**APPLICATION FOR ADMISSION**

**PARTICULARS OF CHILD**

|  |  |
| --- | --- |
| PROPOSED YEAR OF ENTRY |  |
| PROPOSED GRADE |  |
| SURNAME |  |
| FIRST NAMES |  |
| GENDER |  |
| HEBREW NAME |  |
| DATE OF BIRTH |  |
| CHILDS PRESENT SCHOOL |  |
| CHILDS PRESENT GRADE |  |
| REASONS |  |
| CHILDS POSITION IN THE FAMILY |  |
| WHO WILL BRING THE CHILD TO SCHOOL |  |
| WHO WILL FETCH THE CHILD FROM SCHOOL |  |

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| FAMILY DOCTOR |  |
| CONTACT NUMBER OF DOCTOR |  |
| IS YOUR CHILD ON REGULAR MEDICATION – IF YES SUPPLY DETAILS |  |
| DETAILS OF ANY ILLNESS / ALLERGIES | ……………………………………………………………………………  ……………………………………………………………………………  ………………………………………………………………………….... |
| DETAILS OF ANY ASSESMENTS UNDERTAKEN |  |
| DETAILS OF ANY REMEDIAL INTERVENTION RECEIVED |  |
| GENERAL MEDICAL HISTORY |  |
| HAS YOUR CHIILD RECEIVED ALL THE NECESSARY IMMUNIZATIONS |  |

**PARTICULARS OF PARENTS**

**FATHERS DETAILS**

|  |  |
| --- | --- |
| SURNAME |  |
| FIRST NAMES |  |
| I.D. NUMBER |  |
| MARITAL STATUS |  |
| OCCUPATION |  |
| EMPLOYER |  |
| HOME ADDRESS | ……………………………………………………………………………  …………………………………………………………………………..  …………………………………………………………………………… |
| POSTAL ADDRESS | …………………………………………………………………………....  ……………………………………………………………………………  …………………………………………………………………………… |
| HOME TELEPHONE NUMBER |  |
| BUSINESS TELEPHONE NUMBER |  |
| CELL NUMBER |  |
| EMAIL ADDRESS |  |

**MOTHERS DETAILS**

|  |  |
| --- | --- |
| SURNAME |  |
| FIRST NAMES |  |
| I.D. NUMBER |  |
| MARITAL STATUS |  |
| OCCUPATION |  |
| EMPLOYER |  |
| HOME ADDRESS | …………………………………………………………………………..  …………………………………………………………………………..  ………………………………………………………………………….. |
| POSTAL ADDRESS | …………………………………………………………………………..  …………………………………………………………………………..  ………………………………………………………………………….. |
| HOME TELEPHONE NUMBER |  |
| BUSINESS TELEPHONE NUMBER |  |
| CELL NUMBER |  |
| EMAIL ADDRESS |  |

**EMERGENCY CONTACT DETAILS**

|  |  |
| --- | --- |
| PERSON TO BE CONTACTED |  |
| RELATIONSHIP TO THE CHILD / FAMILY |  |
| HOME TELEPHONE NUMBER |  |
| BUSINESS TELEPHONE NUMBER |  |
| CELL NUMBER |  |
| EMAIL ADDRESS |  |

**PLEASE NOTE: -**

1. If there is any change of address or telephone number at work or at home, please notify the school.
2. ***One term’s notice in writing must be given before your child is removed from the school. Failing this a full term’s school fees will be charged in lieu of notice.***
3. Acceptance of this application will be conditional upon the contents hereof being correct in every respect.
4. Kindly note that this application is not a guarantee of acceptance.
5. Should default on payment of school fees result in handover to attorneys for collection, all legal costs incurred will be for the defaulting parties account.
6. An ***administration fee of R 150, 00*** is also due on acceptance to the school.
7. A ***non-refundable deposit of R 2000, 00*** is also due on acceptance to the school.
8. As soon as forms have been processed you will be contacted.

