



# Glen Austin Primary

a division of Paddington's Educare Center cc



2 Cilliers Road  
Glen Austin  
Midrand  
EMIS : 700400419

Tel : 011 314 2885  
Fax : 0866 949 665  
Email : admin@glenaustrinprimary.co.za  
Web : www.midrandschool.co.za

## COVER SHEET

### DOCUMENTATION TO BE INCLUDED WITH YOUR APPLICATION

|                          |                                                                      |                          |                                                                                     |
|--------------------------|----------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> | ID Size Photo of the Learner                                         | <input type="checkbox"/> | Mom's ID or Passport Copy                                                           |
| <input type="checkbox"/> | UNABRIDGED Birth Certificate of the Learner                          | <input type="checkbox"/> | Dad's ID or Passport Copy                                                           |
| <input type="checkbox"/> | Clinic Card of the Learner - Up to Date                              | <input type="checkbox"/> | Mom's Valid Work Permit if Foreigner                                                |
| <input type="checkbox"/> | Most recent School Report                                            | <input type="checkbox"/> | Dad's Valid Work Permit if Foreigner                                                |
| <input type="checkbox"/> | Passport Copy of the learner if Foreigner                            | <input type="checkbox"/> | Proof of Employment - Same name as Debit Order                                      |
| <input type="checkbox"/> | Valid Study Permit if Foreigner                                      | <input type="checkbox"/> | <u>3 months current bank statement - stamped by bank - same name as Debit Order</u> |
| <input type="checkbox"/> | Latest account statement for the applicable year from current school |                          |                                                                                     |

### IMPORTANT TO REMEMBER

1. All Pages must be completed in full.
2. If you requested Transport - You might very well have to enrol for Aftercare as it would depend on what time the transport leaves school and where you live.
3. Aftercare is required if your child is not collected by 3:30pm daily.
4. Both Parents MUST sign pages 1, pages 3 to 9 and the signatory on the bank account to be debited must sign page 10 and 11.
5. ALL of the above listed documents MUST be included in the application or your application will not be considered.
6. Assessment dates and times will be confirmed and need to be adhered to at all times. Assessment fee of R350 to be paid in CASH before the assessment will be done.
7. Your child doing an assessment does NOT guarantee them space.
8. Once accepted, you will be expected to pay the non-refundable development levy in full by the due date.
9. Should any of the points above not be completed, it could result in your application being incomplete / delayed or discarded.
10. Fees stated on the application form is for the period referred to. These fees will be amended for the following year.
11. An ITC check will be done on BOTH parents at time of enrollment and from time to time thereafter for affordability purposes. I / We consent that the School may provide the information to an authorised representative of the School for a lawful purpose, and I / We give consent that the information provided be confirmed and updated by the School or the Schools authorised representatives.
12. Contact will be made with the current / previous school.
13. Application feedback will only be made available 5 -10 days AFTER assessment. You will be notified in writing of the schools decision.
14. The school reserves the right to decline applications made at their discretion.
15. ACCEPTANCE WILL NOT BE DONE SHOULD FORMS BE INCOMPLETE IN ANY WAY IRRESPECTIVE OF WHETHER YOUR CHILD PASSED THE ASSESSMENT OR NOT!!!
16. **GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTRE DOES NOT OPERATE AS AN INSTITUTION FOR SPECIAL NEEDS AS ALL OUR LEARNERS NEED TO BE ABLE TO FOLLOW AN ACADEMIC PROGRAM WITH SET CRITERIA AS OUTLINED BY THE GDE AS WELL AS ORGANISATIONS SUCH AS ISASA.**

PARENT SIGNATURE : \_\_\_\_\_  
ID NUMBER : \_\_\_\_\_

PARENT SIGNATURE : \_\_\_\_\_  
ID NUMBER : \_\_\_\_\_



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## **APPLICATION FORM**

### **FOUNDATION & INTERMEDIATE PHASE (Grade 1 to 7)**

Application Date : \_\_\_\_\_ Grade : \_\_\_\_\_  
Start Date : \_\_\_\_\_ Account No : \_\_\_\_\_

#### **LEARNER INFO**

NAME : \_\_\_\_\_ SURNAME : \_\_\_\_\_  
Child's Home Address : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Home Language : \_\_\_\_\_  
Gender : Girl / Boy Race : \_\_\_\_\_  
Home telephone number : \_\_\_\_\_ Sibling Name at this School : \_\_\_\_\_

#### **PARENT INFO**

|                             | <b><u>MOTHER</u></b> | <b><u>FATHER</u></b> |
|-----------------------------|----------------------|----------------------|
| Name & Surname :            |                      |                      |
| ID Number :                 |                      |                      |
| Home Address :              |                      |                      |
| Email Address :             |                      |                      |
| Cellular Telephone Number : |                      |                      |
| Employer Name & Address :   |                      |                      |
| Work telephone number :     |                      |                      |

#### **GENERAL INFO**

Do you require aftercare? If yes - additional charges apply. Applicable from 3:30pm to 5:45pm Monday to Thursday and 2:00pm to 5:45pm on a Friday. YES / NO If NO your child MUST be collected by 3:30pm Monday to Thursday & 2pm on a Friday.

