



2 Cilliers Road Tel : 011 314 2885 Glen Austin Fax : 0866 949 665

Midrand Email: admin@glenaustinprimary.co.za EMIS: 700400419 Web: www.midrandschool.co.za

COVER SHEET

DOCUMENTATION TO BE INCLUDED WIT	H YOUR APPLICATION
UNABRIDGED Birth Certificate of the Learner	Mom's ID or Passport Copy
Clinic Card of the Learner - Up to Date	Dad's ID or Passport Copy
Most recent School Report - If applicable	Mom's Valid Work Permit if Foreigner
Passport Copy of the learner if Foreigner	Dad's Valid Work Permit if Foreigner
Valid Study Permit if Foreigner	Proof of Employment - Same name as Debit Order
3 months current bank statement - stamped by bank - same name as Debit Order	
IMPORTANT TO REMEN	<u>1BER</u>
1. All Pages must be completed in full.	
2. Both Parents MUST sign pages 1 and pages 3 to 7 and the signatory on the bank account to be d	ebited must sign pages 8 and 9.
3. ALL of the above listed documents MUST be included in the application or your application will a	not be considered.
4. Assessment may be requested. Dates and times will be confirmed and need to be adhered to at	all times. Assessment fee of R150, if applicable, to be paid in
CASH before the assessment will be done.	
5. Your child doing an assessment does NOT guarantee them space.	
6. Once accepted, you will be expected to pay the refundable deposit in full by the due date.	
7. Should any of the points above not be completed, it could result in your application being incompleted.	plete / delayed or discarded.
8. Fees stated on the application form is for the period referred to. These fees will be amended for	r the following year.
9. An ITC check will be done on BOTH parents at time of enrollment and from time to time thereaf	ter 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 concent that the information provided be confirmed
and updated by the School or the Schools authorised representatives.	
10. Contact will be made with the current / previous school if applicable.	
11. Application feedback will only be made available 5 -10 days AFTER application / assessment. Y	ou will be notified in writing of the schools decision.
12. The school reserves the right to decline applications made at their discretion.	
13. ACCEPTANCE WILL NOT BE DONE SHOULD FORMS BE INCOMPLETE IN ANY WAY IRRESPECTIVE	OF WHETHER YOUR CHILD PASSED THE ASSESSMENT OR NOT!!!
14. GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTRE DOES NOT C	
AS ALL OUR LEARNERS NEED TO BE ABLE TO FOLLOW AN ACADEMIC PROBY THE GDE AS WELL AS ORGANISATIONS SUCH AS ISASA.	OGRAM WITH SET CRITERIA AS OUTLINED
PARENT SIGNATURE : PARENT	SIGNATURE :
ID NUMBER : ID NUM	BER:

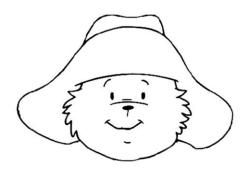




APPLICATION FORM

Toddlers (12 months) to Grade R (6 Years)

Application Date :					Class :			_					
Start Date :					Accou	nt No	:						
				<u>LEA</u>	RNER INFO								
NAME :					SURNA	AME :							
Child's Home Address :					-			_					
Date of Birth :					Home	Langu	ıage :						
Gender:	Girl	/	Воу		Race :			_					
Home telephone number :					Sibling	Nam	e at this S	chool :					
				PA	RENT INFO			-					
			MOTH						FATI	HER_			
Name & Surname :													
ID Number:													
Home Address:													
Email Address:													
Cellular Telephone Number:													
Employer Name & Address:													
Work telephone number:													
				GEN	NERAL INFO								
If parents are divorced, wh	nich pare	ent has c	ustody of the	child?	MOM or DAI) - A	ttach co	pies of re	levant do	ocument	ation	i	
Do you require transport? If yes - add charges apply. NB: TRANSPORT IS O	UT	Yes - Sel	ect ONLY ONE op	ition :	MORNING	S		AFTERN	IOONS			ВОТН	
SOURCED TO PHOKELA TOURS AND I 3:30PM DAILY	LEAVES AT	If NOT be	oth way transpor	t, who v	will drop / collect:								
Can your child speak and underst	and <u>ENGLI</u>	ISH?			YE	S	/	NO					
Has your child attended school be	efore?				YE	S	/	NO					
If yes, state when and where? Att	ach copy o	of last repo	ort card										
Reason for leaving previous school	ol												
		<u>PERSO</u>	N TO CONT	ACT I	IF PARENTS A	٩RE	UNAV	AILABLE					
Name					Surnar	ne :		-					
Address:													
Relationship to child:													
Cellular Telephone Number:					- Teleph	ione N	lumber:	-					





