

Application for Admission

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



Website: www.empro.co.za Email: 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 | or | <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 | | <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: _____

DEBIT ORDER MANDATE

Please print clearly and complete in full

Company Registered Name: Empro Academy (Pty) Ltd.

Abbrev. Name with Bank: EMPROA.

Registration Number: 2016/124360/07.

Beneficiary's Address: 66 Erasmus Avenue, Raslouw AH, Centurion, 0157.

Third-party: Three Peaks Payments House.

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ACCOUNTABILITY™
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A. AUTHORITY

Name of account holder to debit: [REDACTED]

Domicile et executandi (Address): [REDACTED]

Contact Numbers: Mobile [REDACTED] Work [REDACTED]

Bank [REDACTED]

Branch Code: [REDACTED] Account Number: [REDACTED]

Type of Account: Current [REDACTED] Savings [REDACTED] Transmission [REDACTED]

Debit order date (monthly): 16th [REDACTED] 26th [REDACTED] 1st [REDACTED]

The signed Authority and Mandate refers to our Parent Contract and Financial Terms and Conditions.

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on 15 December 2018 (as school fees are paid in advance) and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 3 calendar months, and sent by e-mail to finance@empro.co.za or delivered to your address as indicated above.

If the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

This number must be added to this form in Section E before the issuing of any payment instruction.

B. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

I/We agree to pay any penalty bank charges relating to this debit order instruction.

C. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. ASSIGNMENT

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at [REDACTED] on this [REDACTED] day of [REDACTED]

[REDACTED] (Signature of the Account holder on the bank account)

E. AGREEMENT REFERENCE NUMBER

This Agreement reference number for debtor is EMPROA

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): _____

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

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 _____