



# SALAHUDIEN EDUCARE CENTRE

NPO REG: 2018/012423/08

11 A Oasis Road    salahudien.info@gmail.com    www.salahudien.co.za

Principal: 082 367 1405    Vice Principal: 072 202 3846

## Application for Admission

Month & Year Applied For: \_\_\_\_\_

Grade of Group Applied For (please tick in appropriate box)

1 Years Play group	3-4 Years Kindergarten	4-5 Years Grade 0	5-6 Years Grade R
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Half Day	
Full Day	

### MOST IMPORTANT

This application for admission will only be processed if all fields are completed legibly, are signed and ALL necessary supporting documents are attached.

### Necessary Supporting Documents Completed.

Copy of Childs Birth Certificate	
Copy of Childs Vaccination Records If Available	
Copy of Parents/Legal Guardians ID	
<b>Registration Fee - R800</b>	
<b>Advance Fee: Half Day - R1500 / Full Day - R1800</b>	

### FOR OFFICE USE

<b>Approved</b>	
<b>Date</b>	
<b>Commencement Date</b>	
<b>Grade/Group</b>	

## Section 1: Childs Personal Details

Full name: \_\_\_\_\_

Surname: \_\_\_\_\_

<b>ID Number</b>																			
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Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Girl  Boy

Home Language: \_\_\_\_\_ Additional Language: \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Religion: \_\_\_\_\_

<b>Transport to/ from school:</b>	<input type="checkbox"/> Motor vehicle	<input type="checkbox"/> Motorbike	<input type="checkbox"/> Bus	<input type="checkbox"/> Taxi	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Walk
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### Person dropping child at school:

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Person fetching child at school:

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Section 2: Childs Medical Details

Please tick appropriate box:

<b>Blood Type:</b>	<input type="checkbox"/> O+	<input type="checkbox"/> O-	<input type="checkbox"/> A+	<input type="checkbox"/> A-	<input type="checkbox"/> AB+	<input type="checkbox"/> AB-	<input type="checkbox"/> B+	<input type="checkbox"/> B-	<input type="checkbox"/> Unknown
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### Family Doctor Details:

Full name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_ Code: \_\_\_\_\_

### Medical Aid Details:

Medical Aid Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Main Member Initials & Surname: \_\_\_\_\_

<b>Main Member ID Number:</b>																			
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Option: \_\_\_\_\_

Has the child received all necessary immunizations?  Yes  No

If No, please provide a reason: \_\_\_\_\_

Has the child suffered from any of the following illnesses?  
Please indicate with an **X**

Asthma		Enteric Fever		Measles		Scarlet Fever	
Chicken Pox		German Measles		Mumps		Tick Bite Fever	
Diabetes		Hepatitis		Polio		Typhoid Fever	
Diphtheria		Malaria		Rheumatic Fever		Whooping Cough	

Does the child suffer from any allergies?  Yes  No

If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Does or has the child suffered from any other illness or disabilities?  Yes  No

If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Is the child receiving medical treatment for any condition?  Yes  No

If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Has the child had any operations?  Yes  No

If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

## **PARENTS / LEGAL GUARDIAN CONSENT:**

In a critical situation, please bare in mind that there may not be time to refer to the child's records. The school therefore reserves the right to utilize the quickest medical service available.

I, \_\_\_\_\_ being the parent/legal guardian of  
\_\_\_\_\_ hereby agree that a medical practitioner  
may provide emergency treatment as may be necessary.

Signature of Parent/ Legal Guardian: \_\_\_\_\_

### Section 3: Details of Father/Stepfather/Legal Guardian

Full name: \_\_\_\_\_

Surname: \_\_\_\_\_

<b>ID Number</b>																			
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Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Tel (home): \_\_\_\_\_ Tel (work): \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please tick the appropriate box:**

<b>Parental Status:</b>	Child living with parent/s	Access rights to the child	Access rights in an emergency only
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### Section 4: Details of Mother/Stepmother/Legal Guardian

Full name: \_\_\_\_\_

Surname: \_\_\_\_\_

<b>ID Number</b>																			
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Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Tel (home): \_\_\_\_\_ Tel (work): \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please tick the appropriate box:**

<b>Parental Status:</b>	Child living with parent/s	Access rights to the child	Access rights in an emergency only
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## Section 5: Declaration of Parents/Legal Guardians

We the undersigned, \_\_\_\_\_, hereby certify that the information given by us in this application for admission is complete and accurate. We also agree to the condition as set out herein.