MEDICAL HISTORY & INDEMNITY FORM

<u>CONSENT AND</u>	INDEMNITY FORM					
l,	ID No :					
(Full Name of Parent / Guardian)	(IDI)	Number of Parent / Guar	dian)			
Residing at						
(Full Ph	ysical Address of Parent / Guardian)					
The Parent / Guardian of	Born on :					
(Full Names of Child / Ward)		(Date of Bir	th 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 <u>GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC</u> , 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 <u>GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC</u> and its employees or other parties designated by GLEN AUSTIN PRIMARY / PADDINGTON'S EDUCARE CENTER CC, regardless of the purpose of the transport.						
effort will be made to contact me or my child's other guardian(s) before such action that my child receives the necessary medical attention in the case of an emergence	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.					
MEDICA	<u>L HISTORY</u>					
I have had my child immunized against all childhood diseases and or illnesses and	have attached a copy of my child's immu	nization chart to this app	lication.			
Which contagious diseases has your child already had? ie. Mumps, Measels, Chick	enpox 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, He	earing 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, ple	ase attach the report/s.					
Child's Physician :	Telephone number :					
Medical Aid Name :	Medical Aid Name : Member No :					
I declare that I understand the meaning and implications of this indemnity, which is true and complete to the best of my knowledge.	have been explained to me. I further decl	are that all the informati	on declare	ed herein,		
PARENT SIGNATURE :	PARENT SIGNATURE :					
ID NUMBER :	ID NUMBER :					
Consider the second	20					





Nursery School Pricelist 2025

Fees Toddles (12 months) to Grade R (6 years) - Subject to increase annually - DEBIT ORDERS COMPULSORY				
Bumble Bees to Grade R				
	<u>Froggies</u>	<u>Grade K</u>		
Assessment Fee - if applicable	R150 pe	r learner		
Refundable Deposit - Subject to annual top up	Payable on Acceptance	R 3 380	R 3 950	
Annual Fund (2025)	Payable on Acceptance & annually	R 850	R 1 850	
Marshin Calculate Dec 2005 Marshin to allow a second 2 marshin	EFT Payments - Monthly in advance	R3,630 / month	R4,200 / month	
Monthly School fees - Jan to Dec 2025- Monthly in advance over 12 months	Debit Order Payments - Monthly in advance	R3,380 / month	R3,950 / month	
Monthly Transport fees - 10 months if required (not billed for July and	Olifantsfontein / Clayville / Glen Austin / Ebony Park / Kaalfontein / Randjiesfontein	R1,300 Full Trip OR R650 Half Tri		
December) NB: Outsourced to Phokela Tours!!!	Tembisa	R1,550 Full Trip OR R775 Half T		
	Other Areas if agreed upon	R1,450 Full Trip OR R725 Half Tri		
OLDEST CHILD AT THIS SCHOOL A	AULL DE CONCIDEDED TO DE THE 1ST	CHILD		

OLDEST CHILD AT THIS SCHOOL WILL BE CONSIDERED TO BE THE 1ST CHILD

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).

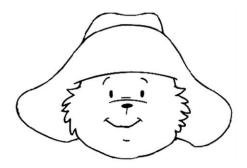
Extra Mural Activities_					
BALLET / DANCE Annual registration fee and term pricing to be confirmed - enquire at the office.					
SOCCER STARZ	Monthly fee - R270 monthly February to November Annual Registration fee for 2025 - R260				
PLAYBALL Monthly fee - R200 monthly January to December Annual Registration fee for 2025 - R170					

Extra mural activities are invoiced and paid for separately to the individual "vendor" excepting for Soccer Starz which is invoiced and paid for with your school fees to Glen Austin Primary / Paddington's Educare Center CC. Glen Austin Primary / Paddington's Educare Center CC will not be responsible for monies due OR paid over for extra mural activities.