Do you require transport? If yes, additional charges apply. Yes - Select ONLY ONE option : 

|          |            |      |
|----------|------------|------|
| MORNINGS | AFTERNOONS | BOTH |
|----------|------------|------|

**NB : TRANSPORT IS OUTSOURCED TO PHOKELA TOURS AND LEAVES AT 3:30PM DAILY.**

If NOT both trips, who will drop / collect: \_\_\_\_\_

#### **NOTE : TRANSPORT IS OUTSOURCED TO PHOKELA TOURS.**

If parents are divorced, which parent has custody of the child? MOM or DAD - Attach copies of relevant documentation

Can your child speak and understand ENGLISH? YES / NO

Has your child attended school before? YES / NO

If yes, state when and where? Attach copy of last report card \_\_\_\_\_

Reason for leaving previous school \_\_\_\_\_

#### **PERSON TO CONTACT IF PARENTS ARE UNAVAILABLE**

Name : \_\_\_\_\_ Surname : \_\_\_\_\_  
Address : \_\_\_\_\_  
Relationship to child : \_\_\_\_\_ Cellular Telephone Number : \_\_\_\_\_



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## MEDICAL HISTORY & INDEMNITY FORM

### CONSENT AND INDEMNITY FORM

I, \_\_\_\_\_ ID No : \_\_\_\_\_  
(Full Name of Parent / Guardian) (ID Number of Parent / Guardian)

Residing at \_\_\_\_\_  
(Full Physical Address of Parent / Guardian)

The Parent / Guardian of \_\_\_\_\_ Born on : \_\_\_\_\_  
(Full Names of Child / Ward) (Date of Birth of Child)

hereby give my consent for my child / ward to take part in any and all activities of the school, whether conducted on the school premises or extra - murally, including, but not limited to, games; athletics; tours and excursions. I fully understand and accept that all such activities shall be undertaken at my child's / ward's own risk, and I undertake, on behalf of myself, my spouse, my executors and my aforesaid child / ward to indemnify, hold harmless and absolve GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC, as well as any other party designated by GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC to assist in the activities undertaken, against and from any or all claims whatsoever, which, may arise in connection with any loss or damage to the person, or property of my aforesaid child / ward in the course of such activities.

I further indemnify GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC, it's partners and or employees or other parties designated by GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC, against any lawsuit, prosecution and other actions that may arise as a result of injuries sustained by the minor, or his / her death during transport provided at any time or place by GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC and its employees or other parties designated by GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC, regardless of the purpose of the transport.

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me or my child's other guardian(s) before such action is taken. I will be responsible for the payment of such care or treatment. I agree that my child receives the necessary medical attention in the case of an emergency. I further agree that the medical practitioner looking after my child may be called at the schools / staff discretion when needed, at my cost. Should my doctor be unobtainable I give you the right to use your own doctor at my expense.

### MEDICAL HISTORY

I have had my child immunized against all childhood diseases and or illnesses and have attached a copy of my child's immunization chart to this application.

Which contagious diseases has your child already had? ie. Mumps, Measels, Chickenpox etc. \_\_\_\_\_

Mention any problems at Birth : \_\_\_\_\_

Does your child suffer from any Allergies? ie. Asthma / Hayfever / Food products YES / NO

If YES, state the nature of such allergies : \_\_\_\_\_

Does your child suffer from any other problems whatsoever? ie. Weak Bladder, Hearing Problems, Sight Problems etc. YES / NO

If YES, state the nature of such problems : \_\_\_\_\_

Does your child have any learning disability / challenges i.e. ADHD, Autism etc? **YES / NO** If yes, please specify. \_\_\_\_\_

Have you ever sought psychosocial support for your child? **YES / NO** If yes, please attach the report/s. \_\_\_\_\_

Child's Physician : \_\_\_\_\_ Telephone number : \_\_\_\_\_

Medical Aid Name : \_\_\_\_\_ Member No : \_\_\_\_\_

I declare that I understand the meaning and implications of this indemnity, which have been explained to me. I further declare that all the information declared herein, is true and complete to the best of my knowledge.

