

ADMISSION FORM AND PARENT CONTRACT

DEPARTMENT: CAMBRIDGE KIDS (PRE-PRIMARY)

PUPIL'S DETAILS

NAME

SURNAME

APPLICATION FOR

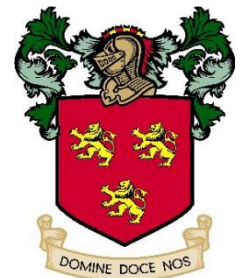
TOTS 1 (18-24 mths)	<input type="checkbox"/>	TOTS 2 (2-3 yrs)	<input type="checkbox"/>
GRADE 000 (3-4 yrs)	<input type="checkbox"/>	GRADE 00 (4-5 yrs)	<input type="checkbox"/>
TERM	<input type="text"/>	YEAR	<input type="text"/>

Attach ID Photo
of Pupil

STARTING DATE Y Y Y Y M M D D

BIRTH DATE Y Y Y Y M M D D

ADMIN NO



DETAILS OF SIBLINGS

NAME	SCHOOL	GRADE
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Tel: 013 692 7324 e-mail: cambridgekids@cambridge.co.za
www.cambridge.co.za**

DATE OF APPLICATION

Y	Y	Y	Y	M	M	D	D
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Please submit the following with the application form:

1. Copy of the pupil's most recent report.
2. One recent colour passport sized photograph.
3. A certified copy of the pupil's ID or Birth Certificate.
4. Copy of Medical Aid card.
5. A non-refundable Administration Fee is payable.
6. Proof of residence, i.e. Utility Bill (certified copy).
7. A certified copy of both Parents'/Guardians' IDs.
8. Copy of Immunisation card.

Parent Contract

I/We the Parent(s) / Legal guardian(s) of

Full name of pupil

Agree to the admission of the above pupil to Cambridge Academy – Pre-Primary section on the following terms and conditions:

1. I/We have read, understood and agree to the conditions contained in the School's Policy and Procedure Documents (which include the Code of Conduct and Policy documents as contained on the School's website). It is further understood that the aforementioned documentation may be altered or added to by Cambridge Academy from time to time.
I/We have received a hard copy of the above mentioned documents. (Tick) Hard Copy
2. I/We understand that Cambridge Academy is a school based on Christian principles and give permission:
 - a. For my child to be exposed to, and instructed in, Christian principles, values and traditions.
 - b. For my child to be disciplined under the current discipline system.
3. I/We bind ourselves jointly and severally liable for the payment of all school fees and ancillary charges (for instance tours/outings, aftercare, midday meals, holiday care, etc) which will become payable in terms of this agreement.
4. I/We hereby grant permission for Cambridge Academy to contact our current/previous school regarding: Payment of school fees, class and general behaviour and academic performance.
5. I/We agree to give **ONE FULL TERM'S** notice in writing should we wish to withdraw the pupil/s from the school. Failure to give proper notice will result in me/us being liable for the full term's fees in lieu of such notice. It is the parent's responsibility to prove that timeous notice has been provided. In which case any sundry items owing to the school on the last day (tuck shop, make and bake, copies, phone calls, uniform, transport, outings, etc) must be paid by myself, before the school will issue me with a reference letter / transfer card and the new school with my child's ed-lab file.
6. I/We agree to pay school fees and ancillary charges in accordance with the Fees Per Pupil document. These fees will be paid either annually in full before the first Friday of school or over 11 equal monthly payments by EFT transfer, the first such payment to be made before the first working day of each month.
7. I/We agree that the school may, in the event of non-payment of fees and or ancillary charges, (which will be deemed to be a material breach of this contract), after having given me/us 7 (seven) days notice to rectify my default, and should I/we still be in breach, summarily terminate this contract and refuse my child entry to Cambridge.
8. In the event of any other breach of contract by me/us or in the event of serious breach of the Code of Conduct by the pupil or Parent, the School may terminate this contract.
9. I/We accept that Cambridge has appointed certain preferred suppliers and confirm that I/we understand the financial benefit to be derived by me through this arrangement in respect of price, quality control and branding.
10. I/We agree that this agreement will come into effect immediately on signature by me/us and shall remain in force for the full duration of the pupil's enrolment at Cambridge (unless earlier terminated by the party in terms of this contract) or until a new annual agreement supercedes this agreement.
11. I/We have been notified of and agree to the school fees applicable to the grade of the aforementioned pupil and any ancillary costs which may be charged from time to time. I/We further acknowledge and consent that fees paid in advance will be deposited by Cambridge and held in accordance with the provisions of the Consumer Protection Act 2008, with interest or income thereof to accrue to Cambridge as income.
12. I/We consent to Cambridge disseminating my/our name/s and contact details to the other parents, staff or responsible persons engaged or authorised by Cambridge for school related purposes, unless at any time Cambridge is instructed in writing by me/us differently.
13. Photography / Use of Image Clause:
I/we give Cambridge permission to use my child's photographs/video recordings and likeness in any program: informational or marketing material in any medium, and/or to televise my child's participation in program activities, sport activities, events for the purpose of promotion, fundraising, marketing, documentation, display on Cambridge Facebook, Cambridge Kids Facebook, Cambridge Website, Cambridge School Communicator and public display.

