



APPLICATION FORM 2022 GRADE 8

SECTION A: LEARNER'S DETAILS

I wish to enrol (Full names & surname) : _____
Into Grade : _____
Learner's date of birth : _____
Nationality : _____
Previous school : _____
Learner's Dexterity: _____ Mode of transport: _____
Any deceased parent?: _____ Contact No (transport): _____
Previous Achievement: _____

Sports interested in: Soccer Netball Cricket Boxing Athletics

SECTION B: PARENT'S/GUARDIAN'S DETAILS

MOTHER /GUARDIAN

FATHER /GUARDIAN

Name & Surname :	_____	_____
Marital Status :	_____	_____
Nationality :	_____	_____
ID Number :	_____	_____
Physical Address :	_____	_____
Postal Address :	_____	_____
Religion :	_____	_____
Department :	_____	_____
Occupation :	_____	_____
Employer's Address:	_____	_____
Persal No: _____	_____	_____
Employer's Contact No: _____	_____	_____

CONTACT INFORMATION

MOTHER /GUARDIAN

FATHER /GUARDIAN

Contact No.:	_____	_____
WhatsApp No.:	_____	_____
Email Address :	_____	_____
Alternative contact No.:	_____	_____



SECTION C: LEARNER'S MEDICAL DETAILS

FAMILY DOCTOR NAME _____ TEL NO. _____
ADDRESS _____ CODE _____
MEDICAL AID NAME _____ MEMBER NUMBER _____
MAIN MEMBER
INITIALS AND SURNAME _____ ID NUMBER _____
OPTION _____

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

YES NO

<input type="checkbox"/> ASTHMA	<input type="checkbox"/> ENTERIC FEVER	<input type="checkbox"/> MEASLES	<input type="checkbox"/> SCARLET FEVER
<input type="checkbox"/> CHICKEN POX	<input type="checkbox"/> GERMAN MEASLES	<input type="checkbox"/> MUMPS	<input type="checkbox"/> TICKBITE
<input type="checkbox"/> DIABETES	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> POLIO	<input type="checkbox"/> TYPHOID FEVER
<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> MALARIA	<input type="checkbox"/> RHEUMATIC FEVER	<input type="checkbox"/> 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 ILLNESS OR DISABILITIES?

YES NO

IF YES, PLEASE GIVE DETAILS

IS THE LEARNER RECEIVING MEDICAL TREATMENT FOR ANY CONDITION?

YES NO

IF YES, PLEASE GIVE DETAILS

IS OR HAS THE LEARNER SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET? IF YES, PLEASE GIVE DETAILS

YES NO

HAS THE LEARNER HAD ANY OPERATIONS?

YES NO

IF YES, PLEASE GIVE DETAILS



SECTION D: DETAILS OF ACCOUNT HOLDER

SURNAME _____ FULL NAMES AS IN ID DOCUMENT _____
DESIGNATION _____
IDENTITY NUMBER _____
RELATIONSHIP _____ MARITAL STATUS _____
OCCUPATION _____ EMPLOYER _____
RESIDENTIAL ADDRESS _____ WORK ADDRESS _____ POSTAL ADDRESS _____
CODE _____ CODE _____ CODE _____
TEL (H) CODE _____ TEL (W) CODE _____ CELL _____
EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS

LEARNER'S LIVING WITH PARENTS	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY
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DETAILS OF YOUR CHILDREN WHO ARE CURRENTLY AT THIS SCHOOL

1. NAME _____ GR _____ 2. NAME _____ GR _____
3. NAME _____ GR _____ 4. NAME _____ GR _____

PAYMENT OPTIONS

MONTHLY / STOP ORDER		TERM PAYMENT	
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SECTION E: SIGNATURE OF PARENT/LEGAL GUARDIAN AND/OR ACCOUNT HOLDER

I, the undersigned, _____, hereby certify that the information provided in this Application for Admission is complete and accurate. We acknowledge that enrolment is subject to, inter alia, signing a Learner Admission Contract that contains the detailed terms, conditions and requirements for admission. We hereby authorize the school and/or any of its associates to conduct any credit enquiries on us as may be necessary from time to time.

NB: The signatures of the account holder and both parents and/or guardians are required where applicable.

