

APPLICATION FOR ADMISSION YEAR 2020

SCHOOL APPLIED AT _____

MONTH & YEAR APPLIED FOR _____

GRADE OR GROUP APPLIED FOR

0-12Months	12-18Months	18-24Months	2-3 years	3-4 years	4-5 years	Grade R
Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7
Grade 8	Grade 9	Grade 10	Grade 11	Grade 12		

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 SECTIONS & FORMS

- | | |
|---|--|
| <input type="checkbox"/> Copy of Child's Birth Certificate | <input type="checkbox"/> Section 1 – 17 Completed & Signed |
| <input type="checkbox"/> Copy of Child's Vaccination Records if available | <input type="checkbox"/> Proof of Residential address |
| <input type="checkbox"/> Copy of Parent's / Legal Guardians ID Documents | <input type="checkbox"/> Copy of last school report |

FOR OFFICE USE

APPOINTMENT DATE _____	APPROVED _____	FAMILY CODE _____
NOTES _____	DATE _____	CREDIT REFERENCE _____
_____	COMMENCEMENT DATE _____	SIBLINGS AT THE SCHOOL
_____	GRADE/GROUP _____	1. _____
		2. _____

SECTION 1 : CHILD'S PERSONAL DETAILS

SURNAME _____ FULL NAMES AS ON BIRTH CERTIFICATE _____

PREFERRED NAME _____ ID NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH ____/____/____ AGE _____ GENDER BOY GIRL

HOME & OTHER SPOKEN LANGUAGE/S _____ HOME _____ OTHER _____

NATIONALITY _____ COUNTRY OF ORIGIN _____ DATE OF IMMIGRATION _____

RACE

ASIAN	AFRICAN	COLOURED	INDIAN	WHITE	OTHER
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RELIGION _____ RESIDENCE

PARENTS	GUARDIANS	OTHER
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TRANSPORT TO/FROM SCHOOL

MOTOR VEHICLE	MOTORBIKE	BUS	TAXI	BICYCLE	WALK
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PERSON DROPPING CHILD AT SCHOOL NAME _____ RELATIONSHIP _____

PERSON COLLECTING CHILD FROM SCHOOL NAME _____ RELATIONSHIP _____

SECTION 2 : PREVIOUS SCHOOL/S

CURRENT _____ PREVIOUS _____

ADDRESS _____ ADDRESS _____

TEL NO _____ TEL NO _____

CONTACT PERSON _____ CONTACT PERSON _____

HAS ADMISSION TO ANY OTHER SCHOOL EVER BEEN REFUSED? IF YES, PLEASE STATE YES NO REASON _____

REASON _____

SECTION 3 : CHILD'S MEDICAL DETAILS

BLOOD TYPE

O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN
----	----	----	----	-----	-----	----	----	---------

FAMILY DOCTOR NAME _____ TEL NO _____

ADDRESS _____ CODE _____

MEDICAL AID NAME _____ MEMBER NUMBER _____

MAIN MEMBER INITIALS & SURNAME _____ MAIN MEMBER ID NUMBER _____

OPTION _____

HAS THE CHILD RECEIVED ALL THE NECESSARY IMMUNISATIONS? IF NO, PLEASE STATE REASON. YES NO

REASON _____

HAS THE CHILD SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? IF NO, PLEASE INDICATE WITH AN X.

<input type="checkbox"/> ASTHMA <input type="checkbox"/> CHICKEN POX <input type="checkbox"/> DIABETES <input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> ENTERIC FEVER <input type="checkbox"/> GERMAN MEASLES <input type="checkbox"/> HEPATITIS <input type="checkbox"/> MALARIA	<input type="checkbox"/> MEASLES <input type="checkbox"/> MUMPS <input type="checkbox"/> POLIO <input type="checkbox"/> RHEUMATIC FEVER	<input type="checkbox"/> SCARLET FEVER <input type="checkbox"/> TICKBITE FEVER <input type="checkbox"/> TYPHOID FEVER <input type="checkbox"/> WHOOPING COUGH
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DOES THE CHILD SUFFER FROM ANY ALLERGIES? YES NO

IF YES, PLEASE GIVE DETAILS. _____

DOES OR HAS THE CHILD SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES? YES NO

IF YES, PLEASE GIVE DETAILS. _____

IS THE CHILD RECEIVING MEDICAL TREATMENT FOR ANY CONDITION? YES NO

IF YES, PLEASE GIVE DETAILS. _____

IS OR HAS THE CHILD SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET? YES NO

IF YES, PLEASE GIVE DETAILS. _____

SECTION 3 : CHILD'S MEDICAL DETAILS - CONTINUED

HAS THE CHILD HAD ANY OPERATIONS?

