# APPLICATION FORM

## FEES STRUCTURE 2022

## Once-Off Registration: R500

## CAMBRIDGE CURRICULUM

|  |  |
| --- | --- |
| LEVEL | FEES (R) |
|  |  | **Monthly** | **Termly** | **Yearly** |
| 1 | **Primary (Grade 1-3)** | **1200** | **3600** | **14400** |
| 2 | **Primary (4-7)** | **1400** | **4200** | **16800** |
| 3 | **Checkpoint (Grade 8-9)** | **1700** | **5100** | **20400** |
| 4 | **IGCSE (Grade 10-12)/O Level** | **2800** | **8400** | **33600** |
| 5 | **AS and A Level** | **3200** | **9600** | **38400** |

**IMPAQ (CAPS) CURRICULUM**

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| --- | --- |
| LEVEL | FEES |
|  | **Monthly** | **Termly** | **Yearly** |
| 1 | **Grade 1-3** | **1650** | **4950** | **19800** |
| 2 | **Grade 4-7** | **2200** | **6600** | **26400** |
| 3 | **Grade 8-9** | **2750** | **8250** | **33000** |
| 4 | **Grade 10-12** | **3300** | **9900** | **39600** |
|  |  |  |  |  |

**BANKING DETAILS**

**BANK NAME: FIRST NATIONAL BANK (FNB)**

**ACCOUNT NAME: ALMOND LEARNING CENTRE**

**ACCOUNT NUMBER: 62887025982**

**CHEQUE ACCOUNT**

**REFERENCE: STUDENT NAME AND SURNAME**

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| --- |
| **LEARNER INFORMATION** |
| **Start date:** |  | **Grade:** |  |
| Learner’s name/s: |  |
| Surname: |  |
| Preferred Name: |  |
| Gender: |  | Age: |  |
| Date of Birth: |  | Identity No: |  |
| Home language: |  | Nationality: |  |
| Home Address: |  |
| Postal Address: |  |
| **ACADEMIC HISTORY** |
| Previous School: |  |
| Contact number: |  | Principal’s name: |  |
| Last Grade passed: |  | Grades repeated: |  |
| Reason for leaving previous school: |
| Has your child received learning support? | Yes / No |
| Re learning support – are your reports attached? | Yes / No |



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| --- |
| **PARENT INFORMATION – MOTHER / GUARDIAN’S DETAILS** |
| First name/s: |  |
| Surname: |  | Title: |  |
| Home phone: |  | Cell: |  |
| E-mail: |  | Fax: |  |
| Identity No: |  | Nationality: |  |
| Home Address: |  |
| Marital Status: | Single | Married | Divorced | Separated | Live in partner |
| Profession/Occupation: |  |
| Business Name: |  | Type of Business: |  |
| Work Phone No: |  | Work email/fax: |  |
| Business Address: |  |
| Income approximate: |  |
| Does the learner live with you? | Yes / No | Are you the legal guardian of the learner? | Yes / No |

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| **PARENT INFORMATION – FATHER / GUARDIAN’S DETAILS** |
| First name(s): |  |
| Surname: |  | Title: |  |
| Home phone: |  | Cell: |  |
| E-mail: |  | Fax: |  |
| Identity No: |  | Nationality: |  |
| Home Address: |  |
| Marital Status: | Single | Married | Divorced | Separated | Live in partner |
| Profession/Occupation: |  |
| Business Name: |  | Type of Business: |  |
| Work Phone No: |  | Work email/fax: |  |
| Business Address: |  |
| Income approximate: |  |
| Does the learner live with you? | Yes / No | Are you the legal guardian of the learner? | Yes / No |

|  |  |
| --- | --- |
| Supervision of homework | Comments |
| Who supervises your child’s homework time? |  |
|  | **Excellent** | **Good** | **Fair** | **Poor** | **Comments** |
| How do you as a parent / guardian experience the homework situation? |  |  |  |  |  |
| How does your child respond to homework? |  |  |  |  |  |

### School Reports:

**Homework Situation:**

At the end of the each term, the learners will receive hard copies of their school reports. Should a report be emailed to a specific parent / guardian / bursar please let us know:

Name: Email address:

### Emotions and Behaviour:

Does your child display any of the following characteristics?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| Nervousness |  |  |  |
| Depression |  |  |  |
| Aggression |  |  |  |
| Perseverance |  |  |  |
| Impulsiveness |  |  |  |
| Fearfulness |  |  |  |
| Passivity |  |  |  |
| Does your child react well to discipline? |  |  |  |
| Other emotional issues |  |  |  |

### Medical intervention:

**TERMS AND CONDITIONS OF ENROLMENT**

**Documents to accompany this application:**

1. **Copy of Certified learner’s birth certificate / ID**
2. **Transfer form if coming from another school**

