUR SCHOOL (KINDLY TICK IN A BOX BELOW)

- | | | | |
|-----------------------------|--------------|-----------------------|---------|
| Social Media: | Flyer/Board: | Referred by GDE: | Radio: |
| Referred by another school: | Web Search: | Friend/Family Member: | Others: |

**NB: This form must be completed in full. All changes initiated or signed by parent/guardian.
Completing this form does not necessarily mean that the learner has been accepted into the school.**

LEARNERS DETAILS

Surname: _____

Given Names _____ Preferred Name : _____

Date of Birth: DD: _____ MM: _____ YYYY: _____

Identification or Passport: _____

Race: _____

Country of Residence: _____

Citizenship: _____

Gender: _____

Learners Physical Address: _____

Name of Previous School Attended: _____

Previous School Address: _____

Previous School Contact Details: _____

Previous School Email Address: _____

Current Language of Instruction: _____

Home Language: _____

For Grade 1 Only
Dexterity of Learner

(Indicate Pre-primary Education)
Right Handed:

NONE:
Left Handed:

NONE FORMAL:

FORMAL:
Ambidextrous:

MEDICAL INFORMATION

Name of Medical Aid: _____ Medical Aid Number: _____

Main Member: _____ Family Dr's Name: _____

Doctor's Contact Number: _____

Doctors Physical Address: _____

Medical Conditions: _____

Chronic Medication: _____

Allergies: _____

Special Problems: _____

Requiring Counselling: _____

Contact Person in case of Emergency: _____

NOT A PARENT, Someone Close by: _____

Contact Numbers: _____

Name and Surname: _____

SIBLINGS

Number of Siblings in the school: _____ Position in the family: _____ (First/Second/Third Etc)

Please Supply full names and surnames Below:

1. _____ Grade: _____

2. _____ Grade: _____

3. _____ Grade: _____

4. _____ Grade: _____

PERSON RESPONSIBLE FOR SCHOOL ACCOUNT AND CORRESPONDENCE

Title: _____ Initials: _____ Surname: _____

Name: _____ Identity Number: _____

Email Address: _____

Employer: _____

Work Telephone Number: _____

Cellular Number: _____

Residential Address: _____

Postal Code: _____

Employer Physical Address: _____

City Suburb: _____

Postal Code: _____

Occupation: _____

PARENT /GUARDIAN INFORMATION MOTHER

Title: _____ Initials: _____ Surname: _____
Name: _____ Identity Number: _____
Race: _____ Race: _____
Email Address: _____
Relationship to Learner: _____ Marital Status: _____
Employer: _____
Work Telephone Number: _____
Cellular Number: _____
Email Address: _____
Residential Address: _____
Postal Code: _____
Employer Physical Address: _____
City Suburb: _____ Postal Code: _____
Occupation _____

PARENT /GUARDIAN INFORMATION FATHER

Title: _____ Initials: _____ Surname: _____
Name: _____ Identity Number: _____
Race: _____ Race: _____
Email Address: _____
Relationship to Learner: _____ Marital Status: _____
Employer: _____
Work Telephone Number: _____
Cellular Number: _____
Email Address: _____
Residential Address: _____
Postal Code: _____
Employer Physical Address: _____
City Suburb: _____ Postal Code: _____
Occupation _____

GENERAL INFORMATION

With whom does the learner reside? Both Parents: _____ Mother Only: _____ Father Only: _____
Other: (Describe): _____
Religion: _____
Mode of Transport: _____
Deceased Parent: Mother: _____ Father: _____ None: _____

SECTION A: ADMISSION POLICY & CONDITIONS

The admission policy of our school complies with the requirements of the Gauteng Department of Education. The school gives preference to Learners who reside within the **Natural Catchment Area** of the school. This is the area closest to the school by the way of registered roads or access. *SOUTHAMPTON ACADEMY does not discriminate on the basis of race, sex or religion. Students are admitted solely on the basis of availability of places.*

- An applicant/learner must comply with the age compatibility of the grade for which he/she is applying.
- Applicants may be required to attend an interview or an entry examination with the Principal where it is deemed necessary.
- The most recent academic report and transfer cards from previous schools will be taken into consideration.
- Non South African citizens require residence or study permits before full registration is confirmed.
- Acceptance of an application for admission to the school does **NOT** imply acceptance into the school.
- Learners and parents must feel comfortable with the basic ethics of the school before registering.
- The school Uniform policy, Learner code of conduct and other regulations are expected to be observed at all times.

Registration fees, Admin fees & Library fees are non-refundable. Notice to discontinue studies or deregister from school will only be validated with approval of a parent and Principal. A full calendar month before the intended date of terminating studies.

"NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS":

- 1.2 Subject to the provisions of the South African Schools Act, 1996, and any Provincial law that may apply, the Parent (s) hereby undertake(s) that, for as long as the Learner attends SOUTHAMPTON ACADEMY, the school fees and / or any other levies as determined by the school shall be payable.
- 1.3 The Parent(s) agree(s) to be liable for payment of interest on all overdue amounts, at the maximum rate permitted by law from time to time.
- 1.4 School fees and/ or levies and interest shall be paid into the School Account and be administered and utilized by the Governing Body of the School at its discretion, but always subject to the provisions of South African Schools Act and any Provincial laws that may apply.
- 1.5 If the School institutes legal action for the recovery of any outstanding fees, the Parent(s) agree(s) and undertake(s) to pay all legal costs incurred by the School on the scale as between an Attorney and his own client including interest or commission.
- 1.6 School fees can be paid monthly in advance over an academic year period commencing January with final payment on or before 15th December each year. Quarterly or Cash options are also available.

Full name of Parent (s)/ Legal guardians here in referred to as "the parent (s)"

Father/guardian: _____ ID No. _____ Sign _____

Mother/guardian: _____ ID No. _____ Sign _____

In respect of the education of (Learner Names) and ID (DOB):

2. REMOVAL OF LEARNERS FROM THE SCHOOL

- 2.1 The PARENT(S) / GUARDIAN(S) shall give the School at least ONE month written notice of his/her intention to remove a Learner(s) from the school, in which event the school shall upon the Learner's departure from the school, refund to the PARENT(S) any tuition fees paid in advance for the portion of the year not utilized. Monies paid for other effects such as library fee, uniform, books etc may not be refundable.
- 2.2 If a Learner is removed from the school and **NO** '30 days' notice is given by the parent /guardian, fees paid in advance shall be **FORFEITED** and accrued fees may still be expected and payable by the legal parent / guardian. There will be NO expectations from the parent/guardian to be reminded that fees have to be paid. The school shall have the right to hand over any outstanding accounts without further notice.

3. TUITION OF LEARNERS

- 3.1 The School shall provide education in accordance with the curriculum and syllabi determined by the Gauteng Department of Education (GDE), but always subject to the requirement of the South African School Act.
- 3.2 The parent hereby agrees that no extra tuition shall be expected of the school save for additional support events the school may implement as extracurricular activities.

4. GENERAL

- 4.1 All registration fees, Library fees, administration fees or any other upfront deposits required are non-refundable.
- 4.2 The learner's failure to attend classes for whatsoever reason shall in no way entitle him/her to a reduction in fees nor will it absolve him/her or other signatories to this document from full liability for the payment of fees and other charges.
- 4.3 SOUTHAMPTON ACADEMY shall have the right to alter timetables, opening and closing dates of the school whenever necessary. The School shall NOT necessarily follow all GDE school calendars/dates.
- 4.4 No alteration, cancellation, variation or addition hereto, shall be of any force or effect unless reduced to writing and signed by the parties to this agreement, or their duly authorized representatives.
- 4.5 This document together with the Learner Code of Conduct and any other RULES AND REGULATIONS thereto contain the entire agreement between the parties, and neither party shall be bound by undertakings, representations or warranties not recorded herein.
- 4.6 Neither party may cede or assign their rights or delegate their obligations in terms of this agreement without the prior written approval of the other party, which shall not be unreasonably withheld.
- 4.7 The Parent(s) hereby choose(s) DOMICILIUM CITANDI ET EXECUTANDI for the purpose under this agreement at the address set forth below, and the Parent(s) shall be entitled by notice to the SCHOOL to change his or her/ their chosen DOMICILIUM provided that the changes shall only become effective 14 days (fourteen) after service of the notice in question.

5. EXTRA CURRICULAR EVENTS

Extracurricular activities at our school shall generally include all school activities conducted outside class for or by learners including but not limited to trips, study excursions, sports events and competitions. It is necessary for every child to participate in outside activities for proper mental development. However, **"NO LEARNER MAY PARTICIPATE IN AN ACTIVITY UNLESS THIS SECTION OF THE FORM IS FULLY COMPLETED AND SIGNED BY THE PARENT/ GUARDIAN"**.

I, _____ (Full name and surname), the parent/guardian of _____ (Learner name) hereby give permission for him/her to participate in the school extracurricular activities.