YES

NO

IF YES, PLEASE GIVE DETAILS. _____

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS. _____

SECTION 3 : CHILD'S MEDICAL DETAILS - CONSENT

IN A CRITICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE CHILD'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE 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 4 : DETAILS OF FATHER / STEPFATHER / LEGAL GUARDIAN

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 8.

SURNAME _____

FULL NAMES AS IN ID DOCUMENT

DESIGNATION _____

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	
----	-----	----	------	----	-----	------	-------	--

ID NUMBER _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP _____

MARITAL STATUS _____

OCCUPATION _____

EMPLOYER _____

RESIDENTIAL ADDRESS _____

WORK ADDRESS _____

POSTAL ADDRESS _____

TELL (HOME) _____ CODE _____

TEL (WORK) _____ CODE _____

CELL _____

EMAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

PARENTAL STATUS

CHILD LIVING WITH PARENT/S

ACCESS RIGHTS TO CHILD

ACCESS RIGHTS IN AN EMERGENCY ONLY



SECTION 5 : DETAILS OF MOTHER / STEPMOTHER / LEGAL GUARDIAN

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 8.

SURNAME	FULL NAMES AS IN ID DOCUMENT								
DESIGNATION	MR	MRS	MS	MISS	DR	REV	PROF	OTHER	
ID NUMBER									
RELATIONSHIP	MARITAL STATUS								
OCCUPATION	EMPLOYER								
RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS							
TELL (HOME) CODE	TEL (WORK) CODE	CELL							
EMAIL ADDRESS (PLEASE WRITE LEGIBLY)									
PARENTAL STATUS	CHILD LIVING WITH PARENT/S	ACCESS RIGHTS TO CHILD	ACCESS RIGHTS IN AN EMERGENCY ONLY						

SECTION 6 : DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

SURNAME	FULL NAMES AS IN ID DOCUMENT		
RELATIONSHIP			
TELL (HOME) CODE	TEL (WORK) CODE	CELL	
EMAIL ADDRESS (PLEASE WRITE LEGIBLY)			

SECTION 7 : 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 conditions as set out herein.

We understand that 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 school's 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.

SIGNATURE OF FATHER / STEPFATHER / LEGAL GUARDIAN	DATE
SIGNATURE OF MOTHER / STEPMOTHER / LEGAL GUARDIAN	DATE

SECTION 8 : DETAILS OF ACCOUNT HOLDER

SURNAME	FULL NAMES AS IN ID DOCUMENT		
DESIGNATION	MR	MRS	MS
ID NUMBER	MISS	DR	REV
RELATIONSHIP	PROF	OTHER	
OCCUPATION	MARITAL STATUS		
RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS	
TELL (HOME) _____ CODE _____	TEL (WORK) _____ CODE _____	CELL _____	
EMAIL ADDRESS (PLEASE WRITE LEGIBLY)			
PARENTAL STATUS	CHILD LIVING WITH PARENT/S	ACCESS RIGHTS TO CHILD	ACCESS RIGHTS IN AN EMERGENCY ONLY

DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1. NAME _____	GROUP _____	2. NAME _____	GROUP _____
2. NAME _____	GROUP _____	4. NAME _____	GROUP _____

PAYMENT OPTION	MONTHLY PAYMENTS BY ELECTRONIC FUNDS TRANSFER OR CASH DEPOSIT AT THE BANK	ANNUALLY IN ADVANCE BY ELECTRONIC FUNDS TRANSFER OR CASH DEPOSIT AT THE BANK
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SECTION 9 : DECLARATION OF ACCOUNT HOLDER

The account holder undertakes to give the school thirty (30) calendar days written notice of termination of the enrolment of the child in the nursery school failing which, the account holders and the surety and co-principal debtor shall be liable for the full amount of the tuition fees for the year.

The Account Holder undertakes to give full term's written notice of termination of the enrolment of a child in the Primary school no later than the first day of the term. The notice period serves the full term from the first day to the last day of the term. Payment is required in full for each month that falls within the term, i.e. 4 months payment in full.

