



# **PROSPECTUS**

## **2016**

**Where students enjoy the learning journey**



431 Elgin Avenue  
Ferndale Randburg  
PO Box 948  
Randburg 2125

Tel: 011-787-8295

E-mail: [fernhillprep@netactive.co.za](mailto:fernhillprep@netactive.co.za)  
[www.fernhillprep.co.za](http://www.fernhillprep.co.za)

Dear Parent/Guardian

Thank you for your interest in Fernhill Preparatory. Enclosed please find the following documents which must be completed by **both parents**. Please initial each page in the space provided and sign in full where required.

1. **\*Registration Contract** (This document)
2. **\*Debit Order Consent Form** (Download from website, Admissions tab or Newsletters and Documents in private section)
3. **\*MySchool Card Application** (Download, as above)

The above forms (marked with **\***) must be completed by **both parents and RETURNED with:**

- A **non-refundable (once-off) application fee** of R1000.
- A **non-refundable (once-off) acceptance fee** (Grade R to Grade 7) of R5000.
- Payment via electronic funds transfers (EFT) into the following account:
  - Account Name: Wonderworld
  - Account Number: 1922 031771
  - Bank Branch: Nedbank Randburg
  - Branch Code: 198405
  - Reference: Your child's full name and/or school account number

The following should be **RETAINED by you** for future reference. You can download these from our website:

- 2016 Fee Structure
- 2016 Days per Term Schedule

Fernhill School uniforms are available at Constantia School Wear in Malibongwe Drive, Fontainebleau. For more details please contact the school office.

Please supply **with this application:**

- 2 **recent** colour passport photos of the Student
- A **certified** copy of ID Document or Passport of **BOTH** parents/guardians
- A **certified** copy of ID Document or Passport or birth certificate of student
- A **certified** copy of student's Residence Permit or Study Permit (foreign students)
- A **certified** copy of the student's 3 **most recent school reports** (only for students who are not presently at Fernhill or Wonderworld)
- Transfer card from previous school attended

Please note that Fernhill is a registered, independent education facility. The medium of instruction is English and we adhere to a Christian ethos. Should you require any further information, or a personal appointment, please do not hesitate to contact our office during weekdays on 011-787-8295. Alternatively you can learn more by visiting our website [www.fernhillprep.co.za](http://www.fernhillprep.co.za).

**Please note that payment of any monies to Fernhill (i.e. Application/Acceptance fee etc.) without the support documentation, does not guarantee registration at Fernhill.**

We look forward to a long and rewarding relationship with your family in the best interests of our students.

Yours faithfully  
Charmaine Teixeira  
Principal/Owner

Initial:

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 Randburg 2125

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E-mail: fernhillprep@netactive.co.za  
 www.fernhillprep.co.za

## REGISTRATION CONTRACT\*

The following must please accompany this signed and completed contract and handed to the School Office		Checklist for Internal Use
1	Certified copy of student's 3 most recent School Reports (for students who are not presently at Wonderworld or Fernhill)	
2	2 recent colour passport photos	
3	Certified copy of ID Document or Passport of <b>BOTH</b> parents/guardians	
4	Certified copy of ID Document or Passport or birth certificate of student	
5	Certified copy of student's Residence Permit or Study Permit (foreign students)	
6	R1000.00 non-refundable once-off application fee (EFT/cash/cash deposit) <b>AND</b>	
7	R5000.00 non-refundable once-off acceptance fee for Grade R-7 (EFT/cash/cash deposit)	
8	Transfer card from previous school attended	
<p><b>Please note that payment of any monies (i.e. Application fee/Acceptance fee etc.) WITHOUT the support documentation to Fernhill does not guarantee acceptance or registration at Fernhill.</b></p> <p>Students may not attend Fernhill Preparatory and their names will be removed from class lists unless the above fees have been received. Please note that some of the information requested in this form is a legal requirement of the State. They require this for statistical, census and planning purposes. Please complete one form per child.</p>		
Please read the <u>entire</u> document, complete <u>all fields</u> in <u>black ink</u> and <u>capital letters</u> , <u>initial</u> each page, sign <u>in full</u> and <u>return</u> to Fernhill		

### SECTION A – STUDENT DETAILS

Surname												
Full names (as per birth certificate)												
Preferred name												
Gender	Male				Female							
ID/passport number												
Current age	Years				Months							
Date of Birth	Year					Month				Day		
Age at registration												
Current grade												
Nationality												
Home language/s												
Emergency Contact Details (name, number)	1.											
	2.											
Student will attend:	Aftercare to 15:00				Aftercare to 17:30							

Current school						PASSPORT PHOTO	PASSPORT PHOTO
Name of principal							
Telephone number							
e-mail address							
Last grade passed	Gr:		Year				
Grade/s repeated	Gr:						
Has admission to any other school ever been refused?	Yes		No				
If yes, reason:							

Initial:

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### SECTION B – FATHER/GUARDIAN DETAILS

Title													
Surname													
First names													
ID/passport number													
Occupation													
Employer													
Position													
Employer's address (Physical)													
Residential address <small><i>Domicilium Citandi et Executandi</i></small>													
Postal address													
Work telephone								Home telephone					
Cell number													
E-mail address													
Parental status	Biological parent		Adoptive parent		Legal guardian		Access rights in an emergency only						
Marital status													

### SECTION C – MOTHER/GUARDIAN DETAILS

Title													
Surname													
First names													
ID/passport number													
Occupation													
Employer													
Position													
Employer's address (Physical)													
Residential address <small><i>Domicilium Citandi et Executandi</i></small>													
Postal address													
Work telephone								Home telephone					
Cell number													
E-mail address													
Parental status	Biological parent		Adoptive parent		Legal guardian		Access rights in an emergency only						
Marital status													

### SECTION D – DETAILS OF NEXT OF KIN/FAMILY/FRIEND

Surname													
Full names													
Contact number													
Relation to student													

Initial:

# REGISTRATION CONTRACT

I/We the parent(s)/Legal guardian(s) ("Applicant/s") of

--

Student's Full Name ("Student")

Hereby confirm the registration and admission of the pupil named above to

**Fernhill Preparatory (its Owner/s or Agents) ("Fernhill")**

I/We hereby confirm that the information supplied by me/us in this Agreement is complete and accurate.