***(The school will only issue once your child leaves)***

1. **Most recent school report (if applicable)**
2. **Proof of family’s income (i.e. mother, father or guardians)**
3. **Accept that a credit check may be made by the school.**
4. **Registration fee applicable for the specific grade (see fee structure)**
5. **Signed and Completed Registration Form**

**COMMITMENT OF SUPPORT FOR THE SCHOOL’S PROGRAM AND ACTIVITIES**

* The educational model at Almond Learning Centre is based on a three-way partnership between the School, the child and the Parents/Guardian. It requires an investment of trust, cooperation, time and energy in support of each learner’s education both at home and at School.
* It is important for learners to attend extra lessons, remedial classes, occupational therapy and/or psychological treatment should the Principal and the learner’s teacher feel it is necessary in order to improve the intellectual, emotional or social development of the child.
* It is imperative that parents/guardians actively participate in the life of the School, including scheduled, individual or general parent meetings and annual general meetings, as well as all events organized by the school.

### SCHOOL TERMS

Almond Learning Centre shall, wherever practical, follow terms and holidays of The Department of Education. Confirmed dates are published annually. The academic year will consist of four terms. We reserve the right to change the dates issued by the Department, with notice, and agree to ensure the equal number of school days are attained.

### CHANGES IN EMERGENCY AND CONTACT DETAILS:

* It is imperative that parents, guardians or bursary donors notify the School**, in writing**, of any changes to telephone, physical or postal address details and email addresses, so that we are able to contact you at all times.
* Parents/guardians should notify the School of any changes to the learner’s health, especially in

respect of illnesses and allergies.

### ILLNESS/ABSENCE FROM SCHOOL:

* Please phone the School if the learner will not be at School on a specific day. If your child is ill, for the benefit of everyone, please keep the learner at home until he/she is fully recovered. All learners absent for 2 days or longer are required to submit a written explanation of their absence and/or a medical certificate. If a test/exam is written during the absence, a learner will only be given another chance to write the test if a valid medical certificate is received.
* We shall adhere to the Guidelines issued by the Department of Health regarding regulations for contagious diseases or lice outbreaks, and reserve the right to request a medical certificate before a learner may return to School after a reported contagious illness or a lice outbreak.
* No medication shall be administered by the School with the exception of medication for chronic illnesses, and/or in emergencies. In these cases, teachers must be clearly instructed by the parent/guardian as to how such medication should be administered.
* No learner may be in possession of any medication – allopathic or homeopathic - at School. All medication is to be handed in to the class teachers.
* It is not obligatory that children produce immunization certificates and children will not be immunized on the school premises without the permission of the parents.
* The school has first aid boxes for minor accidents. In the case of an emergency or accident requiring medical attention, the parent will be contacted before the child is taken to a doctor or to hospital.
* If the behaviour of a child negatively influences other children or the school, in any way, we will refer the child to a psychologist for counseling after consultation with his/her parents.
* It is important that the learners maintain a routine in coming to school. However, should it be unavoidable that the learner will miss school, for any reason, please notify the school in advance. This is especially important for learners in the High school who should attend school throughout the term, except in the case of illness.
* The school shall have the right to exclude, with immediate effect, any learner from attendance,

temporarily or permanently, under any circumstances deemed in the sole and exclusive discretion of the School to be interfering with the health, safety, or educational development of the learner, or any other learner in the School. Any such exclusion, whether temporarily or permanently, shall only be valid if in writing and signed by the Principal.

TUITION FEE POLICY

Parents/Guardians must assume full liability for tuition fees in respect of the learner for the academic year (or portion thereof in the event of the learner entering the School after the School year has begun, subject to the following conditions:

* The purpose of this policy is to ensure that fees and levies due to the school are paid when they are due and to create a procedure to deal with instances where fees and levies are not paid. The policy seeks to treat parents fairly and humanely, ensure that the school’s financial viability is not compromised and to minimise the impact that unpaid fees and levies have on the administrative structures of the school.
* **Almond Learning Centre** only accepts school fees on a termly/yearly basis. **If parents are given special permission to pay this amount on a monthly basis, they hereby acknowledge that the full terms fees must be paid whether the child completes the full term or not**. Annual fees must be paid within the first month of the first term i.e. by 31 January.
* **Three months’ notic e in writi ng addressed to the Princ ipal,** is required if your child is leaving the school. **Verbal notice is not acceptable under any circumstances.** The balance of the fees owed following such notice of withdrawal shall immediately become due and payable, irrespective of the reasons for removal. Failure to furnish such notice shall render the parent/guardian liable for the fees for the upcoming term.
* If a learner does not return to school following a termly school break, without having given the

required terms notice, the learner’s parents will be liable for the full fees due for that term.