The account holder undertakes to give the school thirty (30) calendar days written notice of termination of the enrolment of all primary school additional services, i.e. aftercare, transport, etc. failing which, the account holders and the surety and co-principal debtor shall be liable for the full amount of the tuition fees for the following month.

Please Note: All school fees are payable in 12 months. November and December are our no notice periods for either the child in the primary school or the child in the nursery school. Notice can be given in December for the month of January.

We accept joint and several liability to _____ (school name) for the due and punctual payments of the once-off, non-refundable enrolment fee, school fees and any other amounts which may become due and payable to the school or in respect of participation in or attendance of any extracurricular activity.

We accept the Financial Terms and Conditions of which a copy has been kept and the school tuition fee schedules which are all annexed hereto.

NB: The signatures of the account holder and that of the 2nd parent / a guardian / legal guardian is required if applicable.

SIGNATURE OF ACCOUNT HOLDER	DATE
SIGNATURE OF 2 nd PARENT / A PARENT / LEGAL GUARDIAN <small>Surety and co-principal debtor for the obligations of the account holder</small>	DATE
SIGNATURE OF AN AUTHOURISED SCHOOL REPRESENTATIVE	DATE

SECTION 10 : FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

- 1.1 The person responsible for the account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the account, alternatively binds him/herself as co-debtor and surety for payment of all fees to the School.
- 1.2 The legal guardian, as described in the Application, binds him/herself as surety and co-debtor for the payment of all fees by the Account Holder or any other payments that may arise from this Agreement.

2. TERMS OF PAYMENT

- 2.1 It is recorded that fees are determined at the beginning of the month and that the Account Holder is informed of the results in writing.
- 2.2 The Account Holder shall immediately inform the school if he/she has not received an invoice at the start of the academic month.
- 2.3 Fees for 12 (twelve) months are payable monthly in advance by means of debit order on or before the 2nd (second) day of each calendar month or annually in advance by 31 December, depending on the fee payment option exercised by the Account Holder in the Application.
- 2.4 The school reserves the right to charge interest of 15% (fifteen per cent) on all accounts that are in arrears by 30 (thirty) days or longer.
- 2.5 Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the application fee structure of the school.
- 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 In the event of any one monthly payment not paid on due date, full amount of the annual fees shall immediately become due and payable. In the event of any one terms fees not being paid on the due date for the payment of the term fees, the full amount of the school tuition fees for the entire year shall immediately become due and payable.

3. BREACH OF CONTRACT

In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the school may in its sole discretion without notice:

- 3.1 Refuse the child entry to the school's premises until the breach has been remedied; or
- 3.2 Claim damages from the Account Holder and / or the surety and legal guardian; or
- 3.3 Take whatever legal steps that may be necessary.

4. GENERAL

- 4.1 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 document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill or 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.
- 4.2 No representation, promise, warranty or guarantee other than as recorded in this Application for Admission shall be binding on the parties.

5. JURISDICTION

This Agreement is subject to South African law.

6. CREDIT INFORMATION

The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

7. DOMICILIUM

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

8. LEGAL FEES

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

9. CANCELLATION

The Account Holder undertakes to give 30 (thirty) calendar days' written notice of termination of the enrolment of a child in the nursery school, failing which the liability be incurred for the full amount of the following month's fees.

The Account Holder undertakes to give full term's written notice of termination of the enrolment of a child in the Primary school no later than the first day of the term. The notice period serves the full term from the first day to the last day of the term. Payment is required in full for each month that falls within the term, i.e. 4 months payment in full. The account holder undertakes to give the school thirty (30) calendar days written notice of termination of the enrolment of all primary school additional services, i.e. aftercare, transport, etc.

The Applicant may not give notice to terminate in the nursery school for the months of November and December. The fees for BOTH months are fully payable. Notice to terminate this agreement for the end of December must be handed in at the office by the beginning of December.

The school shall be entitled to terminate the enrolment of any child under the following circumstances:

Summarily, and with immediate effect, if the child 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 a pro-rata proportion of any fees already paid in advance in respect of such child.

