KATHU COMBINED SCHOOL

NAME OF LEARNER: _____

GRADE: _____

YEAR: _____

PARENT NAME: _____

CELL PHONE NUMBER: _____

E-mail of accountholder: _____

DOCUMENTATION ATTACHED FOR OFFICE USE:	
Last report card received	
Transfer forms	
Learner ID / Birth Certificate	
Immunisation card (Road to health)	
Photo of learner (ID photo size)	
Parent ID	
E-mail of parent	
Learner is in possession of a tablet (Gr.4-9)	

APPLICATION FOR ADMISSION TO SCHOOL

KATHU COMBINED SCHOOL

Katdoring street 9
Kathu
8460

Telephone: 071 - 0127209
Fax:

Year: _____

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

Grade Applied For:		Highest Grade Passed		Year When Grade was passed:		Accession No:	

Surname:		Initials:	Nick Name:
First Name:		Other Names:	
Date Of Birth: YYYY	MM DD	Gender:	Male: Female:
Race:		Identification or Passport No:	
Country of Residence:		Citizenship:	
If SA, indicate province of residence:			

Physical Address:		Home Telephone:	
		Emergency Telephone:	
City/Suburb		Learner Cell:	
Code:		Learner Email Address:	
Home Language:		Preferred Language of Instruction	
Boarder	Yes / No		
Deceased Parent	Mother / Father / Both	Mode of transport:	
Religion:		For Grade 1 only: Indicate pre-primary education:	None / Non Formal / Formal

Previous School Information

Name of Previous School:					
Previous School Address:					
Code:		Province:		Country:	

Learner Medical Information

Medical Aid Number:		Medical Aid Name:	
Medical Aid Main Member:		Doctor Name:	
Doctor's Address:		Doctor Telephone Number:	
Medical Condition:			
Special Problems Requiring Counseling:			

Dexterity of Learner:	Right Handed		Left Handed		Ambidextrous		

Reg. Social Grant	YES		NO:	
Rec. Social Grant	YES		NO:	

If the learner is accepted, the following documents must be submitted to the school:

1. Copy of Immunisation Records.
2. Copy of Birth Certificate
3. Progress Report from Previous School
4. Transfer Letter from Previous School

APPLICATION FOR ADMISSION TO SCHOOL

Siblings

Number of other Children at this school:

Position in the family (e.g first):

Please supply full names below:

Name: Grade:

Name: Grade:

Name: Grade:

Parent / Guardian Information Complete a SEPARATE parent form for each parent living at a different physical address

Title: Initials: Surname:

First Name: Gender: Male: Female:

Home Language: Race:

Identification Number: Or Passport number Account Payer: Yes No

Residential Street Address:

City/Suburb Code:

Occupation: Employer:

Surname of Spouse: First Name:

Occupation of Spouse: Learner resides with this parent/s Yes No

Spouse ID Number: Relationship to Learner:

Marital status of parent:

Correspondence Details

Title: Surname:

Postal Address:

City/Suburb Code:

Other Contact Details

Home Telephone Work Telephone

Fax Number : Cell Number :

Spouse Work Telephone Number: Spouse Cell Number :

E-Mail Address: Spouse E-Mail Address:

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print) : _____

Signature of Parent / Guardian _____

Date: ----------/----------/----------

Office use only:

1. Date:	2. Accepted:	3. Accession Number:
4. Rejected:	5. Reason for Rejection:	
6. Documentation Received:	6a Immunisation Record:	6b. Birth Certificate:
6c. Progress Report from Previous School:	6d. Transfer Letter from Previous School:	

ACCOUNTHOLDER (Person responsible for school fees.)

Parent/person responsible for school fees/persoon:.....

ID number:.....

E-mail (mandatory): .....

Cell phone number: .....

Residential address: .....

Postal adress:.....

*If the accountholder is not a parent or legal guardian already stated a copy of the accountholder's ID must be attached.

AKNOWLEDGEMENT BY PARENT/GUARDIAN

I, …… (Name of parent / guardian) hereby declare that the information in this form provided by me is true and correct and that I by way of my signature below give permission to the owner of the school or his representative to check and confirm any of the details provided by me. I am aware that should any of the information be false, I could be prosecuted.

I hereby give permission as a parent / s that the school may investigate my creditworthiness and relevant financial background.

Signed at …… on …… day of 20 .20….

Signature of Parent / Guardian: …….

COMMUNICATION

WhatsApp Broadcast: (at least one)

Name: …… ..... Number: ……

Name: …… Number: ……

WhatsApp Groups: (at least one)

Name: …… Number: ……

Name: …… Number: ……

Kathu Combined School's school fees:

Grade	Per month (12 months)
1-3(Summer:7:30-13:00)(Winter:8:00-13:30)	R1 900
4-6(Summer:7:30-13:35)(Winter:8:00-14:05)	R2 100
7-9(Summer:7:30-13:35)(Winter:8:00-14:05)	R2 300

Payments hereof are subject to the following terms and conditions:

Both the father and mother and / or where applicable, any guardian, of each pupil is liable jointly and severally, for payment of school fees.

