



Anybody becomes somebody special!
Knowledge Empowers!

PRE-PRIMARY SCHOOL
Tel: 046-645 4118
39 Durban Street
Fort Beaufort
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www.kidioprepschool.co.za

WELCOME TO KIDIO PRE-PRIMARY SCHOOL

APPLICATION FOR ADMISSION – 2018

CLOSING DATE FOR APPLICATIONS IS THE 31ST OF JULY 2017. HALF OF JANUARY'S SCHOOL FEES MUST ACCOMPANY THIS FORM.

FOR OFFICE USE ONLY

Name and Surname:	Account Number:
Male/Female:	Grade:
Registration Fee:	Monthly School Fees:
Date of Salary Received by Parent 15, 20, 25, 30	Emergency Number:
Hours at school:	Person:
Appointment Date:	Principal Signature:

THE FOLLOWING DOCUMENTATION MUST BE FURNISHED:

BIRTH CERTIFICATE	4 ID PHOTO'S OF LEARNER	PROOF OF RESIDENCY
PHOTOCOPIES OF MOTHER AND FATHER/GUARDIANS' IDENTITY DOCUMENTS	COMMITMENT IN RESPECT OF SCHOOL FEES/ DECLARARTION OF CONSENT	ID OF PERSON WHO WILL COLLECT THE LEARNER FROM SCHOOL
IMMUNISATION RECORD/CLINIC CARD	COPY OF SASSA CARD (IF YOUR CHILD RECEIVES A GRANT)	PARENTS WHO ARE NOT SOUTH AFRICAN CITIZENS – PLEASE PROVIDE VALID STUDY PERMIT
COPY OF MEDICAL AID CARD (FRONT AND BACK)	COPY OF RECENT PAYSLLIP	LEGAL GUARDIANS- NEED TO PROVIDE THE GUARDIANSHIP COURT ORDER

KINDLY BE ADVISED

- This application form will not be processed without ALL the relevant documents being signed.
- Certified copies of ALL the requested documents must be attached and returned to the school together with this application form.
- The learner should live PERMANENTLY within the FORT BEAUFORT area. Applicants living outside this area will be considered on the availability of vacancies.
- The age of the applicant must comply with the School Policy.

REGISTRATION FEE

A registration fee of R _____ (half of January's school fees for 2018) must accompany this form. If your child has been accepted, the balance of R _____ will be paid by the 3rd of October 2017, completing the January fees. Should your application NOT be successful, you must submit a letter and your receipt to claim the refund before the end of March 2018. Refunds will only be paid on request and during the first term.

Please note: Should you decide not to bring your child to Kidio Pre-Primary after registration has been confirmed, the registration amount will NOT be refunded.

February School Fees must be paid on your first pay date in January 2018. (15th, 20th, 25th or 30th). Your account MUST be in ADVANCE.

I AM AWARE OF THE FACT THAT IT IS ILLEGAL TO SUBMIT FALSE INFORMATION TO THE SCHOOL, i.e. FALSE ADDRESS, TELEPHONE NUMBER, ECT. AND THAT I NEED TO UPDATE ALL INFORMATION IF CHANGES OCCUR.

1) LANGUAGE OF INSTRUCTION

The language of instruction at Kidio Pre-Primary School is English. Preference will be given to applicants whose home language is English. Preference will also be given to applicants who have attended a recognized English speaking nursery school for at least one year, and who are able to understand and communicate effectively in English.

2) RELIGION

The School recognizes:

1. That the diversity of cultural and religious expression and belief in our country be acknowledged and celebrated.
2. That sound ethical and spiritual values are to be encouraged within a framework which is equitable and allows for the recognition of the religious view of the diverse people in our country.

There will be a religious component to each general assembly, which by reason of the fact that the great majority of families whose children attend the school profess to be Christian, will be of a Christian character. Attendance at the religious component of the general assembly is free and voluntary, and permission for a child not to attend will be granted upon written application by the parent.

3) ADMISSION AGE

Bugs	2 turning 3 in 2018
Butterflies	3 turning 4 in 2018
Busy Bees	4 turning 5 in 2018
Grade R	5 turning 6 in 2018

Learners who attend our Grade R class will apply for admission to grade one at Kidio Preparatory School by June.