Parent Initial:

PUPIL'S DETAILS

FIRST NAME(S)

SURNAME

PREFERRED NAME

Indicate with an X

DATE OF BIRTH

Y	Y	Y	Y	M	M	D	D
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GENDER

MALE

FEMALE

IDENTITY NO. PASSPORT NO.

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NATIONALITY

HOME LANGUAGE

FOR FOREIGN PUPIL'S ONLY:

PASSPORT NO.

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DATE OF FIRST ENTRY INTO SA

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THE FOLLOWING TWO ITEMS ARE REQUIRED BY THE EDUCATION DEPARTMENT FOR STATISTICAL PURPOSES

RELIGION

RACE CLASSIFICATION

CURRENT GRADE

PREVIOUS SCHOOL / INSTITUTION:

FROM

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

TO

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

FROM

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

TO

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

FROM

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

TO

Y	Y	Y	Y	M	M	D	D
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ACHIEVEMENTS

DID YOU ATTEND AN OPEN DAY?

HAVE YOU BEEN ON A TOUR OF THE PREMISES?

IN CASE OF EMERGENCY PLEASE LIST TWO ALTERNATE NAMES AND NUMBERS.

NAME

RELATIONSHIP TO PUPIL

TEL NUMBER

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CELL NUMBER

--	--	--	--	--	--	--	--	--	--	--	--

NAME

RELATIONSHIP TO PUPIL

TEL NUMBER

--	--	--	--	--	--	--	--	--	--	--	--

CELL NUMBER

--	--	--	--	--	--	--	--	--	--	--	--

CONSENT

I/We consent to and grant Cambridge Academy or its appointed agents permission to access our consumer profile on the database held by relevant credit bureaus and to verify our details as submitted in this contract.

Parent Initial:

DETAILS OF FATHER/GUARDIAN**DETAILS OF MOTHER/GUARDIAN**TITLE SURNAME MARITAL STATUS IF DIVORCED FATHER ACCESS TO CHILD? YES NOIS THE CHILD LIVING WITH YOU? YES NOARE YOU THE LEGAL GUARDIAN? YES NORELATIONSHIP TO PUPIL FIRST NAME DATE OF BIRTH ID/PASSPORT NO NATIONALITY RESIDENTIAL ADDRESS

CODE

POSTAL ADDRESS

CODE

OCCUPATION BUSINESS NAME POSITION IN COMPANY WORK ADDRESS

CODE

HOME TEL BUSINESS TEL CELL FAX E-MAIL TITLE SURNAME MARITAL STATUS IF DIVORCED MOTHER ACCESS TO CHILD? YES NOIS THE CHILD LIVING WITH YOU? YES NOARE YOU THE LEGAL GUARDIAN? YES NORELATIONSHIP TO PUPIL FIRST NAME DATE OF BIRTH ID/PASSPORT NO NATIONALITY RESIDENTIAL ADDRESS

CODE

POSTAL ADDRESS

CODE

OCCUPATION BUSINESS NAME POSITION IN COMPANY WORK ADDRESS

CODE

HOME TEL BUSINESS TEL CELL FAX E-MAIL I/We the parent(s) / guardian(s) of: -
(full name of pupil) _____

Hereby apply for his / her admission to Cambridge Academy – Pre-Primary section.

I/We confirm that the information contained in this application is complete and accurate.

I/We understand that this document is the only and final contract with Cambridge Academy.

FATHER / GUARDIAN SIGNATURE _____ DATE _____

MOTHER / GUARDIAN SIGNATURE _____ DATE _____

FOR AND ON BEHALF OF CAMBRIDGE _____

NAME AND INITIALS

SIGNATURE

Parent Initial:

MEDICAL INFORMATION

CONFIDENTIAL

MEDICAL AID

SCHEME
PRINCIPAL MEMBER

OPTION
MEMBERSHIP NO.

