

# Application for Admission

High School  
290 Baard Road  
Raslouw, Centurion  
PO Box 94  
The Reeds  
0061  
Tel: 081 793 8178

Primary School  
66 Erasmus Street  
Raslouw, Centurion  
Po Box 94  
The Reeds  
0061  
Tel: 012 767 7980



Website: [www.empro.co.za](http://www.empro.co.za) Email: [info@empro.co.za](mailto:info@empro.co.za)

Name(s):   
Surname:

Date of Birth  Gender

## Details of Father / Guardian

Name (s)   
Surname   
Email   
Contact Number

## Details of Mother / Guardian

Name (s)   
Surname   
Email   
Contact Number

Other Contact Person  Contact number

Application for: Grade  Term  Year

## Documentation required by Empro Academy

- |   |   |
|---|---|
| <input type="checkbox"/> CEMIS Transfer Document                            | <input type="checkbox"/> Signed Financial T&C   |
| <input type="checkbox"/> Certified copy of Birth Certificate or ID Document | <input type="checkbox"/> Signed General Indemnity   |
| <input type="checkbox"/> Copy of Learner's Residence Permit or              | <input type="checkbox"/> Certified copy of Parents'/Guardians' ID Documents                             |
| <input type="checkbox"/> Study Permit (Foreign Learners)                    | <input type="checkbox"/> Copy of Vaccination Records  |
| <input type="checkbox"/> Copy of latest Academic Progress Report            | <input type="checkbox"/> Proof of residence i.e. Utility Bill (Certified copy, not older than 3 months) |
| <input type="checkbox"/> Subject Choice Form (FET Phase)                    | <input type="checkbox"/> If divorced, copy of court order   |
| <input type="checkbox"/> If relevant, copy of therapist report              | <input type="checkbox"/> Copy of Medical Aid Card   |

## For office use:

- |   |
|---|
| <input type="checkbox"/> Credit check           |
| <input type="checkbox"/> Assessment             |
| <input type="checkbox"/> Approved               |
| <input type="checkbox"/> Welcome e-mail         |
| <input type="checkbox"/> Learner number         |
| <input type="checkbox"/> Placement fee received |
| <input type="checkbox"/> SA SAMS                |

Account Number

SASAMS Number

# PARENT CONTRACT

I/We, \_\_\_\_\_

the Parent(s)/Legal Guardian(s) of \_\_\_\_\_

hereby certify that the information given by us on this application is complete and accurate. We also agree to the conditions as set out herein.

1. I/We have read, understood and agree to the conditions contained in the schools policy and procedure documents, which include the CODE OF CONDUCT and DRESS CODE found on Empro Academy’s website (www.empro.co.za) or in the Empro learner diary. It is further understood that the aforementioned documentation may be reviewed and amended from time to time.
2. I/We accept that the school is based on Christian principles and undertake not to undermine this position.
3. I/We agree that the prescribed number of learners per class may be exceeded through the placing of a current learner that has to repeat the grade.
4. The learner’s application will be reconsidered in the case where relevant, important information, which should be brought to Empro Academy’s attention, is withheld during the interview / application process.
5. I/We have been notified of and agree to the school fees applicable to the grade of the aforementioned learner and any ancillary costs (for instance, camps, aftercare, and ad hoc stationery) which may be charged from time to time. I/We further acknowledge and consent that fees paid in advance will be deposited to the school and held in accordance with the provisions of the Consumer Protection Act 2008, with interest or income thereof to accrue to the school as income.
6. I/We accept the Financial Terms and Conditions of which a copy has been kept.
7. I/We take the responsibility to inform the school should any information change or need to be updated.