PARENT SIGNATURE : \_\_\_\_\_ PARENT SIGNATURE : \_\_\_\_\_

ID NUMBER : \_\_\_\_\_ ID NUMBER : \_\_\_\_\_

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



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## Foundation & Intermediate Phase Pricelist 2025

| Fees Grade's 1 - 7 - Subject to increase annually - <b>DEBIT ORDERS ARE COMPULSORY</b>                                                                                                                                                     |                                                                                        |                                                 |                                |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------|--------------------------------|
|                                                                                                                                                                                                                                            |                                                                                        | Grade 1 - 3                                     | Grade 4 - 5                    | Grade 6 - 7                    |
| Assessment Fee (non-refundable)                                                                                                                                                                                                            | Payable on day of assessment (once off)                                                | R350 per learner                                |                                |                                |
| Non-Refundable Development Levy                                                                                                                                                                                                            | Payable on acceptance (once off)                                                       | R4,500 per learner                              |                                |                                |
| Monthly School fees - Jan to Dec 2025 - <b>NB: INTEGRATED DAY APPLICABLE</b>                                                                                                                                                               | EFT Payment - Monthly in advance                                                       | R4,850 / month                                  | R5,000 / month                 | R5,000 / month                 |
|                                                                                                                                                                                                                                            | Debit order payment - Monthly in advance                                               | R4,550 / month                                  | R4,700 / month                 | R4,700 / month                 |
| Annual consumables levy 2025 - <b>NB: STATIONERY AND STATIONERY LABELS INCLUDED</b>                                                                                                                                                        | Pay on acceptance & annually thereafter                                                | Gr 1 = R3,850<br>Gr 2 = R3,850<br>Gr 3 = R4,350 | Gr 4 = R4,500<br>Gr 5 = R4,500 | Gr 6 = R4,850<br>Gr 7 = R4,850 |
| Chair Bag (Gr 1 - 3) / Pencil Case (Gr 1 - 7)                                                                                                                                                                                              | Pay on acceptance - COMPULSORY for new learners                                        | R 310                                           | R 170                          | R 170                          |
| Refundable Aftercare Deposit - Subject to annual top up - <b>NB: AVAILABLE UP TO 5:45PM</b>                                                                                                                                                | If Applicable - Pay on Acceptance                                                      | R650 per learner                                |                                |                                |
| Monthly Aftercare fees - Jan to Dec 2025                                                                                                                                                                                                   | If Enrolled - monthly in advance                                                       | R650 / month per learner                        |                                |                                |
| Monthly Transport fees - 10 months if required (not billed for July and December) <b>NB: Outsourced to Phokela Tours!!!</b>                                                                                                                | Olifantsfontein / Clayville / Glen Austin / Ebony Park / Kaalfontein / Randjiesfontein | R1,300 Full Trip                                | OR                             | R650 Half Trip                 |
|                                                                                                                                                                                                                                            | Tembisa                                                                                | R1,550 Full Trip                                | OR                             | R775 Half Trip                 |
|                                                                                                                                                                                                                                            | Other Areas if agreed upon                                                             | R1,450 Full Trip                                | OR                             | R725 Half Trip                 |
| ADHOC TRANSPORT FEE per child                                                                                                                                                                                                              | Only with Prior Arrangement                                                            | R60 / trip per learner                          |                                |                                |
| OLDEST CHILD AT THIS SCHOOL WILL BE CONSIDERED TO BE THE 1ST CHILD                                                                                                                                                                         |                                                                                        |                                                 |                                |                                |
| <b>PAYMENT DUE IN ADVANCE – DEBIT ORDER IS PREFERRED PAYMENT METHOD. Parents wishing to pay 6 months or 12 months in advance or where multiple siblings are enrolled must please enquire via email (accounts@glenaustinprimary.co.za).</b> |                                                                                        |                                                 |                                |                                |
|                                                                                                                                                                                                                                            |                                                                                        |                                                 |                                |                                |
| <u>Extra Mural Activities</u>                                                                                                                                                                                                              |                                                                                        |                                                 |                                |                                |
| SOCCER STARZ (Gr 1 to Gr 3)                                                                                                                                                                                                                | Monthly fee - R270 monthly February to November                                        | Annual Registration fee for 2025 - R260         |                                |                                |

**PLEASE LABEL ALL SCHOOL CLOTHING & STATIONERY ITEMS - LABELS CAN BE ORDERED DIRECTLY FROM SCHOOL**

**TERMS :** We are a FOUR term school and use the Department of Education & ISASA recommended 4 Term Calendar as guidelines. Copy of school terms are available on request. We are closed on weekends, Public Holidays and also on a Monday or Friday where a public holiday falls on a Tuesday or Thursday respectively which are normal working days for some.