SIGNATURE OF ACCOUNT HOLDER

DATE



ACCOUNT HOLDER'S DETAILS

SECTION F: DETAILS – DEBTOR

FULL NAME AND SURNAME		
PHYSICAL ADDRESS		
CELLPHONE NUMBER		
COMMENCEMENT DATE		
EMAIL ADDRESS		
BANK NAME	ACCOUNT NAME	
BRANCH	ACCOUNT NUMBER	
BRANCH NUMBER	ACCOUNT TYPE	CHEQUE/SAVINGS/TRANSMISSION

PAYMENT DAY	
15	
25	
30	

NAME LEARNER 1		GR
NAME LEARNER 2		GR
NAME LEARNER 3		GR
NAME LEARNER 4		GR
TOTAL STOP ORDER AMOUNT		R

This signed Authority and Mandate refers to Joy House Private School contract as dated on the signature hereof (the Agreement). I hereby authorize the Joy House Private School to issue and deliver payment instructions to the bank for collection against my account at the above-mentioned bank (or any other bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement.

Debit my account with the debit amount on the Payment Day of each month commencing on the Payment Day of the month following the contract date. In the event that the Payment Day falls on a Saturday, Sunday or recognized South African public holiday, the Payment Day will be automatically be the next ordinary business day.

MANDATE

I acknowledge that all payments instructions issued by you shall be treated by my above-mentioned bank as if the instructions had been issued by me personally.

Signed at _____ on this _____ day of _____ 20____

SIGNATURE

DATE



Joy House Private School
P.O. Box 648. Jozini 3969
Tel: 035 591 7000 / 072 071 0934
Email Address: admin@joyhouseprivateschool.co.za



SECTION G: INDEMNITY

The school undertakes to implement reasonable and generally acceptable measures with regard to the safety and well-being of all learners, educators and visitors to the school.

Each parent is therefore requested to complete the section below as proof that you can accept position of the school as set out above as well as the risks involved therewith.

I, the undersigned,

FULL NAME: _____

ADDRESS: _____

CONTACT DETAILS: _____

The parent/legal guardian of the under mentioned learner who is enrolled as such and acceptable by the school, subject to terms set out herein:

NAME OF LEARNER: _____

Indemnify the school for any loses or damages in general, however they may occur, that I as parent/legal guardian of the above learner may suffer as result of any occurrence whereby the learner may be involved, whether as the causing or suffering party, whilst participating in any school activity.

In particular, I authorize that the aforesaid learner may be involved in all excursions undertaken by his/her group or class during school days as part of his/her learning experience and, where applicable, I agree that he/she may utilize the transport arranged by the school for such excursions. I also indemnify the school for any damages or losses that I as a parent/legal guardian of the above learner may suffer under such circumstances and voluntarily accepts the risks associated therewith.

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

PARENT/LEGAL GUARDIAN

WITNESS:

1. _____ NAME: _____



SECTION H: DEBTORS POLICY

JOY HOUSE PRIVATE SCHOOL DEBTORS POLICY

1. School fees are paid annually in advance, termly in advanced and monthly in advance.
2. School fee Payments should be made to the school no later than 3 days of pay date.
3. No refunds will be given to parents within the term.
4. In order to get refunds, parents will have to fill in a refunds form in order to verify the correctness of the account holder's details.
5. No removal of the child in the school in the middle of the term.
6. The accounts for parents who do not pay school fees will be handed over to the school's attorneys.
7. Parents are responsible to make sure that payments of school fees are not in arrears.
- 8. If failed to pay school fees on time/failed to make arrangements to pay with the school or do not honour this arrangement, your account will be handed over to our attorneys and additional fee will be charged.**

I _____ parent of _____
have read and understood the debtor's policy.

Signed at _____ on _____ 20__

Parent's Signature _____ Witness _____



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SECTION I: SCHOOL FEES

The following 10 items will be required on application

1. Application Forms completed by Parent/Legal guardian.
2. 3 Months bank statement of parents and/ or account payer
3. A copy of your child's most recent school report and transfer letter (where applicable);
4. Copy of child's unabridged birth certificate;
5. Copy of child's clinic card;
6. Copy of parents and/ or account payer's ID documents
7. Payslips of parents and/ or account payer
8. Proof of residential address of parents and/ or account payer
9. **R500.00** application fee (**non-refundable**).
10. **R1, 850.00** Reservation fee (**non-refundable**) (After your child has been accepted).

PLEASE NOTE: APPLICATION CAN NOT BE PROCESSED UNTIL ALL OF THE ABOVE CONDITIONS ARE MET!

Grade 8

Option 1: Monthly Payment (from Jan 2022 – Nov 2022)	R 2, 510.00
Option 2: Term Payment in advance (Term 1 – Term 4)	R 6, 902.50
TOTAL ANNUAL FEE	R 27, 610.00

Our bank details are as follows:

First National Bank

Account Holder : Joy House Academy
Account Number : 62713244440
Branch : Jozini
Reference : Family code will be available at the office

School fees payable through stop order from January 2022 to November 2022.

Parent's Signature

Date