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Sagewood Avenue
 off Liebenberg Road
 Noordwyk
 Midrand
 South Africa
 www.sagewoodschool.co.za

Email: info@sagewoodschool.co.za

LEARNER'S

A refundable deposit of R_____ is payable within three weeks of the date of the school's Acceptance Letter. This secures the learner's place. Please note that this deposit will not attract any interest.
 An annual development fund of R1000-00 per one child family, more than one child R1500-00 is mandatory payable by the end of the first term.

For Office use only		Check List: (All must be attached)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Interview Date:.....	Receipt No:.....		
Assessment Fee:.....	Grade:.....	Passport size photo of Learner	
Accepted: Yes/No		Last 2 months bank statements	
Commencement Date:.....		Parent Income Form	
		Debit order form - completed	
		Copies of both parents ID books	
ITC Check: Yes / No _____		Copy of birth certificate	
How did you come to learn about Sagewood School?		Latest school report	
_____		Child under 9 – Copy of clinic card	

PLEASE NOTE THAT APPLICATIONS TAKE 5 WORKING DAYS TO APPROVE

Learners Details:

1. Surname
2. First Name/s
3. Preferred Name
4. Male/Female
5. Date of birth
6. Home Language
7. Fluent in
8. Name of present school
9. Present grade
10. Grade applying for
11. Learner's home address Code
12. Home phone number
13. Full name of person/s with whom learner lives
14. Relationship to child (e.g. parent/guardian, etc.)

Father's Details:

Mother's Details:

- | | |
|------------------------|------------------------|
| 15. Surname: | Surname: |
| Name: | Name: |
| Initials: | Initials: |
| ID Number: | ID Number: |
| Employer's Name: | Employer's Name: |
| Occupation: | Occupation: |
| Tel. No. (W): | Tel. No. (W): |
| Tel. No. (H): | Tel. No. (H): |
| Cell No.: | Cell No.: |
| e-mail: | e-mail: |
| Postal address: | Postal address: |
|Code..... |Code..... |
| Marital Status: | |

Learner's Surname and Name:

Guardian: (If applicable)

16. i) Full Name: ii) Full Name:
Relationship: Relationship:
Tel. No.: Tel. No.:

17. Name and telephone number of another person who may be contacted in an emergency
..... Tel. No.

Medical Details:

18. Medical Aid name Number
Doctor's Name: Tel. No.
Has child any allergies? Give details (e.g. penicillin, bee stings, preservatives, etc.)
.....
Is child on medication? Give details

Sibling Details

19. Names and grades of any brothers/sisters who have applied for admission to Sagewood
.....
Names and grades of any brothers/sisters who are already at Sagewood
.....

The information requested below is very important and needs to be completed. It is required by the Department of Education for statistical reasons.

Aftercare	Yes/No	
Transport to and from school (Bus/Kombi/Parents)		
How many kilometres do you travel to school?		
Nationality		
ID/Passport Number		
Immigration Status		
Immigration Date		
Ethnic Group		
Religion		
Academic Year		

Gr. 10 – 12 Learners:	Subject Code	Gr. 10 – 12 Learners:	Subject Code
Subject 1		Subject 6	
Subject 2		Subject 7	
Subject 3		Subject 8	
Subject 4		Subject 9	
Subject 5		Subject 10	

Learner's Surname and Name: _____
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20. **I understand that:**
- 20.1 The R500,00 assessment fee is non refundable.
 - 20.2 My child will only be deemed to have been accepted upon receipt of the refundable deposit of R_____ within three weeks of the date of the acceptance letter.
 - 20.3 The deposit is refundable, without interest, when the child leaves Sagewood School on condition that the school fees are paid up to date.
 - 20.4 The annual development fund of R1000.00 per one child family, more than one child R1500.00 is mandatory payable by the end of the first term.
21. **I agree that:**
- 21.1 I will pay all fees and charges in terms of Sagewood Policy as laid down by the Board. The monthly fees are charged during the first 10 months of the year.
 - 21.2 Should I fail to pay Sagewood's account, I understand and accept that the child will be sent home until such time as the arrears are paid up.
 - 21.3 I will pay all charges reasonably incurred on behalf of the child.
 - 21.4 I will give an academic term's notice in writing before withdrawing the child, failing which I will accept liability for a full academic term's fees in lieu of such notice. Likewise, if the school elects for any reason to terminate this contract, then it may do so. In such a situation the school will give the parent an academic term's written notice of its decision to terminate the contract and at the end of the term in question the parent must withdraw the learner.
 - 21.5 A member of the Management Team is authorised to act on my behalf in all matters affecting the learner whilst the learner is at Sagewood.
 - 21.6 A member of the Management Team is authorised to give consent on my behalf where an emergency operation or treatment is required and my consent cannot be obtained without causing undue delay.
 - 21.7 I will abide by all rules of Sagewood as laid down from time to time.
 - 21.8 Fees are payable whether I have received a statement or not.
 - 21.9 I agree that my child will be subject to all school rules, policies and codes published by the school from time to time.
 - 21.10 I understand that a serious breach of the rules, policies and codes may result in a disciplinary hearing, suspension or even expulsion of my child from Sagewood.
 - 21.11 I undertake to pay on demand the costs of any repair/ replacement of any item, damaged or destroyed by the learner during his/her tenure at the Sagewood School.
 - 21.12 I hereby give consent for Sagewood to carry out an I.T.C. credit check.
22. I agree to provide the school with a certified copy of any legal document affecting the protection and safety of my child e.g. a restraining order.
23. I grant the Management Team authority to allow the child to attend any authorised school excursions.
- 23.1 "Excursion" includes any outing of
 - 23.1.1 An educational nature, such as a geography tour;
 - 23.1.2 Recreational value for the contentment and well-being of children during their spare time;
 - 23.1.3 A sporting nature allowing pupils to participate in matches against other schools or to be spectators of any sporting event;
 - 23.1.4 Any other event which the Management Team considers to be beneficial and in the interest of the learners.
 - 23.2 I appoint the teacher accompanying my child on any authorised excursion to act in parentis locus and to act as the parent as if I were personally present.
24. I hereby authorise Sagewood School to use photographs of my child/children on the Sagewood website at the School's discretion.
25. Sagewood will constantly endeavour to take such steps as may be reasonably required in the circumstance to do what it can to keep the learner out of harm, and free from loss, taking into account what can be reasonably foreseen and provided for in each case. Subject to the limitations placed on the School's right to exclude liability in terms of Section 103 of the School Education Act No 6 of 1995 (Gauteng Province), both parents jointly and severally indemnify the school, its employees and agents (for whom it may be found to be vicariously liable) against any claim of the learner in respect of the event in question.