We understand that the prescribed number of children per class may be exceeded.

This application for admission will be reconsidered in the case where important relevant information, which should be brought to the schools attention, is withheld.

I accept the terms and conditions of this contract are subject to change without prior notice.

NB! The signature of both parents and or legal guardians are required where applicable.

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Signature

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Date

## Section 6: General Indemnity

- The school, its staff, teachers and the Board of Directors undertake to implement reasonable and generally acceptable measures with regard to the safety and wellbeing of children, educators and visitors to the school.
- Due to the nature of the matter, the school, its staff, teachers and the Board do not accept any responsibility for accidents that may take place in the class or the school terrain. However, it is compulsory for staff to always be alert and attentive to our learners safety and wellbeing, accidents can occur especially in growing and active children.
- Each parent is therefor requested to complete this form as proof that you accept the position of the school and the Board as set out above as well as the risks involved therewith.
- I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_ who is enrolled as such and accepted by the school, subject to the terms set out herein, indemnify the school and the Board for the time being of any losses or damages in general, however they may occur, that I as parent/legal guardian of the above child 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, except if such loss or damage arises as consequence of the gross negligence or willful misconduct of the school or the Board or any person acting for or controlled by the school or the Board.

In particular, I authorize that the aforesaid child may be involved in all excursions undertaken by his/her group or class during school days as part of his/her learning experiences and, where applicable, I agree that he/she may utilize the transport arranged by the school for such excursions. I also indemnify the school and the Board for any damages or losses that I as a parent/legal guardian of the above child may suffer under such circumstances and voluntarily accepts the risks associated therewith, except if such loss or damage arises as a consequences or willful misconduct of the school of the Board or any person acting for or controlled by the school or the Board of Directors.

## Section 7: Permission to Use Photographs

I understand and acknowledge that, from time to time, informal photographs are taken of the schools learners, and that, insofar as these photographs are placed in the possession or control of the school, these photographs might be used by the school in electronic and or printed media including Facebook, schools website, newspapers, advertisement and banners. As all marketing material of the school portrays excellence, the school will at all times, insofar as the use of publication of photographs are placed in the control of the school, ensure that these photographs are used in the good taste.

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Signature of Parent/ Legal Guardian

## Section 8: Important Information

- Breakfast is served at school to all learners between 7:30am - 8:30am.
- Children should bring a sandwich, juice and /or fruit daily.
- Please note **NO** sweet or luxuries **EXCEPT** on a **FRIDAY**.
- Lunch is served to all full day learners.
- **Daily Attire:** Salahudien Educare has a summer and winter uniform. Kindly note that it is **COMPULSORY** for all learners to wear the school uniform.
- Uniform can be ordered from the school.

## Rules

- Children must be brought and fetched by a responsible person.
- Parents are advised to buy a school bag for their children's belongings to be carried safely between school and home.
- It is advised to send a change of clothes in an event of a mishap.
- Children must be discouraged from bringing toys or luxuries to school.
- Children must be attired in school uniform at all times.
- If any person other than the person stated on the form will fetch your child, the principal should be informed in advance.
- Parents must ensure the children are dropped before 8:30am for assembly and fetched on time. If your child arrives after 8:30am then breakfast must be served at home as we function timeously according to a scheduled timetable.



## Parent Involvement

- Parents are expected to attend all parent/teacher meetings which will be held quarterly.
- It is also expected that parents should participate fully in all fundraising activities arranged by the school, for the purpose of educational improvement.

## Section 9: Survey - Marketing

Where did you hear about us? \_\_\_\_\_

Please indicate how satisfied you were with the service received pre-enrolment:

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
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## School Fees Terms and Conditions

1. In terms of the contract of enrolment, fees are payable in advance at the beginning of each month.
2. Fees **MUST** be paid in **full** for the year by the **30th November**.
3. Termly payments are due on or before the first day of each term.
4. One month's written notice must be submitted before withdrawing your child or the month's fees will be payable by you.

Fees **MUST** be paid before or on the 1st of every month which is an advance payment for the month.

All fees will be paid directly into the schools bank account, preferably via eft. Please use your child's name as a reference.

### Fee Structure:

#### Half Day

R18 000 per year or R1500 per month

#### Full Day

R21 600 per year or R1800 per month

### Banking Details:

**Bank:** Standard Bank  
**Account Type:** Current  
**Branch:** Vangate  
**Branch Code:** 025909  
**Account Number:** 272756407

Please use your child's name as a reference