4) RESIDENTIAL QUALIFICATION

Preference is given to learners whose place of residence is near and around the school. Proof of residence may be requested. (E.g. municipal statement for electricity, water and rates). Learners whose parent's workplace is in the area of the school will be accepted if there are vacancies in the school.

5) CAPACITY OF THE CLASSES

Optimal capacity of classes is determined by the Management Committee and is based, amongst other reasons, on the number of educators and the facilities of the school.

6) SPECIAL NEEDS LEARNERS

Children with special needs may be accepted if they are able to cope in our school environment. The practicalities of our school building, the knowledge and expertise of our teachers and the needs and interests of our existing learners must be taken into account. In the best interest of the learner, further testing might be required.

7) SCHOOL FEES

Parents must agree to pay the compulsory school fees, which have been agreed upon by the present Management Committee.

8) SIBLINGS

Applications for siblings of children already enrolled at the school should be submitted according to the aforementioned criteria. It must not be assumed that siblings will be granted automatic entrance to the school.

9) LATE APPLICATIONS DUE TO RE-LOCATION TO FORT BEAUFORT

Should application for admission be made after the 31st of August 2017, due to one or both of a child's parents being transferred by their employer, proof of transfer must accompany the application.

10) INDEMNITY (Transportation)

Please find attached the indemnity form, to be signed by parents/guardians. The signed indemnity form is to accompany the application form.

PERSONS AUTHORISED TO COLLECT THE LEARNER FROM SCHOOL

FULL NAME AND SURNAME	IDENTITY NUMBER	CONTACT DETAILS	RELATIONSHIP	DESCRIPTION OF VEHICLE

DECLARATION COMMITMENT IN RESPECT OF SCHOOL FEES

DETAILS OF PARENT/ GUARDIAN

FULL NAME AND SURNAME: _____

Occupation: _____ Name of employer: _____

Residential Address: _____

Postal Address: _____

Contact Number: Home _____ Work: _____

Cell Phone: _____ Email: _____

(The below is for FICA Purposes)

Tax reference no: _____ Tax Domicile: _____

(add copy of service account not more than 3 months old)

Name of Parent/Guardian's bank: _____ Branch Code: _____

Account Number: _____

Signature of Parent/Guardian: _____ Date: _____

CONSENT FOR CREDIT CHECK

I _____ (parent) of
_____ (child)

Accept that Kidio Pre-Primary School reserves the right to conduct appropriate credit checks on prospective parents/persons responsible for the payment of school fees, in order to consider and process this application.

The applicant hereby acknowledges and agrees that Kidio Pre-Primary School may;

- a) Perform a credit search on the applicant’s record with one or more registered Credit Bureaus when assessing the applicants’ application for admission.
- b) Monitor the credit applicants behavior by researching his/her record at one or more of the Credit Bureaus.
- c) Use new information and data obtained from the Credit Bureaus
- d) Record the existence of the applicant’s accent with any Credit Bureau
- e) Record and transmit how the applicant has performed in meeting his/her financial obligation to the school.

POLICY REGARDING SCHOOL FEES

School fees are compulsory and payable in full and in advance.

School fees must be paid on the date stipulated in the contract. If the school fees are not settles or acceptable arrangements are made within 7 days to settle the debt, a Civil Procedural Law LETTER OF DEMAND will be served on the parent/guardian for payment.

When the time frame stipulated in the LETTER OF DEMAND has passed without payment or any acceptable arrangements made for payment, your child may be **expelled** from school until further notice.

LEGAL ACTION will be instituted against the parent/guardian. The school reserves the right of admission

The best interests of the child should always be adhered to. The South African Schools Act 84 of 1996 – G 175579 section 40 states, a parent/guardian is liable to pay the school fees determined in terms of section 39 or to the extent that he or she have been expected from payment in terms of the Act.

Enforcement of payment of school fees states, the Management Committee of a school of a school may be process of law enforce payment of school of school fees by parents/guardians who are liable to pay in terms of section 40 of this Act.