Signed on this ….................day of ……………………………..20………..

|  |  |
| --- | --- |
| **SIGNATURE OF FATHER** |  |
| NAME OF FATHER |  |
| **SIGNATURE OF MOTHER** |  |
| NAME OF MOTHER |  |
| SIGNATURE OF LEGAL GARDIAN |  |

**COPIES OF THE FOLLOWING DOCUMENTS ARE TO BE ATTACHED WITH THIS APPLICATION: -**

1. Pupil’s Birth Certificate.
2. Pupil’s most recent School Report (if applicable).
3. Pupil’s assessment report (if applicable).
4. Copy of immunization card.
5. Please attach 2 x passport photographs with the child’s name on the back of the photograph.

**UNDERTAKINGS BY THE PARENT**

**The Parent undertakes:**

* To indemnify Akiva College, its employees and officials against any injury, harm or other loss caused to any person on account of the conduct by the student. (Indemnity form attached for your completion.)
* To exempt Akiva College, its employees and officials from liabilities incurred on account of any injuries to or illness of the child and agrees and consents that Akiva College or any of its teachers may consent to any operation or medical treatment of the Student should such consent be required for medical reasons on an urgent basis and should it not be possible for the Parents of the Student to be approached immediately
* To accept the present Constitution, Rules and Regulations and Fees of Akiva College and any amendments thereto from time to time
* In the event of the parent failing to pay any fees mentioned in 1.1, 1.2 and 1.3 above on the due date, to pay such fees and monies on demand by the Principal and if the parent fails to pay such fees and monies on demand the parent shall become liable for the legal costs of collecting such fees and monies in terms of 9.1 below on an attorney and client scale
* Akiva College reserves the right to exclude the student from education should the fees not be paid within the stipulated period
* To mark clearly all clothing and possessions of the student
* To exempt Akiva College from any liability for loss or damage suffered due to the damage or loss of articles brought on to College property
* To provide the necessary transport for the student’s attendance at Akiva College, unless otherwise arranged
* To notify the Principal immediately of any absence of the student from Akiva College.
* Not to intrude or interfere in a teacher’s classroom during class time or teaching time.
* To make an appointment at the office regarding all matters pertaining to Akiva College.
* To conduct themselves on the school premises, towards Akiva College staff members and next to any sports field or facility in such a manner that is in accordance with the ethos of Akiva College. In the event where parents do not conduct themselves in the appropriate manner, Akiva College has the right to prevent the parent from entering the Campus.

**ACCEPTANCE OF JEWISH ETHOS AND IDENTITY AT AKIVA COLLEGE**

**The Parent: -**

* Agrees and accepts that Akiva College has an Orthodox Jewish foundation and that those assemblies and religious services will be held on the campus from time to time.
* Agrees and accepts that their child/children have been accepted to and enrolled in a Jewish day school, at which emphasis is placed on religious and moral education which in turn is based on the teachings and precepts of Jewish law and tradition.
* Agrees and accepts that their children will be expected to adhere to the norms and values of the Jewish faith that applies at Akiva College, including religious studies, the provision of only kosher food at the School, standards of dress etc.
* Accepts that Akiva College will be closed on Jewish holidays and on the Sabbath, and that Akiva College’s annual term times will be affected by the Jewish religious calendar.
* Accepts that Akiva College is a professional institution with an already highly reputable brand and that it is the duty of the students of Akiva College to ensure that the Akiva brand is carried with integrity and dignity in every situation. Any compromises to the Akiva Brand will not be taken lightly. Akiva College and its management endeavours to assist our students and staff members to work with the establishment in promoting the Akiva brand.

## **RECORDAL**

* It is hereby recorded that the Parent appreciates that the existence of Akiva College depends on the adequacy of amounts standing to the credit of Akiva College. Failure by parents to pay School Fees and other monies owing to Akiva College timeously will result in financial hardship to Akiva College and possible closure of Akiva College. The parent therefore undertakes to pay all Fees and other monies owing to Akiva College.