SIGNATURE OF ACCOUNT HOLDER

DATE

SECTION 11 : GENERAL INDEMNITY

1. 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 all children, educators and visitors to the school.
2. Due to the nature of the matter, the school, its staff, teachers and the Board of Directors do not accept any responsibility for accidents that may take place in the class or on the school terrain.
3. Each parent is therefore requested to complete this form as proof that you accept the position of the school and the Board of Directors as set out above as well as the risks involved therewith.
4. 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 of Directors 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's activity, except if such loss or damage arises as consequence of the gross negligence or wilful misconduct of the school or the Board of Directors or any person acting for or controlled by the school or the Board of Directors.
5. In particular, I authorise 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 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 Board of Directors for any damages or losses that I as 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 consequence or wilful misconduct of the school or the Board of Directors or any person acting for or controlled by the school or the Board of Directors.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20 _____

AS WITNESSES:

1. _____
2. _____

SIGNATURE OF ACCOUNT HOLDER

SECTION 12 : PERMISSION TO USE PHOTOGRAPHS

I understand and acknowledge that, from time to time, informal photographs are taken of the school's children, 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 the electronic and / or printed media, including the school's website, newspaper advertisements, magazine advertisements, brochures, flyers, posters, billboards, banners, flippers and signage on buildings and vehicles, which use will be solely for purposes of marketing the school. As all marketing material of the school portrays excellence, the school will at all times, insofar as the use and publication of photographs are placed in the control of the school, ensure that these photographs are used in good taste.

SIGNATURE OF PARENT / LEGAL GUARDIAN

SECTION 13 : SURVEY - MARKETING

WHERE DID YOU HEAR ABOUT US? PLEASE INDICATE WITH AN X.

<input type="checkbox"/> BILLBOARD	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> MAGAZINE	<input type="checkbox"/> RADIO
<input type="checkbox"/> PRESENTATION	<input type="checkbox"/> BROCHURE	<input type="checkbox"/> FLYER	<input type="checkbox"/> EXHIBITION
<input type="checkbox"/> FRIEND	<input type="checkbox"/> WEB	<input type="checkbox"/> OTHER / SPECIFY _____	

PLEASE INDICATE HOW SATISFIED YOU WERE WITH THE SERVICE RECEIVED PRE-ENROLMENT.

VERY SATISFIED SATISFIED DISSATISFIED VERY DISSATISFIED

WAS THE INFORMATION RECEIVED PRE-ENROLMENT:

RELEVANT INFORMATIVE SUFFICIENT

IF NOT, PLEASE PROVIDE FURTHER DETAILS. _____

SECTION 14: PRIMARY SCHOOL TUITION FEES 2020

GRADE	MONTHLY INSTALMENTS JANUARY & FEBRUARY <small>(BEFORE ANNUAL INCREASE)</small>	MONTHLY INSTALMENTS MARCH TO DECEMBER <small>(AFTER ANNUAL INCREASE)</small>	ANNUAL FEE REBATE OF 7% IF PAID IN ADVANCE <small>(payable before 15th Jan 2020)</small>	TERM 1 FEES	TERM 2 FEES	TERM 3 FEES
GRADE 0	R 6000.00	R 6400.00	R 70 680.00	R 24 800.00	R 25 600.00	R 25 600.00
GRADE 1	R 6000.00	R 6400.00	R 70 680.00	R 24 800.00	R 25 600.00	R 25 600.00
GRADE 2	R 6000.00	R 6400.00	R 70 680.00	R 24 800.00	R 25 600.00	R 25 600.00
GRADE 3	R 6000.00	R 6400.00	R 70 680.00	R 24 800.00	R 25 600.00	R 25 600.00
GRADE 4	R 6000.00	R 6400.00	R 70 680.00	R 24 800.00	R 25 600.00	R 25 600.00
GRADE 5	R 6000.00	R 6400.00	R 70 680.00	R 24 800.00	R 25 600.00	R 25 600.00
GRADE 6	R 6000.00	R 6400.00	R 70 680.00	R 24 800.00	R 25 600.00	R 25 600.00
GRADE 7	R 6000.00	R 6400.00	R 70 680.00	R 24 800.00	R 25 600.00	R 25 600.00
GRADE 8	R 6000.00	R 6800.00	R 74 400.00	R 25 600.00	R 27 200.00	R 27 200.00
GRADE 9	R 6000.00	R 6800.00	R 74 400.00	R 25 600.00	R 27 200.00	R 27 200.00
GRADE 10	R 6000.00	R 6800.00	R 74 400.00	R 25 600.00	R 27 200.00	R 27 200.00
GRADE 11	R 6000.00	R 6800.00	R 74 400.00	R 25 600.00	R 27 200.00	R 27 200.00
GRADE 12	R 6000.00	R 6800.00	R 74 400.00	R 25 600.00	R 27 200.00	R 27 200.00
REGISTRATION FEE					R 10,500.00	