Grade R's have guaranteed space into Grade 1 for the following year provided the children can meet the required outcome. **SEPARATE APPLICATION MUST HOWEVER BE MADE!!!** COMPULSORY uniform items for Grade R as follows: Suitcase, Lunch bag, Blue school sports shirt, Black school sports shorts, School tracksuit, School jersey, School socks with blue stripes and White tekkies.

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

I undertake to pay my child's Scho	ool fees in Advance in the f	ollowing manner: (Sel	ect the applicable option)			
Monthly over a 12 mo	nth period					
6 months in advance -	Due 15/12/2024 and 30/0	6/2025	Annually as	a ONCE OFF	payment - Due 15/12/2024	
In the event of any one payment	not being made on the due	date, the full years sc	hool fees will immediately beco	me due and	payable.	
l 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		





School Times

Nursery School (Exclude Grade R):

Grade R - ALL Grade R children are required to attend:

Grade R - Aftercare available at no additional charge:

14:00pm to 17:45pm

LATE COLLECTION FEE OF R100 PER HALF HOUR (OR PART)

THEREOF) APPLIES TO ALL CHILDREN NOT COLLECTED BY

17:45PM

17:45PM

FOR GRADE R'S ONLY: SCHOOL CLOSES AT 12:00PM ON THE LAST DAY OF EACH TERM

Annual Fund & Grade R Requirements For 2025

The Annual fund is a once off fee per year, invoiced and payable in October. The Annual Fund will cover the cost of Photo's, Camp, Concert Costumes & Graduation, where applicable. Each Age group is calculated individually, as some activities are not applicable to certain classes. No refunds will be given as all activities are booked and paid for in advance. Pricing on activities and shows is subject to the number of children enrolled, regardless of attendance on the day.

The Annual Fund for 2025 is as follows:

Ladybirds / Butterflies Class – Grade R (6yrs old)

R850

Reddies Class – Grade 000 (4yrs old)

R850

Bumble Bees Class – Grade 0000 (12 months -3yrs old)

R850

R850

R850

R850

R850

R850

R850

NEW ENROLLMENTS: The above amounts are to be settled at the time of enrollment with your registration fee. For any queries in this regard, please do not hesitate to contact us.

<u>TERMS</u>: We are a FOUR term school and use the Department of Education & ISASA recommended 4 Term

<u>Calendar as guidelines.</u> Copy of school terms are available on request.

Term dates for 2025 will be communicated once finalized.

HOLIDAYS: We are open during April and October school holidays (dates will be communicated), however we are closed for the duration of the June / July and December holidays and may differ slightly from time to time.

We are also 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.

GR R Requirements for 2025:

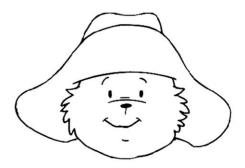
- * AGE Parents are advised that only children 5 turning 6 years old in 2025 will be eligible for Grade R in 2025.
- * SCHOOL TIMES ALL Grade R children are required to attend school from 7:30am to 14:00pm

Aftercare is available for Grade R at no extra cost from 14:00pm to 17:45pm.

Late collection fee of R100 per half hour (or part thereof) applies to ALL children not collected by 17:45pm

- * COMPULSORY uniform items for Grade R 2025 as follows: School bag, School lunch bag, Blue school sports shirt, Black school sports shorts, School tracksuit, School jersey, School socks with blue stripes and White tekkies.
- * MEALS Grade R children will ONLY receive Lunch (@12pm) and afternoon snacks (@2:45 & 16:45pm) PROVIDED BY THE SCHOOL. CHILDREN MUST EAT BREAKFAST @ HOME! Each child WILL BE REQUIRED to BRING their own MORNING SNACK to school daily. ONLY HEALTHY SNACKS & JUICE WILL BE ALLOWED and NO TREATS / SWEETS WILL BE TOLERATED! ABSOLUTELY NO FIZZY DRINKS!!
- * GRADE 1 @ GLEN AUSTIN PRIMARY Grade R's have guaranteed space into Grade 1 for the following year provided the children can meet the required outcome. SEPARATE APPLICATION MUST HOWEVER BE MADE WITH ADDITIONAL DEVELOPMENT LEVY PAYABLE.