## **BREACH OF AGREEMENT**

* The Parent shall be deemed to be in breach of this agreement in the event of failure by the parent to comply with the terms stated in this agreement and after the parent has failed to remedy such breach within seven days after a written notice of breach has been dispatched by Akiva College to the parent’s chosen address mentioned on page two.
* A certificate signed by Akiva College Accounts Manager or the Principal as to any amount owing by the parent to Akiva College in terms of this agreement, or as to any other fact arising out of this agreement, shall be sufficient proof of all the facts stated in the certificate and it will not be necessary to prove the appointment or authority of Akiva College Accounts Manager or Principal who signs the certificate. Such certificate shall be binding on the parties to this agreement and shall be a liquid document for the purposes of provisional sentence or summary judgment proceedings against the Parent.

## **REMEDIES**

* In the event of the parent being deemed to be in breach of this agreement, Akiva College shall have the right, but not be obliged:

>To enforce its rights in terms of this agreement by way of appropriate legal action or otherwise. Akiva College’s remedies as set out in this agreement are not exhaustive and shall be in addition and without prejudice to any other remedies Akiva College may have in law.

**GENERAL**

* No alteration, cancellation, variation of, or addition hereto shall be of any force or effect unless reduced to writing signed by the parties to this agreement or their duly authorized representatives
* This document, together with the Code of Conduct of Akiva College and the Rules and Regulations, if any, contains the entire agreement between the parties and neither party shall be bound by any undertakings, presentations or warranties not recorded therein
* No indulgence, leniency or extension of time which the grantor may grant to the other, shall in any way prejudice the grantor or preclude the grantor from exercising any of his/her rights in the future
* 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
* The headings appearing in this agreement have been used for reference purposes only and shall not affect its interpretation.
* The Parent hereby chooses their address for legal documentation for all purposes under this agreement the address set forth on Page 3 and the Parent shall be entitled by notice to Akiva College to change his/her chosen address provided that the change shall only become effective 14 days after service of the notice in question. Any notice to be given by the Parent in terms of this agreement shall be delivered by hand or sent by prepaid registered post in terms of the delivery address chosen by the Parent in terms of this agreement and whereupon it shall be deemed to have been given within 14 days after posting/ emailing as aforesaid to the Parent.

* I agree to support Akiva College in its endeavours and set aims and accept the regulations regarding dress and behaviour as stated, and by signing this document I subscribe voluntarily to the dictates of Akiva College Code of Conduct and any other regulations which the Governing Body and the Principal may stipulate from time to time.

**TERMS AND CONDITIONS OF PAYMENT OF SCHOOL FEES**

The following terms and conditions of payment will apply:

1. School fees are payable annually, in advance and are due on the 1st day of the school year being 17th January 2018.
2. STATEMENTS; Regular statements will be sent, per family. (Copies may be requested for emailing as may be required in terms of divorced/separated parents by writing to (principal@akivacollege.co.za)
3. The annual fee may be paid over 10 months as follows; -
   1. 10 payments from the 1st January 2018 to the 01 October 2018. Final payment is to be made by the 31st October 2018.
   2. Statements will be emailed to parents.
4. The annual fee may be paid quarterly.
   1. Quarterly payments are to be made by the first week of each term.
   2. Statements will be emailed to the parents.
5. CASH PAYMENTS: Any/all cash payments to be made directly to the school office or into the school bank account will be subject to a 1% bank charge.

I …………………………………………………….. accept a place for my child/ren at Akiva College for year……………………on the terms and conditions in this application form.

|  |  |  |
| --- | --- | --- |
| Childs name | Grade | Fee Payable |
|  |  |  |
|  |  |  |
|  |  |  |

I agree to pay the fees for year …………. Place an x next to the option you have selected.

|  |  |
| --- | --- |
| Lump sum @ the beginning of the year |  |
| Monthly in 10 instalments  (1st week Jan-Oct) |  |
| Termly ( first day of the Term) |  |

* Signed on this \_\_\_\_\_\_\_\_\_\_ day in the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the presence of the undersigned witnesses.

* Parent 1: (Person responsible for account) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Witness One: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Witness Two: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/Director duly authorized thereto:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BANKING DETAILS**

**ABSA**

**Account 4092984125**

**Branch 632005**

**The Akivah School Trust**