Sandton Primary School		Sandton Junior School Bryanston	
ADDITIONAL SERVICES	MONTHLY FEES	ADDITIONAL SERVICES	MONTHLY FEES
AFTERCARE	R 1700.00	AFTERCARE	R 1700.00
TRANSPORT 1WAY	R 1200.00	TRANSPORT 1WAY	R 1200.00
TRANSPORT 2WAYS	R 2100.00	TRANSPORT 2WAYS	R 2100.00

TERMS AND CONDITIONS

- In terms of the Contract of Enrolment tuition fees are payable in advance at the beginning of each term
- Interest of 7% on total monthly instalment to be added if payment not paid by the 7th of the month
- Fees must be paid in full for the year by the 31st of January otherwise the termly/monthly rate applies
- Termly payments are due on or before the first day of each term
- Total of R 10 500.00 per child will be paid in full as a non-refundable registration fee per child enrolling at Sandton Primary School
- One full term's written notice on the Primary school service
One month's written notice on all additional services (e.g. Aftercare, transport, etc.)
- All Grade 8 – 12 children are registered for IEB Exams. The registration fee is included in the monthly school fees.

Banking Details for Sandton Primary & High School
 Account holder: Sandton Junior Primary
 Bank Name: Standard Bank
 Current Account
 Branch: Sandton
 Account number: 302600698





GRADE 0

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GRADE 12

Banking Details for Sandton Junior Bryanston
 Account Holder: Sandton Junior Primary cc
 Bank Name: ABSA-Current account
 Branch: ABSA Wealth Sandton - 632005
 Account number: 4085680968



SECTION 15: NURSERY SCHOOL TUITION FEES 2020

Fees (payable monthly in advance)	MONTHLY INSTALMENTS JANUARY & FEBRUARY 0% discount (BEFORE ANNUAL INCREASE)	MONTHLY INSTALMENTS MARCH TO DECEMBER 0% discount (AFTER ANNUAL INCREASE)	ANNUAL FEE REBATE OF 4% IF PAID IN ADVANCE (payable before 15 th Jan 2020)	4 PAYMENTS (4 QUARTERS) 0% DISCOUNT		2 PAYMENTS (6 MONTHS EACH PAYMENT) 2% DISCOUNT	
				QUARTER 1 (CALCULATED FOR FIRST 3 MONTHS ONLY)	QUARTER 2 – QUARTER 4 (CALCULATED PER 3 MONTHS)	PAYMENT 1	PAYMENT 2
All ages – Full Day <small>(06h30-18h00)</small>	R 4950.00	R 4950.00	R 57 024.00	R 14 850.00	R 14 850.00	R 29 106.00	R 28 512.00
All ages Half day <small>(06:30-14h00)</small>	R 4150.00	R 4150.00	R 47 808.00	R 12 450.00	R 12 450.00	R 24 900.00	R 23 904.00
Transport: One Way (per child)	R 1500.00	R 1700.00	R 19 200.00	R 4 700.00	R 5 100.00	R 9 604.00	R 9 996.00
2 nd Child Discount	R 800.00	R 1000.00	R 11 136.00	R 2 600.00	R 3 000.00	R 5 488.00	R 5 880.00
Two Way	R 2600.00	R 2800.00	R 31 872.00	R 8 000.00	R 8 400.00	R 16 072.00	R 16 464.00
2 nd Child Discount	R 1300.00	R 1700.00	R 18 816.00	R 4 300.00	R 5 100.00	R 9 212.00	R 9 996.00
Occasional Trip	R 150.00	R 150.00					
Occasional User: Half day	R 200.00	R 200.00					
Full Day	R 250.00	R 250.00					
Sibling Discount	R 300.00	R 300.00					
Enrolment Fee (Once off & non-refundable)				R2000.00		<input type="checkbox"/>	
PAYMENT OPTIONS		Cheque(s)	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Direct Bank Transfer	<input type="checkbox"/>
Fees in terms of this agreement are payable monthly in advance. Proof of direct deposits must be submitted to the school. This is your responsibility.							