PARENT SIGNATURE :		PARENT SIGNATURE :	
ID NUMBER :		ID NUMBER :	





IMPORTANT INFORMATION

- 1. Above pricing excludes transportation costs and additional extra mural activities, all payable in advance each month.
- 2. Fees are payable monthly in advance before the 1st of every month, via Debit order. Different fee structures apply for EFT payments.
- 3. Parents will be charged all related Cash Deposit fees (as charged by our bank) for Cash Deposits of any nature.
- 4. 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 applicable RD charges. If not paid in full within 5 days you will be liable for the full fee applicable to EFT payers.
- 5. Interest accrued relating to monies paid in advanced / deposits is accrued to the school.

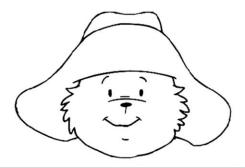
I HAVE TAKEN SPECIAL NOTE OF POINT 1 TO 5 ABOVE AND WILL ABIDE BY THIS AND ENSURE MY ACCOUNT IS PAID IN FULL EVERY MONTH.					
PARENT SIGNATURE :	PARENT SIGNATURE :				
	<u> </u>				

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.
- 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 :		PARENT SIGNATURE :	
ID NUMBER :		ID NUMBER :	





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!

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 cooperation 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:

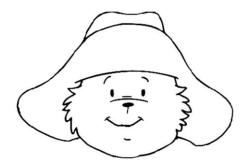
- * the right to develop respect for the natural environment
- the right to protection from neglect, use of drugs and sexual abuse
- * the right to grow up with love and security
- * the right to recreation and play, appropriate to the age of the child
- * the right to develop respect for others and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

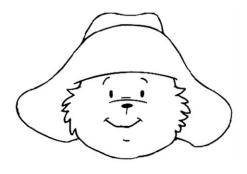
I declare that I have read the school's sick / HIV policy and agree to abide by these rules at all times.

PARENT SIGNATURE :	PARENT SIGNATURE :	
ID NUMBER :	ID NUMBER :	