I/We have read, understood and agree to all the Rules, Policies & Procedures and conditions as contained in this document including: Medical Information and Consent Form, Indemnity Declaration and Appointment *in loco parentis*. I also agree to adhere to the Conditions of Admission, Code of Conduct, Disciplinary Procedures, Homework Policy as found on the school website.

This Agreement shall take effect immediately upon signature hereof and shall continue for the duration of the registration and admission of the student at Fernhill.

**Parents/Guardians** (Please Print in Block Capitals)

1. Relationship to Student	Full Name
ID Number	Nationality

Date	Signature								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">M</td> <td style="width: 12.5%; text-align: center;">M</td> <td style="width: 12.5%; text-align: center;">D</td> <td style="width: 12.5%; text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D		

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Date	Signature								
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Y	Y	Y	Y	M	M	D	D		

<i>Domicilium Citandi et Executandi</i> (Residential Address)

Telephone	
Cell number	
E-mail	

**Student**

I have read and accept the Terms of the Code of Conduct (Students in Grade 4 or higher)

Date	Signature								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">M</td> <td style="width: 12.5%; text-align: center;">M</td> <td style="width: 12.5%; text-align: center;">D</td> <td style="width: 12.5%; text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D		

**For Fernhill Preparatory**

Full Name	Signature

Date								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">M</td> <td style="width: 12.5%; text-align: center;">M</td> <td style="width: 12.5%; text-align: center;">D</td> <td style="width: 12.5%; text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D	

## MEDICAL INFORMATION AND CONSENT FORM\*

Student name & surname																			
Student gender																			
Medical Aid Scheme																			
Principal member																			
Membership number																			
Doctor's name																			
Doctor's telephone number																			
Student blood type		O +		O-		A+		A-		AB+		AB-		B+		B-		Not known	
Student has suffered the following illnesses (indicate with an X)																			
Allergies		Anaemia				Anaphylaxis				Asthma									
Bilharzia		Chicken pox				Diabetes				Diphtheria									
Enteric fever		Eczema				Epilepsy				Fainting									
Fits/blackouts		German measles				Hayfever				Headaches									
Hearing problems		Heart condition				Hepatitis				Hypertension (HBP)									
Hypotension (LBP)		Measles				Mumps				Poliomyelitis									
Sight problems		Scarlet fever				Tick bite fever				Typhoid fever									
Yellow fever		Other (Specify)																	
Is student at present receiving medical treatment for any condition? If so please state																			
Has student suffered from or been treated for any psychological or emotional upset? If so, please give details																			
Has student had any operations? If so please state																			
Please specify any other relevant medical data																			
Date of last tetanus injection																			

The Applicant/s, in his/her/their capacity as parent/guardian of the Student consent to the exercise of the necessary parental powers by the Principal or nominated Educator over the Student whilst the Student is on Fernhill premises and/or engaged in any activity in connection with or incidental to Fernhill, academic, sporting, recreational or otherwise and herewith confirm their appointment *in loco parentis* having all necessary authority and without limiting the generality in case of emergency, regarding any medical treatment, operation or blood transfusions.

The Applicant/s accept/s responsibility for payment of all medical/hospital and related costs, and undertake/s to refund Fernhill immediately on demand, such funds dispersed by Fernhill.

Under no circumstances will any medication in whatever form be administered by Fernhill staff to any sick student.

This done and signed at \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year).

	Father/Legal guardian	Mother/Legal guardian
Signature		
Full names		
ID number		

(To be signed by both father and mother or legal guardian)

Initial:

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## INDEMNITY DECLARATION AND APPOINTMENT *IN LOCO PARENTIS* DECLARATION

I/We, the undersigned

Father/Legal guardian	
Full names	

Mother/Legal guardian	
Full names	

Student	
Full names	

**acknowledge that in certain situations there may be insufficient time to contact Parents/Guardians or to refer to medical records or files and consequently the school representative is authorised to utilise the most appropriate medical services available.**

**And we therefore:**

1. Delegate to the Principal or her representative, the power to authorise whatever medical treatment she/he in their sole discretion deems necessary for the Student, and in doing so agree that the Principal and/or her representative should act *in loco parentis*.
2. Indemnify and hold Fernhill, its owner/s, principal, management, employees or agents harmless ins respect of all loss or damage, whether to person or to property, from any cause howsoever arising, which may be sustained by the Student stipulated or his/her property or possessions, whilst on school property or under school control during any school excursion, activity or outing, or as a result of medical treatment administered under paragraph 1 above.
3. Agree that this indemnity and appointment *in loco parentis* shall commence on the date of signature hereof and remain in force and effect for the duration of the Student's enrolment at Fernhill.

This done and signed at \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year).

	Father/Legal guardian	Mother/Legal guardian
Signature		
Full names		
ID number		

(To be signed by both father and mother or legal guardian)

	Witness 1	Witness 2
Signature		
Full names		

(Note: Witness signatures to be obtained by Father/Mother/Guardian)

Initial:

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