**Term dates for 2025 will be communicated once finalized.**

I undertake to pay my child's School fees in Advance in the following manner: (Select the applicable option)

|                          |                                                     |                          |                                                 |
|--------------------------|-----------------------------------------------------|--------------------------|-------------------------------------------------|
| <input type="checkbox"/> | Monthly over a 12 month period                      | <input type="checkbox"/> | Annually as a ONCE OFF payment - Due 15/12/2024 |
| <input type="checkbox"/> | 6 months in advance - Due 15/12/2024 and 30/06/2025 |                          |                                                 |

In the event of any one payment not being made on the due date, the full years school fees will immediately become due and payable.

I agree to give one calendar month's notice or one month's fees in lieu of notice before removing my child from the school or any of the additional services provided. Calendar month notice is from the 1st of the month to the last day of the applicable month. Glen Austin Primary / Paddington's Educare Center CC does not accept notice during the months of November and December. Should notice be given during this period, I agree & understand that my full deposit will be non refundable and that I will be charged for this full period including January as January will be my notice month.

PARENT SIGNATURE :

PARENT SIGNATURE :

ID NUMBER :

ID NUMBER :

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



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## AFTERCARE - Foundation & Intermediate Phase

ALL CHILDREN MUST PROVIDE THEIR OWN STATIONERY! Homework cannot be done if your child has no tools to work with. Children are PROHIBITED from sharing Stationery.

A DEPOSIT OF R650.00 MUST BE PAID ON ACCEPTANCE (Existing Deposits will be subject to an increase annually.)

- Fees are payable monthly in advance before the 1<sup>st</sup> of every month, via Debit order.
- Strictly NO CASH !!!
- Parents will be charged all related Cash Deposit fees (as charged by our bank) for Cash Deposits of any nature.
- An additional fee of R300.00 will be charged for EVERY rejected Debit Order. FULL payment must be made within 5 days of returned debit order and MUST include the full RD charges. If not paid in full within 5 days you will be liable for the full fee applicable to EFT payers.
- Interest accrued to monies paid in advance / deposits is accrued to the School.

DEPOSIT R650.00 per child

Refundable if 1 month's notice is given and if all Fees are paid in full & subject to an Increase Annually.

ANNUAL INCREASE IN JANUARY OF EVERY YEAR

AFTER CARE R650.00 p/child p/month

Fees include the following on specific days. On days where sport or clubs are done, it remains the learners responsibility to ensure homework / classwork is completed.

- Supervised Homework
- Sport
- Clubs
- Afternoon Snack & Juice

This amount is payable over an 11 month period (January – November) and excludes school holiday care. There is NO aftercare available in School Holidays.

Please select one of the following payment options:

☐ Over a 11 month period

☐ Annually as a 11 month or 6 month advance payment

SHOULD PAYMENT NOT BE RECEIVED ON TIME, YOUR CHILD WILL NOT BE ALLOWED TO ATTEND SCHOOL UNTIL FULL PAYMENT HAS BEEN RECEIVED. NO CREDIT AND OR REFUNDS WILL BE GRANTED FOR ANY ABSENTISM FROM SCHOOL FOR ANY REASONS WHATSOEVER, INCLUDING HOLIDAYS AND OR SICKNESS.

In the event of any one payment not being made on due date, the full years school fees will immediately become due and payable.

I agree to give one calendar month's notice or one month's fees in lieu of notice before removing my child from the school or any of the additional services provided. Calendar month notice is from the 1st of the month to the last day of the applicable month. Glen Austin Primary / Paddington's Educare Center CC does not accept notice during the months of November and December. Should notice be given during this period, I agree & understand that my full deposit will be non refundable and that I will be charged for this full period including January as January will be my notice month.

I understand that my deposit will be credited towards my account and only refundable once all fees, transport & extra-mural activities are paid in full and that the appropriate notice period has been given.

Should I fail to honour this agreement in any manner, I will be held liable for the full outstanding amount, as well as any legal costs incurred. I / We further understand that Glen Austin Primary / Paddington's Educare Center CC may list my default on Trans Union and any other National Credit Bureau platform.

I hereby undertake to pay the fees monthly in advance and to obey the Rules and Regulations as set out by this institution.