I hereby indemnify and hold the School, its agents, representatives and educators harmless against any claim or demand arising from the death of or injury to my child or any loss of or damage to property, of whatsoever nature and howsoever sustained, including consequential loss, arising from or occasioned by my child's participation in school extracurricular activities. I also agree that, if in the opinion of the Principal of the School or his delegated deputy an emergency has arisen and medical treatment be deemed necessary for my child, the Principal of the School or his delegated deputy shall have the authority (which is hereby delegated to the extent such delegation may be required) to consent to such medical treatment, including surgical intervention, on my behalf. I further accept that all precautions will be taken to ensure the safety and welfare of my child and that I will be held responsible for the payment of medical and/or hospital accounts where applicable.

- 1) Mother's Signature: _____ Signed and dated at: _____ on this _____ day, of _____ 20_____.
- 2) Father's Signature: _____ Signed and dated at: _____ on this _____ day, of _____ 20_____.

7. UNDERTAKINGS

THE PARENT(S) / GUARDIAN(S): _____ (Names) hereby

- a) Indemnify the SCHOOL, the members of the GOVERNING BODY, the STAFF and OFFICIALS against any injury, harm or any other loss caused to any person by the conduct of the Learners.
- b) Consent to their children participating in School activities, including sport, outings and any other extracurricular activities. The GOVERNING BODY, the STAFF, OFFICIALS and PERSONS ASSISTING THEM are indemnified against ANY claim for INJURY or LOSS sustained by the LEARNERS and/ or the PARENT (s) while the Learner is engaged in such activities, unless the school, member of the governing body, the staff, officials or person assisting them acted without authorization or with malicious intent.
- c) Undertake(s) to comply with the terms and conditions of the SCHOOL RULES and the CODE OF CONDUCT as amended from time to time. A copy of such rules is issued to the learners and by request to the parent.
- d) Indemnify the school, its employees and officials from liabilities incurred on account of any injuries to, or illness of the Learners and agrees and consents that the school, or any of its educators may consent to any operation or medical treatment of an URGENT nature for the Learners should such consent be required for medical reasons and should it not be possible for the PARENT(s) to be approached immediately, all REASONABLE steps to do so having been taken.
- e) Accept (s) the Constitution, Rules, Dress Code and code of Conduct of the school and any amendments thereto from time to time.
- f) Agree(s) to comply with the regulations pertaining to medical inspections as contained in South African Schools Act and any provincial law that may apply.
- g) Agree(s) to have the Learners immunized against all normal infectious and/ or contagious disease and to provide proof upon request.
- h) Agree(s) that their children may lawfully be searched for weapons, drugs and may be tested where there is reasonable suspicion of drug use
- i) Agree(s) to notify the school immediately of any absence or pending absence of the Learners from the school.
- j) Agree(s) to ensure that the Learner is neatly attired in accordance with the SCHOOL UNIFORM REGULATIONS and conducts him/herself in accordance with the CODE OF CONDUCT of the school.
- k) Indemnify the school from any liability that may arise due to the learner's failure to register for department examinations. On receiving a school calendar, I will diarise all closing dates and ensure that my child is fully registered for the necessary examinations required.

8. BREACH

- 8.1 Should the PARENT(s) / Guardian(s) fail to pay any amount in terms of this Agreement on the due date, and in such event;
- 8.2 Legal action shall be instituted against the parent if other means fail.
- 8.3 Where a parent is not satisfied with the school's procedures, the school's enrolment terms, learners' code of conduct, school disciplinary policy, school refund policy, school uniform policy, school assessment policy, school attendance policy, other relevant policies and procedures shall be invoked as the first terms of reference to resolve the dissatisfaction. Should parent(s) still not feel satisfied, then the principal (SMT) will grant leave to the dis-satisfied parent to escalate the issue to the Department of Education's district or provincial office. Any attempt not to follow this procedure shall constitute breach of the enrolment terms for SOUTHAMPTON ACADEMY.

9. UNDERTAKING

I, the undersigned hereby declare that:-

- 1. I have read and understood the policies and procedures on this form and fully comply and submit to the policy and procedures as set out in such document.
- 2. The authority reserves the right to verify the information given on this form.
- 3. Any offer of a place will be on the basis that the information supply is accurate.

This Document is to be signed by both parties when learner is brought in for his/her assessment

Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____
Southampton Private Academy _____ Date: _____

Southampton offers existing promotions such as invitations to exclusive events and will communicate these to you by sms/whatsapp or email. Do you wish to receive?

YES: No:

- How satisfied are you the service you have received during the application process
- Very satisfied Satisfied Unsatisfied Very unsatisfied

Was the information received during the application process

 - Relevant Informative Sufficient

If not please provide relevant details below