FAMILY PRACTITIONER

NAME

TELEPHONE NO.

PUPIL

NAME & SURNAME
GENDER DATE OF BIRTH

PREVIOUS ILLNESSES – Insert year of occurrence in space provided

Allergy	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Diphtheria	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mumps	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	German Measles	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Asthma	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Poliomyelitis	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Scarlet Fever	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rheumatic Fever	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Chicken Pox	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Enteric Fever	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tickbite Fever	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Typhoid Fever	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Diabetes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Measles	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Drug Sensitivity	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Whooping Cough	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PLEASE INSERT DATE OF LAST TETANUS IMMUNISATION:

DOES THE PUPIL RECEIVE ANY MEDICAL TREATMENT OR CHRONIC MEDICATION FOR ANY CONDITION?
IF SO PLEASE SPECIFY OR ATTACH LETTER:

HAS THE PUPIL SUFFERED FROM OR BEEN TREATED FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET?
IF SO PLEASE SPECIFY:

HAS THE PUPIL SUFFERED FROM ANY CONTAGIOUS OR NOTIFIABLE ILLNESS? IF SO PLEASE SPECIFY:

PLEASE SPECIFY ANY MEDICATION TO WHICH HE/SHE IS ALLERGIC.

IF HE/SHE IS ON ANY MAINTENANCE THERAPY PLEASE ENSURE AN EMERGENCY SUPPLY IS BROUGHT TO SCHOOL AND/OR FOR OUTINGS. PLEASE SPECIFY:

PLEASE SPECIFY ANY OTHER RELEVANT DATA THAT WOULD BE IN THE INTEREST OF YOUR CHILD'S HEALTH AND WELL-BEING.

INSURANCE

I/We, as parents/legal guardians accept the responsibility to take adequate insurance to cover any loss, damage or injury to the child or his/her belongings as Cambridge shall not be liable for any injury, loss or damage.

CONSENT

In a critical situation please bear in mind that there may not be time to refer to a child's records. Cambridge therefore reserves the right to utilise the quickest medical service available. By signing below, you agree that the appointed medical practitioner may carry out emergency treatment as may be necessary.

FATHER / GUARDIAN SIGNATURE _____
DATE

MOTHER / GUARDIAN SIGNATURE _____
DATE

Parent Initial:

INDEMNITY DECLARATION

I/We the parent(s) / legal guardian(s) of

full names of pupil

hereby confirm the admission of the pupil named above to:

CAMBRIDGE ACADEMY

I/We hereby give permission for him/her to participate in the curricular and co-curricular activities of Cambridge and to go on excursions that are necessary in the course of such activities.

I/We accept that all reasonable precautions will be taken to ensure the safety and welfare of my/our child and that I/we shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should any injury or loss be sustained by my/our child. I specifically indemnify and hold Cambridge and its staff harmless against any claims of whatsoever nature arising out of any injury, damage or loss sustained in pursuance of the aforesaid participation.

I/We indemnify Cambridge and its employees from all liability for any injury or loss sustained by my child on account of any act or omission by my child and I/we accept full liability and responsibility for any such act or omission.

I/We cede our power as parent(s)/guardian(s) to the Principal of Cambridge or his representatives should medical treatment or surgery to my child be deemed necessary. As far as I/we know, my/our child is physically capable of participating in all Cambridge activities and he/she is in good health.

I/We undertake to inform the Cambridge principal in writing should my/our child not be able to participate in normal school activities.

However, the persons responsible should please note the following (please state medical aspects that the staff should be aware of, e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc.)

I/We agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the pupil's enrolment at Cambridge.

signed at _____

on this _____ day of _____ 20_____

Father/Guardian signature _____ Mother/Guardian signature _____

Witness 1 _____
Name Signature

Witness 2 _____
Name Signature

FOR OFFICE USE ONLY

ASSESSMENT DATE ASSESSMENT RECEIVED

GENERAL COMMENTS _____

CONDITIONS OF ACCEPTANCE _____

APPLICATION FEE:

ADMINISTRATION FEE	AMOUNT	<input type="text"/>	DATE	<input type="text"/>
NON-REFUNDABLE REGISTRATION FEE	AMOUNT	<input type="text"/>	DATE	<input type="text"/>