PARENT SIGNATURE : \_\_\_\_\_  
ID NUMBER : \_\_\_\_\_

PARENT SIGNATURE : \_\_\_\_\_  
ID NUMBER : \_\_\_\_\_



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## IMPORTANT INFORMATION

**Every effort has been made to include all costs into either the school fees or annual fund allocations. School fees and annual funds make provision for but are not limited to the following (all of which are compulsory in nature for ALL learners enrolled):**

- |                             |                                                                          |                 |
|-----------------------------|--------------------------------------------------------------------------|-----------------|
| * All standard tuition      | * Copied books and notes                                                 | * Textbooks     |
| * Stationery & art supplies | * Excursions/Outings & Camp Fees                                         | * School photos |
| * Limited special events    | * Clubs and Physical Education (incorporation sport skills and swimming) |                 |

**Additional payment would be required for any of the following items or services depending on the requirements of the school which are amended from time to time:**

- |                                         |                                                                                |                        |
|-----------------------------------------|--------------------------------------------------------------------------------|------------------------|
| * School uniform - compulsory by nature | * Outsourced extra murals (optional)                                           | * Aftercare (optional) |
| * Transport (optional)                  | * Additional resources and events not necessarily planned or catered for above |                        |

- Above pricing excludes transportation costs and additional extra mural activities, all payable in advance each month.
- Fees are payable monthly in advance before the 1<sup>st</sup> of every month, via Debit order. Different fee structures apply for EFT payments.
- Parents will be charged all related Cash Deposit fees (as charged by our bank) for Cash Deposits of any nature.
- An additional fee of R300.00 will be charged for EVERY rejected Debit Order. FULL payment will need to be made within 5 days after the returned Debit Order and MUST include the RD charges. If not paid in full within 5 days you will be liable for the full fee applicable to EFT payers.
- Interest accrued relating to monies paid in advanced / deposits is accrued to the school.

**I HAVE TAKEN SPECIAL NOTE OF POINT 1 TO 5 ABOVE AND WILL ABIDE BY THIS AND ENSURE MY ACCOUNT IS PAID IN FULL EVERY MONTH.**

PARENT SIGNATURE :

PARENT SIGNATURE :

## School Times

Monday To Thursday  
Friday

7:15am to 3:30pm  
7:15am to 2:00pm

LATE COLLECTION FEE OF R100 PER HALF HOUR (OR PART THEREOF) APPLIES TO ALL CHILDREN NOT COLLECTED BY 3:45PM MONDAY TO THURSDAY OR BY 2PM ON A FRIDAY IF NOT ENROLLED IN AFTERCARE

## SCHOOL CLOSING AT 12:00PM ON THE LAST DAY OF EACH TERM

Aftercare

3:30pm to 5:45pm Monday to  
Thursday and 2:00pm to 5:45pm  
on a Friday

LATE COLLECTION FEE OF R100 PER HALF HOUR (OR PART THEREOF) APPLIES TO ALL CHILDREN NOT COLLECTED BY 5:45PM IF ENROLLED IN AFTERCARE.

## MARKETING PERMISSION

I,

ID No :

(Full Name of Parent / Guardian)

(ID Number of Parent / Guardian)

Residing at

(Full Physical Address of Parent / Guardian)

The Parent / Guardian of

Born on :

(Full Names of Child / Ward)

(Date of Birth of Child)

give permission to Glen Austin Primary / Paddington's Educare Center cc to use my child's image / photograph taken during the period of enrolment at the school in any form of print, online, television footage, or social media advertising deemed necessary by the school.

I take note that the images taken of my child, could be utilised in Glen Austin Primary / Paddington's Educare Center cc Public Relations, Marketing, Advertising and Social Media campaigns as well as on the Website for coverage, for the duration of the enrolment period and possibly extend after termination date.

PARENT SIGNATURE :

PARENT SIGNATURE :

ID NUMBER :

ID NUMBER :



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## POLICY FOR SICK CHILDREN

As the staff at Glen Austin Primary / Paddington's Educare Center CC takes care to ensure the overall wellbeing of your children, we ask all parents at the school to assist us in preventing cross contamination / infection of the children. It is for this very reason that we appeal to all parents to take note of the following guidelines :

### SICK CHILDREN ARE NOT PERMITTED TO ATTEND SCHOOL IF THEY HAVE THE FOLLOWING :

1. Children with runny tummies and or vomiting are not allowed to attend school.
2. Children who are suffering from any contagious illness are not allowed to attend school. (Includes Measles/ Mumps/ Chickenpox/ sinus/ bronchitis/ tonsils)
3. Children with eye infections are not allowed to attend school.
4. Children who are on a course of prescribed antibiotics are NOT allowed to attend school for the first 24hrs.
5. Children with Head Lice may not attend school.
6. Ringworm is highly contagious and MUST be treated. Your child may only return to school when a doctor has given them a clearance certificate, stating they are no longer contagious.
7. The school does not administer medication, as stated in the SA Schools Act. Children must take their medication at home. In the case of chronic medication needing to be administered it must be accompanied by a "Medicine Administration Form" as well as a Doctor's letter stating the medication, dosage and the times to be given, with permission for us to administer. Parents are to ensure compliance with the Procedure for Medicine Administration Policy.