* In the event of a learner being withdrawn from the School at the end of an academic year, the parent/guardian of such learner shall give the required three months’ notice to the School. Failure to furnish such notice shall render the parent/guardian liable for the fees, irrespective of the reasons for removal, for the first term of the following year.
* Running a School like ours with excellent staff/learner ratios and facilities is a costly exercise. Our families are very special people who recognize and appreciate that an investment in education truly does pay the best dividends.
* We have found that the most reasonable solution is to keep the basic tuition as low as possible by assigning only those costs directly related to teaching and education in the establishment of Annual Tuition Fees. All extra services, such as EXTRA LESSONS and other optional extras shall be charged accordingly.

### DUE DATES FOR SCHOOL FEES:

***Annually:*** Must be paid within the first month of the first term, i.e. by 31 January, to receive discount.

***Termly:*** On or before the 3rd day of each term (by cash or electronic transfer)

***Monthly:* Monthly payments are only accepted by special arrangement with the school and if made by Stop order.** This stop order must reflect in the School’s bank account no later than the 2nd of each month. If the 2nd falls on a Saturday, Sunday or public holiday, then the fees and levies for that particular month are payable on the next business day following the 2nd. If the 2nd falls during school holidays, then the fees and levies for that particular month are payable on the day that the new term commences. Proof of a stop order must be given to the bursar within two weeks of starting at Almond Learning Centre.

## PAYMENT PLAN

### Please indicate, by signing alongside, which payment plan you would like to follow:

**Annual Payment Plan:** Signed:

Due on or before 31 January (Electronic Transfer)

**Termly Payment Plan:** Signed: Due on or before 1st day of each term (Electronic Transfer)

**Monthly Debit Order (Only by special arrangement):** Signed: Due on or before the 2nd of each month.

### PERSON FINANCIALLY RESPONSIBLE FOR TUITION & RECIPIENT OF STATEMENT:

|  |  |
| --- | --- |
| Name: |  |
| I.D number: |  |
| Relationship to child: |  |
| Cell / telephone no: |  |
| E-mail: |  |
| Physical Address: |  |

**As the parent(s) or guardian(s), having read and understood this entire document, I/we hereby agree to all that is stated in the document and enroll *(name)***

**at ALMOND LEARNING CENTRE with effect from**

***(date).***

**Signed at on the day of**

**FATHER/GUARDIAN**

**MOTHER/GUARDIAN**

**INDEMNITY FORM**

I (PARENT / GUARDIAN) of

(full names), a learner at ALMOND LEARNING CENTRE, undertake to abide by the relevant rules, regulations and code of conduct of ALMOND LEARNING CENTRE.

1. I hereby grant authority to the school principal and/or delegates to act on my behalf in an emergency situation involving my child/children. In the event that the school is not able to contact myself, or alternative emergency contact stated below, the principal or delegates may give the required permission and sign all necessary forms as written consent for my child to receive any medical treatment or surgery in an emergency situation provided such treatment or surgery is executed by trained medical staff or doctor.
2. I hereby indemnify ALMOND LEARNING CENTRE, its management, teaching staff, employees and/or representatives, from any responsibility in respect of all activities in which my child may be involved, including excursions, camps, sport tours, open-air education, sporting activities and/or cultural activities, but not limited to these.
3. I accept that, ALMOND LEARNING CENTRE, its management, teaching staff, employees and/or representatives are absolutely unable to accept liability or responsibility for injuries or damages of any nature whatsoever arising from any cause howsoever, excluding intentional conduct, which is suffered by my child and/or by me.
4. IT IS YOUR RESPONSIBILITY TO INFORM THE SCHOOL OF ANY CHANGE IN ADDRESSES OR TELEPHONE NUMBERS.

**Information required in case of medical/hospital treatment:**

|  |  |
| --- | --- |
| **Name of family doctor** |  |
| **Telephone number of doctor** |  |
| **Name of Medical Fund** |  |
| **Name of main member** |  |
| **Option / Scheme** |  |
| **Membership number** |  |
| **Father’s name:** | Tel numder: | Cell number: |
|  |  |  |
| **Mother’s name:** | Tel number: | Cell number: |
|  |  |  |

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| **Name & tel no of person with whom contact may be made should it not be possible to reach you:** |
| Name: |  |
| Relationship to child: |  |
| Tel number: |  |
| Cell number: |  |

### Signature of Father/Guardian Signature of Mother/Guardian

### Date:

**Date:**

**NOTE:** NO INDULGENCE, WAIVER OR RELAXATION OF THE TERMS AND CONDITIONS OF THIS TUITION AND ENROLMENT AGREEMENT, OR ANY VARIATION THERE OF, SHALL BE VALID UNLESS IN WRITING AND SIGNED BY THE CURRENT PRINCIPAL, ON THE AUTHORITY AND INSTRUCTION OF THE SCHOOL BOARD.