Sandton Junior Bryanston

Sandton Junior Bryanston Banking Details

Account Holder: Sandton Junior Primary cc
 Bank: ABSA-Current account
 Branch: ABSA Wealth Sandton - 632005
 Account number: 4085680968

0 MONTHS

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**GRADE R
(6YEARS)**



Sandton Junior Morningside

Sandton Junior Morningside Banking Details

Account Holder: Hurlywood Trading 52 cc T/A
 Sandton Junior Morningside
 Bank: ABSA Bank Limited Trading as ABSA
 Wealth Pretoria
 Branch code: 632005
 Account number: 4089431197



Smiley Kids Sandton Banking Details

Account Holder: Hurlywood Trading 52cc
 Bank: Standard Bank
 Branch and code: Parktown 0035500
 Account number: 200479695

SIGNATURE OF ACCOUNT HOLDER _____

DATE _____

SECTION 16: SCHOOL TRANSPORT SERVICE INDEMNITY

The undersigned ("the Applicant") hereby acknowledges that he/she be liable for the payment of the monthly fees in respect of the child-transport services on the first day of each month.

1 way transport	<input type="checkbox"/>	R _____
2 ways transport	<input type="checkbox"/>	R _____
Occasional trip	<input type="checkbox"/>	R _____
Sibling transport	<input type="checkbox"/>	R _____



Please fill in your residential details for transport pick up and drop off

Complex name: _____
Unit number: _____
Street name: _____
Area name: _____ Area code: _____
Contact person re transport: _____ Contact Number: _____

RULES FOR TRANSPORT

- ✓ Transport is available daily.
- ✓ The bus runs per specific routes at specific times.
- ✓ The child must be ready for pick-up at the time specified by the bus driver.
- ✓ The bus will not wait for any child who is not ready.

TERMS AND CONDITIONS OF TRANSPORT SERVICE

I, _____ (Print parent name) agree that if _____ (Print child name) utilises school transport I will indemnify the school and the Board of Directors for any damages or losses that I as the parent/legal guardian of the above-mentioned child may suffer under such circumstances and voluntarily accepts the risks associated therewith, except if such loss or damage arises as a consequence of wilful misconduct of the school or the board of Directors or any person acting for or controlled by the school or the Board of Directors.

The account holder undertakes to give the school thirty (30) calendar days written notice of termination of the enrolment of all transport services. The Applicant may not give notice for the months of November and December. The fees for BOTH months are fully payable. Notice to terminate this agreement for the end of December must be handed in at the office by the beginning of December.

ACCEPTANCE OF TERMS AND CONDITIONS

I, _____ (Print parent name) hereby understand and accept the terms and conditions as per contract.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20 _____

AS WITNESSES:

1. _____

2. _____

SIGNATURE OF ACCOUNT HOLDER

SECTION 17: SCHOOL AFTERCARE SERVICE INDEMNITY

The undersigned ("the Applicant") hereby acknowledges that he/she be liable for the payment of the monthly fees in respect of the child-transport services on the first day of each month.

Aftercare R _____

Please fill in the details of the person collecting your child from after care: -

Parent / legal guardian' name: _____
Contact number: _____
Relationship to child: _____

BENEFITS FOR AFTERCARE

- ✓ Aftercare is available daily from 13:30pm – 18:00pm.
- ✓ Lunch is served daily.
- ✓ Homework is monitored and supervised by the aftercare teacher.
- ✓ Playtime after class.

TERMS AND CONDITIONS OF AFTERCARE SERVICE

I, _____ (Print parent name) agree that if _____ (Print child name) utilises the aftercare service, I will indemnify the school and the Board of Directors for any damages or losses that I as the parent/legal guardian of the above-mentioned child may suffer under such circumstances and voluntarily accepts the risks associated therewith, except if such loss or damage arises as a consequence or wilful misconduct of the school or the board of Directors or any person acting for or controlled by the school or the Board of Directors. I also accept that I will collect my child by no later than 18:00pm daily. I accept that should I delay in collecting my child from aftercare I will fully pay the penalties as per request by the accounts department.

The account holder undertakes to give the school thirty (30) calendar days written notice of termination of the enrolment of all aftercare services. The Applicant may not give notice for the months of November and December. The fees for BOTH months are fully payable. Notice to terminate this agreement for the end of December must be handed in at the office by the beginning of December.

ACCEPTANCE OF TERMS AND CONDITIONS

I, _____ (Print parent name) hereby understand and accept the terms and conditions as per contract.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20 _____

AS WITNESSES:

1. _____

2. _____

SIGNATURE OF ACCOUNT HOLDER