The above Rules must be strictly adhered to and are within the prescribed guidelines set out by the Department of Health and Welfare and are aimed at preventing the cross infection of illness in children, and not as an inconvenience for parents. PLEASE ENSURE YOUR CHILD'S IMMUNIZATIONS ARE KEPT UP TO DATE AT ALL TIMES!

**IMPORTANT: If a test / assessment is missed, a doctor's note is COMPULSORY and must be presented within 48 hours, failing which the learners will receive a 0.**

Glen Austin Primary / Paddington's Educare Center CC is NOT a place for sick children and as we make every effort to take good care of your children, we require the co-operation and understanding of each and every parent in this regard.

## POLICY REGARDING HIV

As it is the right of each individual or parent of a minor to not disclose their HIV status we are forced to treat each child or adult as if they are HIV positive. With the alarming statistics available, both you and your child are certain to come into contact with an HIV positive adult and or child at some stage. We will probably not even be aware of this person's HIV status.

At Glen Austin Primary / Paddington's Educare Center CC we believe in taking care of the "Whole child" and in offering quality, personal care for the "whole family".

We believe that all children have :

- |                                                                                    |                                                 |
|------------------------------------------------------------------------------------|-------------------------------------------------|
| * the right to develop respect for the natural environment                         | * the responsibility to care for others         |
| * the right to protection from neglect, use of drugs and sexual abuse              | * the right to an education free of prejudice   |
| * the right to grow up with love and security                                      | * the right to privacy                          |
| * the right to recreation and play, appropriate to the age of the child            | * have a right to all rights                    |
| * the right to develop respect for others and their culture, language and religion | * the right to look after and respect your body |

It is for these particular reasons that we at Glen Austin Primary / Paddington's Educare Center CC follow the "Universal Precautions in Early Childhood Development Centers".

- \* ALL blood, body fluids such as vomit, faeces, open wounds, sores and excretions should be treated as if infectious.
- \* All caregivers attending to blood spills or any bodily fluid will wear protective gloves.
- \* Any materials that are soiled with blood or faeces will be put into disposable bags.
- \* If any blood or bodily fluid spillage occurs, the area will be disinfected with a bleach solution.
- \* All Glen Austin Primary / Paddington's Educare Center CC pupils will be educated in "germs" e.g. We don't touch our friend's sores or blood, we call an adult immediately if there is any injury, we don't share suckers etc.

I declare that I have read the school's sick / HIV policy and agree to abide by these rules at all times.

PARENT SIGNATURE :

ID NUMBER :

PARENT SIGNATURE :

ID NUMBER :





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## PROTECTION OF PERSONAL INFORMATION ACT (POPIA / PAIA)

Glen Austin Primary / Paddington's Educare Center cc (also referred to as the school) takes the protection of personal information very seriously and will only process personal information in accordance with the current South African privacy laws. Accordingly, the relevant personal information privacy principal relating to the processing thereof (including, but not limited to, the collection, handling, transfer, sharing, correction, storage, achieving and deletion) will be applied to any personal information processed by the school.