		WARKETING PERIVISSIC	<u>/N</u>
I,		ID No :	
		(Full Name of Parent / Guardian)	(ID Number of Parent / Guardian)
Residing	at		
· ·		(Full Physical Address of P	arent / Guardian)
The Pare	nt / Guardian of	() ()	Born on :
THE TUTE	ne, Guardian or	(Full Names of Child / Ward)	(Date of Birth of Child)
		((2200 27 27 27 27 27 27 27 27 27 27 27 27 27
give perr	mission to Glen Austin Pr	rimary / Paddington's Educare Center cc to use my child's image / pl	notograph taken during the period of enrolment at the school
in any fo	rm of print, online, telev	ision footage, or social media advertising deemed necessary by the	school.
I take no	te that the images taken	of my child, could be utilised in Glen Austin Primary / Paddington's	Educare Center cc Public Relations, Marketing, Advertising
and Socia	al Media campaigns as w	vell as on the Website for coverage, for the duration of the enrolme	nt period and possibly extend after termination date.
		DECLARATION	
I declare	that the above-mention	ed particulars are to the best of my knowledge correct and that I ha	ve read and understand the requirements for enrolment and
	te the following:	,,	
1.	As parent / guardian a	and student, we undertake to support the school and abide by the R	ules & Regulations as set out by this institution.
2.	To inform the school i	in writing of any change in contact details and addresses, as well an	y custodial changes affecting my child.
3.	To ensure that my chi	ld attends school regularly and ON TIME. If my child is absent from	school for any reason, I will inform the school, stating the reason
4		provide the relevant Dr's certificate.	al at any average Compath, these averages form next of the
4.		rith stationery, art supplies and textbooks as prescribed by the scho and are billed for and supplied by the school.	of, at my own expense. Currently these expenses form part of the
5.		should my child be issued with a letter or warning or be called to ap	pear in front of a disciplinary committee.
6.	To assist my child with	h homework & reading, check and sign my child's homework and sc	hool books on a daily basis.
7.	I further understand a	and agree that the activities as listed above, as well as all school out	ngs and camps are COMPULSORY in nature and are for my own
0	expense.	od for donor on long on long on the control of the	ash cala area anto ha cha and anoine ant
8. 9.		ed for damages done or losses caused by my child to the owners &	
Э.		Payment of monthly school fees (including transport and soccer whr. Should payment not be received on time, I undertake to keep my	
		ght to request we seek alternative schooling for our child in the eve	
10.	No credit and or refun	nds will be granted for any absenteeism from school for any reasons	whatsoever, including but not limited to holidays, sickness, acts of
	•	onal state of disaster as announced from time to time .	
11.		<u>lendar month's notice or one month's fees</u> in lieu of notice before of the applicable month. Glen Austin Primary / Paddington's Educa	
	·		school fees up to and including January. I agree & understand that
	my full deposit will be	e offset against any outstanding fees on my account.	
PARENT	SIGNATURE :	PARENT S	GNATURE :
12.	I understand that my	deposit is only refundable once all fees, transport and extra mural a	ctivities are paid in full and that the appropriate notice period has
242517	been given.	0.4051/7.0	OVATURE.
13.	SIGNATURE :	PARENTS r this agreement in any manner, I will be held liable for the full outs	GNATURE :
13.		Austin Primary / Paddington's Educare Center CC may list my defau	
PARENT	SIGNATURE :		GNATURE :
14.		Paddington's Educare Center CC reserves the similar right to Termin	
15.			red by Glen Austin Primary / Paddington's Educare Center CC at any
16.	•	ir enrolment, the same conditions relating to payment and notice po at upon application at Glen Austin Primary / Paddington's Educare C	eriods, as stipulated above, apply. enter CC a full Credit Check will be performed prior to acceptance of
-	my child.	, ,,	
PARENT	SIGNATURE :	PARENT S	GNATURE :
ID NUME	BER:	ID NUMBE	R:
Signed at		on the day of	20





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 a	re as follows:			
BANK:			TYPE OF ACC :	
BRANCH NAME :			BRANCH CODE :	
ACCOUNT NAME :			ACCOUNT NUMBER :	
ordinary working days, and sent by pre The individual payment instructions so i. On the day ("pay payment day falls on a Suno very next ordinary business	authorised to be issomethic day") of day or recognized day. Further, to track my actions and the second sec	t or delivered to your addressed must be issued and desired and every mozed South African part there are insufficial to the control of the co	ess indicated above. Solvered as follows Onth commencing on ublic holiday, the parient funds in the non	. In the event that the yment day will automatically be the minated account to meet the r payment as soon as sufficient funds
ii. Monthly; on or after the dates when that the obligation due;	the obligation in te	rms of the Agreement is du	e and the amount of each inc	dividual payment instruction may not be more or less
that details of each withdrawal will be	printed on my bank ou to identify the Ag	statement. Each transaction greement. A payment refer	on will contain a number, whi ence is added to this form be	ided by the South African Banks and I also understand ich must be included in the said payment instruction fore the issuing of any payment instruction. I / We amounts were legally owing to you.
Signed at	on the	day of		20
PARENT SIGNATURE :			ID NUMBER :	
PARENT EMAIL ADDRESS :			-	

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SIGNATURE AS USED FOR SIGNING CHEQUES OR BANK ACCOUNT TRANSACTIONS





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 Glen Austin Primary / Paddington's Educare Center CC with prior notice by order of a notice in a newsletter of the School,
 - An existing credit / deposit / registration fee / Annual fund on my account 3.5
- 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 Glen Austin Primary / 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