1. **Payment must be made promptly on the 1st (first) of each month from the entry date to December.** The parent / guardian expressly bears responsibility for the method of payment chosen. That is one-time payment or electronic transfer. (No cash bank payments are accepted for school fees, you are welcome to deposit cash at the office). No late payments are allowed, your learner will be denied entry to the school when two months are in arrears; it will be the decision of the principal whether your learner may continue to attend the school in future.
2. **Handovers to a lawyer will take place after 2 months / 60 days.** Please communicate via email to the office for any arrangements you wish to make in this regard to avoid handover.
3. **If arrears school fees are handed over for collection, the parent / guardian becomes liable for all collection costs, including attorney fees on the attorney and client basis, plus collection commission.**

If you change school during the year, you must notify the school in writing for 30 days notice, you will still be held responsible for the successive month's school fee if you give notice after the 4th of the month. Should you fail to comply with this agreement, your account will also be handed over to the attorney for collection.

By signing these documents, you accept the terms and agree to pay the school fees promptly as you undertook. Both parents, or parent responsible for paying school fees must sign the forms and annexures.

Signature:..... Signature:…….

Father/Guardian Mother/Guardian

ATTENTION: FINANCIAL OFFICE

SCHOOL FEES-ANSWER LETTER

Cash entry fee payable on day of registration: R2500 / Learner or re-registration fee R1 500.

Please indicate how you undertake to pay:

☐ ***Once off payment:***

Choice	Grade	Yearly payment
	1-3	R22 800
	4-6	R25 200
	7-9	R27 600

☐ ***Monthly EFT payment:***

Choice	Grade	Monthly payment *(last payment 1 December)*
	R-3	R 1 900
	4-6	R 2 100
	7-9	R 2 300

EFT payment:

Kathu Combined School
Standard Bank
Acc no: 10120996306
Branch:: 050502
Business Account/Cheque
Proof of payment: kantoor@ktskathu.co.za
Reference: Learner's name and surname

Or cash payment at the office. Make sure to receive a receipt.

By signing this document, I accept the existing terms and undertake to pay the school fees promptly by the first of each month or as indicated above.

Signed at…… On this day…….. of……..20……

Signature: …… **Signature:…….**

Father/Guardian **Mother/Guardian**

** Sign the annexure*

I, _____, parent of learner,

_____ in Grade _____, understand and support the entire content of the Kathu Combined School Code of Conduct and Contract.

Signed at _____(town) on this day

_____(day)_____(month) 20_____.

_____ and

Parent

_____

Learner

DISCLAIMER OF TRANSPORTATION FOR EXCURSIONS OR TOURS

I, the undersigned, …… ..... ……., Parent or legal guardian of …… ..... …… ……. in Grade …… ("the Child") hereby give permission for:

- The Child may use bus transport from the School to the relevant destination and back;
- When the bus is not available, the Child may be transported with a staff member of the School in his / her private vehicle.

I understand that the staff of the school will take all reasonable precautions to ensure the safety of the Child. However, I understand that there may nevertheless be risks and dangers to which the Child may be exposed, especially the potential risk of accidents during transport of learner / s to, during and from the destination, whether in the school bus or any other staff member's vehicle.

I confirm that my child's participation is voluntary and I accept all risks associated with it.
I therefore indemnify the School and any staff member, to the maximum extent legally permissible, against any loss, damage and costs whatsoever caused (excluding gross negligence) and the School and any staff member will not be held liable for any loss / damage (including indirect or consequential loss and damage) arising therefrom.

I hereby indemnify the School and or any staff member from all liability, claims, loss and damage of any kind wherever such claims, losses and damage were caused by the Child's negligent or wilful actions.

In signing this form, I acknowledge that I have read the content and that I fully understand it.

Signed at .....on this day.....of.....20.....

..... .
Parent/s Signature

GENERAL DISCLAIMER

I, the undersigned, hereby declare: _____ (full name and surname) irrevocably the following:

I acknowledge and accept that my child, _____ in Grade_____ voluntarily, with my consent and at my own risk;

1. is present at or on any premises that are the property, or under the control of the School;
2. make use of any services or activities provided by the school;
3. transported by the School and other institutions.

I hereby irrevocably and unconditionally indemnify Kathu Combined School, employees, contractors, consultants, board members, directors, shareholders and agents against any claim for damages, compensation, redress, etc., suffered, which may have _____ (learner name) resulting from any damage to property, bodily injury and / or death and / or any other claim cause.

SIGNED on (date) _____2020 at _____

SIGNATURE PARENT/s (GUARDIAN):_____ _____

Principal's full name and surname: Kris-Mari Theron

WITNISSES:

1._____ 2. _____