1. The school shall collect, process, and store the personal information of the parent / guardian / learner for the purpose intended, and that it shall proceed to act in accordance with the provision of POPIA / PAIA in collecting, processing, and storing the parent / guardian / learner personal information.
2. Further it is acknowledged and agreed by all parties to this agreement that such privacy, confidential or personal information may have value and such information may or may not be in the public domain. For purposes of rendering services on behalf of the parent / guardian and any party associated with this agreement and/ or any subsequent or prior agreement that may have been / will be entered into, irrevocably agreed that " confidential information " shall also include inter alia and shall mean inter alia:
  - a ) all information of any party which may or may not be marked confidential , restricted or with any similar designation,
  - b) where applicable, any and all data and business information ,
  - c) where applicable the parties may have access to data and personal as well as business information regarding clients, employees, 3rd parties and the like including personal information as defined in the POPIA / PAIA regulations.
  - d) trade secrets, confidential knowledge, know – how, technical information, data or any other proprietary information relating to the parents / guardians, or any other party associated with this agreement and including, without limitation, all product information, technical know – how, software programs, computer processing systems and techniques employed or used by either party to this agreement and/ or their affiliates.
3. During the business relationship between the parent / guardian / learner and the school, the parent / guardian acknowledges and consents to the processing of the personal information for any purpose relating to the administration, management and operation of the school's legitimate business purposes and legal obligation of the school or anyone acting on behalf of the school.
4. The school undertakes not to disclose the parent / guardian / learner's personal information unless it is legally or contractually required or for its legitimate business purposes. Similarly, the parent / guardian / learner has the corresponding obligation to the school in this regard.
5. The parent / guardian acknowledges that the school will use reasonable effort to ensure that the parent / guardian / learner's personal information in its possession or processed on its behalf is kept confidential, stored in a secure manner, and processed in terms of POPIA / PAIA and for the purposes for which the school has been authorized. Similarly, the parent / guardian / learner has the corresponding obligation to the school in this regard.
6. The parent / guardian declares that all personal information supplied to the school for the purposes of enrolment and related legal and operation reasons is accurate, up to date, is not misleading, and that it is complete in all respect. The provision of misleading information by the parent / guardian may lead to termination of the agreement between the parent / guardian and the school. It shall always remain the responsibility of the parent / guardian to immediately advise the school of any change to its personal information should any of their details change including, but not limited to, a change of physical address or contact telephone number.
7. The parent / guardian hereby provides its consent to the school to process its personal information, as provided above, and acknowledges that it understands the purpose for which it is required and for which it will be used.

PARENT SIGNATURE :

\_\_\_\_\_

ID NUMBER :

\_\_\_\_\_

PARENT SIGNATURE :

\_\_\_\_\_

ID NUMBER :

\_\_\_\_\_





# Glen Austin Primary

a division of Paddington's Educare Center cc



## DECLARATION

I declare that the above-mentioned particulars are to the best of my knowledge correct and that I have read and understand the requirements for enrolment and undertake the following:

1. As parent / guardian and student, we undertake to support the school and abide by the Rules & Regulations as set out by this institution.
2. To inform the school in writing of any change in contact details and addresses, as well as any custodial changes affecting my child.
3. To ensure that my child attends school regularly and ON TIME. If my child is absent from school for any reason, I will inform the school, stating the reason for such absence and provide the relevant Dr's certificate.
4. To provide my child with stationery, art supplies and textbooks as prescribed by the school, at my own expense. Currently these expenses excluding stationery form part of the schools Annual Fund and are billed for and supplied by the school.
5. To respond promptly should my child be issued with a letter or warning or be called to appear in front of a disciplinary committee.
6. To assist my child with homework & reading, check and sign my child's homework and school books on a daily basis.
7. I further understand and agree that the activities as listed above, as well as all school outings and camps are COMPULSORY in nature and are for my own expense.
8. To pay all costs incurred for damages done or losses caused by my child to the owners & schools property, books and equipment.
9. I understand that the payment of monthly school fees (including aftercare, transport and soccer fees where applicable) must be paid in full no later than the 1<sup>st</sup> of every month via Debit Order. Should payment not be received on time, I undertake to keep my child at home until full settlement has been made and that the school reserves the right to request we seek alternative schooling for our child in the event of continuous late and unpaid fees.
10. No credit and or refunds will be granted for any absenteeism from school for any reasons whatsoever, including but not limited to holidays, sickness, acts of God or any other national state of disaster as announced from time to time.
11. I agree to give **one calendar month's notice or one calendar month's fees** in lieu of notice before removing my child. Calendar month notice is from the 1<sup>st</sup> of the month to the last day of the applicable month. Glen Austin Primary / Paddington's Educare Center CC does not accept notice during the months of November and December. Should notice be given during this period, I will be charged for school fees up to and including January.

PARENT SIGNATURE :

PARENT SIGNATURE :

12. Should I fail to honour this agreement in any manner, I will be held liable for the full outstanding amount, as well as any legal costs incurred. I / We further understand that Glen Austin Primary / Paddington's Educare Center CC may list my default on Trans Union and any other National Credit Bureau platform.

PARENT SIGNATURE :

PARENT SIGNATURE :

13. Glen Austin Primary / Paddington's Educare Center CC reserves the similar right to Terminate the contract.
14. I further understand that should my child utilise the aftercare and transport facilities offered by Glen Austin Primary / Paddington's Educare Center CC at any given time during their enrolment, the same conditions relating to payment and notice periods, as stipulated above, apply.
15. I accept and agree that upon application at Glen Austin Primary / Paddington's Educare Center CC a full Credit Check will be performed prior to acceptance of my child.