Please note: FEES ARE TO BE PAID IN ADVANCE

On your child’s first day of school in January you are to pay for book fees. On the 15th, 20th or 25th of January (depending on your pay date) you pay for February school fees. If your pay date is the 30th of each month you will pay on the 30th of January and this will be for February school fees. 12 Payments must be made and all accounts fully paid no later than the first day of December 2018 for all Bugs, Butterflies, Busy Bees and Grade R learners.

SIGNATURE OF PERSON(S) RESPONSIBLE FOR FEES

NAME: _____ DATE: _____

SIGNATURE: _____

I/ we hereby commit myself/ourselves to the following method of payment in respect of school fees pertaining to my/our child/children at Kidio Pre-Primary School. I/we fully understand that payment of school fees at Kidio Pre-Primary School is compulsory. I/we am/are aware that legal action can and will be instituted against me/us should I/we default on payment.

(Should I/we default, I/we will be liable for the full school fees and cost incurred to the attorneys/clients of collection agency scale.) The school reserves the right to suspend those who do not pay on the stipulated date till such time as the school fees are fully paid. A fully paid months' notice must be given to the school in writing before the removal of your child, or the account will remain active. No discount or deductions will be given for days absent from the school.

I/we understand and agree to that I would be requested to participate in fundraising for the school.

I/we have read and understood all conditions pertaining to school fees and other fees payable to the school and commit to do so faithfully.

Mother/Guardian

DATE: _____

Father/Guardian

DATE: _____

HOURS AND RATES (CHOOSE ONE)

BUGS, BUTTERFLIES & BUSY BEES FEES

I/we understand that school fees are payable in advance 12 months and I / we elect to pay the following:

07:00 – 13:00 - R 900.00 per month for 12 months

(SIGNATURE) _____

(DATE) _____

07:00 – 14:00 - R 930.00 per month for 12 months

(SIGNATURE) _____

(DATE) _____

07:00 – 15:00 - R 960.00 per month for 12 months

(SIGNATURE) _____

(DATE) _____

07:00 –16:00 -R 990.00 per month for 12 months

(SIGNATURE) _____

(DATE) _____

07:00 – 17:00 R 1 050.00 per month for 12 months

(SIGNATURE) _____

(DATE) _____

Grade R fees

07:00 – 13:00 - R 1 000.00 per month for 12 months

(SIGNATURE) _____

(DATE) _____

07:00 – 14:00 - R 1 030.00 per month for 12 months

(SIGNATURE) _____

(DATE) _____

07:00 – 15:00 - R 1 060.00 per month for 12 months

(SIGNATURE) _____

(DATE) _____

07:00 –16:00 -R 1 100.00 per month for 12 months

(SIGNATURE) _____

(DATE) _____

07:00 – 17:00 R 1 150.00 per month for 12 months

(SIGNATURE) _____

(DATE) _____

INDEMNITY FORM

We _____
(PARENTS FULL NAMES AND SURNAMES) THE PARENTS

OF

(FULL NAME AND SURNAME OF CHILD)

Do hereby,

1. Appoint the school; principal, educator and or staff accompanying the tour or group, or supervising the activity, to act in LOCO PARENTIS in respect of my child when the need therefore arise.
2. Indemnify and will keep indemnified the proprietors, staff and employees of Kidio Pre-Primary School and hold them harmless against all and any claim, whether in respect of damages or otherwise, resulting from or arising out of any event, matter or thing whatsoever may occur to or in connection with the child or the belongings while the child is in the custody, and/or in the care of the school, its proprietors, staff and/or employees or any of them.
3. Give permission for him/her to attend the outings throughout the YEAR. Parents will be informed of each outing in writing.
4. Acknowledge that while all reasonable precautions will be taken to ensure the safety and welfare of our child, the child attends the school entirely at OWN RISK.
5. Accept that we shall be held responsible for the payment of medical and/or hospital cost. We authorize the school to disburse on our behalf such amounts as may be required in respect of emergency medical treatment in respect of our child while in the care of the school and undertake to refund the school immediately upon demand such funds dispersed by the school.
6. Cede our powers as parents/guardians to the principal or the school or his representatives should medical treatment, surgery be deemed necessary for my child. As far as we know he/she is in good health.

Signature Father / Guardian

Signature Mother / Guardian

ID Number _____

ID Number _____

Date _____

Date _____