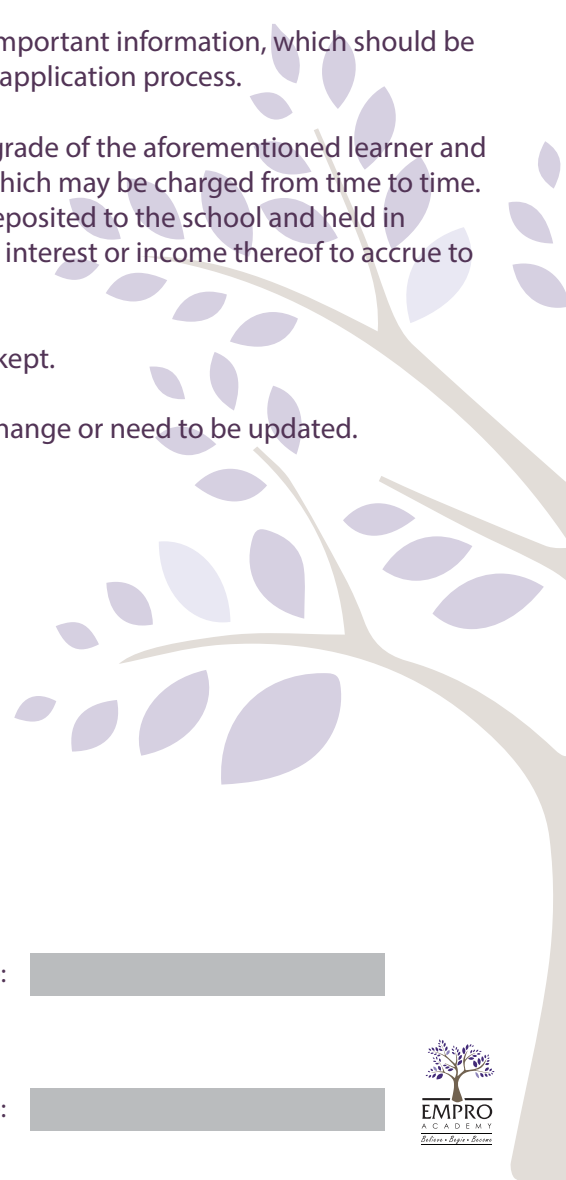
NB: The signatures of both parents and / or guardians are required.

Father / Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Mother / Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_



# Financial Terms & Conditions

I/We, \_\_\_\_\_

the Parent(s)/Legal Guardian(s) of \_\_\_\_\_

agree to the admission of the above pupil to Empro Academy on the following terms and conditions:

**1 ACCEPTANCE OF LIABILITY**

1.1 The parent/guardian responsible for the account as set out in the standard Empro Academy Application for Admission ("the Application Form") herewith assumes the liability for the account, alternatively binds himself/herself as co-debtor and surety for payment of all school fees to Empro Academy ("the School").

**2 TERMS OF PAYMENT**

- 2.1 It is recorded that school fees are determined at the beginning of the year and the parent/guardian is informed of the result in writing.
- 2.2 The parent/guardian shall immediately inform the School if he / she has not received an invoice at the start of the academic year.
- 2.3 School fees for 12 (twelve) months are payable monthly in advance by DEBIT ORDER depending on the date payment options exercised on the mandate or yearly in advance by 31 January, depending on the fee payment option exercised by the parent/guardian in the Application Form.
- 2.4 Placement fees are not refundable should the learner leave the School.
- 2.5 The School reserves the right to charge bank penalties relating to the debit order instruction
- 2.6 In the event where an existing account is / has not been managed in the proper manner, no further applications will be considered.
- 2.7 All accounts that are 60 days in arrears will be handed over to our legal department.

**3 BREACH OF CONTRACT**

3.1 In the event where the undersigned surety, parent/guardian, or guardian commits a breach of contract on any of the terms of this Agreement, the School may in its sole discretion:

- 3.1.1 Refuse the learner entry to the School's premises until the breach has been remedied; or
- 3.1.2 Claim damages from the parent/guardian and / or the sureties and guardian
- 3.1.3 Take whatever legal steps necessary.

**4 GENERAL**

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange, or other documents issued or executed pursuant to or in terms of this Agreement and no settlement of any disputes arising under this Agreement, bill of exchange, or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver, or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

**5 JURISDICTION**

This Agreement is subject to South African law.

**6 CREDIT INFORMATION**

The parent/guardian, surety or guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the Credit Act of 2005.

**7 DOMICILIUM**

The parties choose as their domicilia citandi et executandi the addresses set out in the Application Form.

**8 LEGAL FEES**

Both parents/guardians will be held liable for any fees related to Empro Academy.

In the event where the School takes legal action against the parent / guardian he / she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

**9 CANCELLATION**

9.1 The account holder undertakes to give 3 CALENDAR MONTHS written notice of termination of the enrolment of a learner, failing which the liability be incurred for the full amount of the following term's fees.

9.2 The School shall be entitled to terminate the enrolment of any learner under the following circumstances:

9.2.1 Summarily, and with immediate effect, if the learner is guilty of an offence which, in the sole opinion of the School renders his/her continued enrolment at the School impossible, in which event the account holder, after deduction of all amounts otherwise owing to the School, will be refunded pro-rata proportion of any fees already paid in advance in respect of such learner.