PARENT SIGNATURE :

ID NUMBER :

PARENT SIGNATURE :

ID NUMBER :



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## BANK DEBIT ORDER INSTRUCTION

Child's Name : \_\_\_\_\_ School Ref Number : \_\_\_\_\_

Parent Name & Surname : \_\_\_\_\_ Parent Contact Number : \_\_\_\_\_

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

Debit Amount : \_\_\_\_\_ Commencement Date : \_\_\_\_\_

The details of my / our bank account are as follows:

BANK : \_\_\_\_\_ TYPE OF ACC : \_\_\_\_\_

BRANCH NAME : \_\_\_\_\_ BRANCH CODE : \_\_\_\_\_

ACCOUNT NAME : \_\_\_\_\_ ACCOUNT NUMBER : \_\_\_\_\_

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows

**i. On the \_\_\_\_\_ day ("payment day") of each and every month commencing on \_\_\_\_\_. In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;**

ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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.

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

PARENT SIGNATURE : \_\_\_\_\_ ID NUMBER : \_\_\_\_\_

PARENT EMAIL ADDRESS : \_\_\_\_\_

**SIGNATURE AS USED FOR SIGNING CHEQUES OR BANK ACCOUNT TRANSACTIONS**



# Glen Austin Primary

*a division of Paddington's Educare Center cc*



## MANDATE

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

## 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.

## ASSIGNMENT

I / We acknowledge that this Authority may be ceded to 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.

Furthermore, I understand and accept the following conditions of this authorization:

1. All withdrawals hereby authorized will be processed by computer through a system known as NETCASH / SAGE and Credited to the School's Standard Bank Cheque Account. It will be printed on my bank statement as follows: Paddington (followed by numbers) NETCASH / SAGE. An email will be sent as a reminder of your upcoming debit.
2. The charge, levied for unpaid debit order transactions will be R300.00 and is for my account.
3. I authorize the School to adjust the above amount automatically in the event of:
  - 3.1 Non-payment for whatever reason of the debit order for a particular month
  - 3.2 New enrolment of an additional child
  - 3.3 My child leaving the school
  - 3.4 Increase of school fees as determined by Paddington's Educare Center CC with prior notice by order of a notice in a newsletter of the School,
  - 3.5 An existing credit / deposit / development levy / Annual fund on my account
4. The School may cancel the debit order should my bank disallow a debit against my Account on three consecutive occasions because of insufficient funds or for any other reason.
5. This authorization will be in force as long as my child/children attend(s) the School or until cancelled by myself with 30 days notice in writing to Paddington's Educare Center CC at its physical address.

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

PARENT SIGNATURE : \_\_\_\_\_

ID NUMBER : \_\_\_\_\_

PARENT EMAIL ADDRESS : \_\_\_\_\_

SIGNATURE AS USED FOR SIGNING CHEQUES OR BANK ACCOUNT TRANSACTIONS



# Glen Austin Primary

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## CURRENT SCHOOL / PREVIOUS SCHOOL CLEARANCE CERTIFICATE

This form must be completed by the school the child is currently enrolled at and returned directly by the school to [accounts@glenaustinprimary.co.za](mailto:accounts@glenaustinprimary.co.za) – **PLEASE DO NOT HAND IT BACK TO THE PARENT TO RETURN.**

|                               |                                                  |                                                  |                                      |
|-------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------|
| Name & Surname of pupil :     | _____                                            | Current Grade :                                  | _____                                |
| Name of current school :      | _____                                            | No of years at current school:                   | _____                                |
| Account balance as at today : | _____                                            |                                                  |                                      |
| Payment options :             | <input type="checkbox"/> EFT                     | <input type="checkbox"/> Cash                    | <input type="checkbox"/> Debit Order |
| Payment period :              | <input type="checkbox"/> Monthly                 | <input type="checkbox"/> For the year in advance |                                      |
|                               | <input type="checkbox"/> Other, please specify : | _____                                            |                                      |

Please comment below with regards to how the account has been handled for the past 6 months. Please indicate if you have struggled to collect the fees as well as any delayed payments / payment arrangements. **KINDLY ATTACH THE ACCOUNT STATEMENT FOR THE CURRENT YEAR.**

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Please comment below with regards to parent / family involvement and support on the various levels (academic, homework, extra mural and general).

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Any other information we need to be aware of:

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\_\_\_\_\_  
Signature of Bursar / Principal

School Stamp