Learner's Surname and Name:

Learner's Surname and Name:

LEARNER REGISTRATION RECORD _____ (YEAR)

Parents are advised the annual registration policy is as follows:

1. All learners are required to register annually and will have a registration number allocated to them, failing which they will not be allowed into class.
2. A registration record form needs to be completed and must be returned to the school on or before the last day of the last term of each year.
3. Two acceptable methods of payment are envisaged. These are as follows:
 - 3.1. By way of payment of the full amount of the annual school fees, in which case a 6% rebate will be granted. This payment must be effected by **no later than the 31st January 2009. Payment either by electronic transfer, cheque, credit or debit cards are accepted.**
 - 3.2. By way of monthly debit order on the 1st day of every month, over 10 months. Please complete the attached authorization form.

PLEASE NOTE THAT ALL CHEQUES ISSUED TO SAGEWOOD SCHOOL MUST BE FREE OF ANY ALTERATIONS, AND MUST BE CROSSED "NOT TRANSFERABLE".

Any one of the above options is acceptable and must be in place before the registration procedure will be regarded as finalised.

Your attention and assistance in the implementation of the policy is greatly appreciated.

Should outstanding fees not be settled by the 1st of October, the school reserves the right to withhold results and report cards until such time as fees are settled or suitable arrangements have been made to settle with the school, failing which a registration number will not be allocated and the children will not be allowed into class the following year. Parents should take cognisance of the fact that educational and other school costs are recovered from the collection of fees. As such, the school does not budget to make a surplus, but instead uses the cost recovery model to operate the school. Although the school does not wish to implement these measures, unfortunately we cannot allow for the situation where paying parents subsidise non paying parents.

Please indicate by filling in the appropriate option the method of payment preferred by you: (as per 3.1 to 3.2)

I prefer number _____ as a method of payment.

PERSON RESPONSIBLE FOR ACCOUNT:

SURNAME: _____ INITIALS: _____ TITLE: _____

ID NUMBER: _____

SIGNATURE

DATE

OFFICE USE ONLY:

REGISTRATION NO:	COMMENTS:

BANK DEBIT ORDER INSTRUCTION – CREDIT CARD AUTHORITY

Name (Debtor) : _____ Date : _____
Address : _____ Contract No. : _____
_____ Debit Amount : _____

Dear Sirs/Madams

The details of my bank account are as follows:

BANK : _____ CARDHOLDERS NAME : _____
BRANCH/TOWN : _____ CARD NUMBER : _____
BRANCH NO. : _____ EXPIRY DATE : _____
ACCOUNT NAME: _____ CVV NUMBER : _____
ACCOUNT NO. : _____ (three digit number on back of card)
TYPE OF A/C : _____ CARD TYPE : _____
(savings, current, transmission) (Only Master or Visa card)

I/we hereby request and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of _____(state amount in words) or any variable amount pertaining to this agreement, on the first working day of each month. This being the amount necessary for the settlement of the monthly due to you in respect of our purchases/contract/agreement dated ____/____/____.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned, "instruct" and authorize your agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement.

I/we agree to pay any banking charges relating to this debit order instruction.

This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment:

I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party

Signed _____ on this _____ day of _____ 200____

SIGNATURE (AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS)

Parent Income & Expenditure Form

FINANCIAL DETAILS

Copy of Bank Statement/s for the last 2 months to be enclosed.

FIXED PROPERTY: DESCRIPTION: _____

REGISTERED OWNER: _____

OUTSTANDING AMOUNT OF BOND: _____

MONTHLY GROSS EARNINGS (ATTACH PROOF OF EARNINGS)

Father: _____

Mother: _____

MONTHLY EXPENSES	
Income Tax	
Pension	
Medical Aid	
Bond Repayments / Rent	
School Fees	
Food	
Clothing	
Car Repayments	
Fuel	
Electricity / Water	
Life Insurance	
Household / Car Insurance	
Telephone	
Other (please specify)	
TOTAL MONTHLY EXPENSES	

EXCESS INCOME / SHORTFALL _____

PARENTS SIGNATURES:

Father: _____

Mother: _____

Date: _____

Filename: LEARNER APP Ink.DOC
Directory: G:\sagewood school\info 20090225
Template: C:\Documents and Settings\Henry\Application
Data\Microsoft\Templates\Normal.dot
Title: LEARNER'S APPLICATION
Subject:
Author: User
Keywords:
Comments:
Creation Date: 9/16/2008 8:07:00 AM
Change Number: 28
Last Saved On: 11/27/2008 10:06:00 AM
Last Saved By: Sandi Hancox
Total Editing Time: 176 Minutes
Last Printed On: 2/25/2009 1:01:00 PM
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Number of Characters: 16,702 (approx.)