Father / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

For and on behalf of Empro \_\_\_\_\_ Date: \_\_\_\_\_

## Details of Pupil

Name(s):

Surname:

Preferred Name:

Date of Birth:

ID/Passport No.:

Gender: Male  Female

Home Language:

Nationality:

For foreign pupils only:

Passport No.:

Date of immigration:

Country of Origin:

The following two fields are required for statistical purposes by the Education Department

Religion:

Race Classification:

Previous Schools/Institution	From date	To date
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Areas of Participation

## 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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



### Medical Information

#### Medical Aid

Scheme:

Option:

Main Member:

Membership No.:

#### Family Practitioner

Name:

Tel No.:

#### Previous Illnesses of pupil (Please indicate with an X)

- |  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/> Allergy       | <input type="checkbox"/> Scarlet Fever  | <input type="checkbox"/> Tickbite Fever | <input type="checkbox"/> Whooping Cough  | <input type="checkbox"/> Malaria          |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Diphtheria      | <input type="checkbox"/> Whooping Cough   |
| <input type="checkbox"/> Enteric Fever | <input type="checkbox"/> German Measles | <input type="checkbox"/> Hepatitis      | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Drug Sensitivity |
| <input type="checkbox"/> Measles       | <input type="checkbox"/> Mumps          | <input type="checkbox"/> Poliomyelitis  | <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Typhoid Fever    |

Does the child suffer from or has the learner suffered any other illnesses or disability? If yes, please give details.

Is the learner receiving medical treatment for any condition? If yes, please give details.

Has the learner suffered from or been treated for any psychological or emotional upset? If yes, please give details and attach report.

Has the learner had any operations? If yes, please give details.

Please specify any other relevant medical data.

### Details of alternative contact(s) in case of emergency

In case of emergency, please list two alternate names and numbers. (NOT parents' numbers)

Name:

Relationship to pupil:  Tel. number:

Name:

Relationship to pupil:  Tel. number:

#### Consent

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

Father / Guardian Signature \_\_\_\_\_

Date:

Mother / Guardian Signature \_\_\_\_\_

Date:

## Details of Parents/Guardians

### Details of Father/Guardian

Name(s):

Title:  Surname:

Marital status:

If Divorced:  Is the child living with you?  Yes  No  
 Are you the legal guardian?  Yes  No

Relationship to pupil:

Date of Birth:

ID/Passport No.:

Nationality:

Residential Address:

Postal Address:

Occupation:

Business Name:

Work Address:

Home Tel:

Business Tel:

Cell:

E-mail (Home):

E-mail (Work):

Any legal documentation will be sent to? (Indicate with an X)

Residential address  Postal Address

### Details of Mother/Guardian

Name(s):

Title:  Surname:

Marital status:

If Divorced:  Is the child living with you?  Yes  No  
 Are you the legal guardian?  Yes  No

Relationship to pupil:

Date of Birth:

ID/Passport No.:

Nationality:

Residential Address:

Postal Address:

Occupation:

Business Name:

Work Address:

Home Tel:

Business Tel:

Cell:

E-mail (Home):

E-mail (Work):

Any legal documentation will be sent to? (Indicate with an X)

Residential address  Postal Address

Please be advised that it is the responsibility of the parents/guardians to notify the school if there are any changes in the information above.

I / We the Parent(s) / Guardian(s) of

hereby apply for his / her admission to Empro Academy. I / We confirm that the information contained in this document is complete and accurate. I / We understand that this document is the only and final contract with Empro Academy.

Father / Guardian Signature \_\_\_\_\_

Date:

Mother / Guardian Signature \_\_\_\_\_

Date:

For office use

For and on behalf of Empro \_\_\_\_\_

Signature: \_\_\_\_\_

# Indemnity Declaration

## EMPRO ACADEMY GENERAL INDEMNITY

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

Due to the nature of the matter, the School can, however, not accept any responsibility for accidents that may take place in the class, on the school terrain or on the sports fields.

Each parent is therefore requested to complete this form as proof that you accept the position of the School and the Managing Members as set out above as well as the risks involved herewith.

I, the undersigned,

Father / Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother / Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Being the parent or guardian of the under mentioned learner/s who is/are enrolled as such and accepted by the School, subject to the terms set out herein,

Name/s of Learner/s

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indemnifies Empro Academy for the time being of Empro Academy for any loss or damages in general, however it may occur, that I as parent or guardian of the above learner/s may suffer as a result of any occurrence whereby the child may be involved, whether as the causing or suffering party, whilst participating in any school activity.

In particular, I authorise that my aforesaid child/children 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 utilise the transport arranged by the School for such excursions. I also indemnify the School and the Managing Members for any damages or classes I as parent or guardian of the above learner/s may suffer under such circumstances and voluntarily accept the risks associated therewith.

In the event of the aforesaid child/children making use of a bus service to and from the School, I acknowledge that I am aware that such service is operated by an independent contractor and that neither the School nor the Managing Members accept any responsibility therefore.

### Social media and media consent

Empro Academy uses social media to promote our students and their learning activities. Learner's images and/ or work are often published to recognise excellence or effort and may appear in newspapers, on our website or newsletters.

- Yes, I/we give consent that my child's image may be used in social media and media contents.
- No, I/we do not give consent.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_