**Ting-A-Ling Special Needs School**

**18 Elweboog, Meerensee**

**Tel. 083 6617 522**

**Email: tingalingpreprimaryschool@gmail.com**

**Email: Tingalingpreprimaryschool**

**T**

**E**

Enrollment Form 2025

This form is to be completed by the Parent / Guardian. Please note all sections of this form has to be completed in order for this application to be successful.

Please provide the following documents :

1. Copy of I.D documents of both parents

2. Copy of unabridged birth certificate of child

3. Copy of clinic card

4. Proof of residence

DETAILS OF CHILD

Surname (Child) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Names (Child) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Child known as : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DETAILS OF FATHER

Father's Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Id Number of father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residential address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please inform us immediately of any change of your contact details.

DETAILS OF MOTHER

Mother's Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Id Number of Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residential address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation of Mom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work telephone no\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number of Mom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please inform us immediately of any change of your contact details.

DETAILS OF GUARDIAN

Guardian's Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DETAILS OF TRANSPORT

Driver’s Name & Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell No of Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Vehicle Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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MEDICAL HISTORY

Family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immunization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous illnesses** (please mark with an X)

Measles

German Measles

Chicken Pox

Scarlet Fever

Mumps

Hepatitis

Tuberculosis (TB)

Operations (Please mark with an X)

Tonsillectomy

Circumcision

Other (please specify)

**Please enclose a copy of the immunization card.**

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**Prone to infections** (please mark with an X )

Ear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Throat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bladder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child develop high temperature and have fever convulsions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Medical History

Epilepsy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is any of the above mentioned applicable to your child , please hand in a medical certificate from the doctor to Ting-A-Ling Special Needs School.

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ACADEMIC HISTORY

Present School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language at previous school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade/s repeated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▪ Is your child part of a special need class? YES / NO.

If yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▪ Is your child currently attending any treatment from an

Occupational Therapist? YES / NO

If yes please provide details : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_▪ Is your child currently attending any treatment from an Speech Therapist? YES / NO if yes please provide details : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_▪ Has your child's application to another school ever been

rejected?

If yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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▪ Has your child ever been expelled or refused admission to a

School? If yes, please provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OUR MOTTO IS TO DEVELOP YOUR CHILD TO HIS/HER FULL POTENTIAL IN A LOVING AND CARING ENVIRONMENT.**

We offer the following programs :

▪ Early learning development program 3 - 5 years

▪ School readiness development program 6 years

▪ Remedial Program Grade 1 - 3

▪ Autism Program 3 – 12 years

▪ If your child needs Speech & Occupational Therapy, he/she

will be referred.

The following extra mural activities will be presented at the school by our own Teachers.

▪ Movement Activities

▪ Music and Dance Activities

▪ Puppet Shows

▪ Fantacy

Therefor all the children in the school will have the opportunity to participate in all the activities at no extra costs.

8

LUNCH AND SNACK TIME

:

○ We do not provide food.

○ Kids must please eat breakfast at home.

○ Kids must please bring their own lunch.

○ Full day kids must bring enough food for lunch and snack times.

○ Only healthy food please. No sweets, cake etc are allowed.

# MEDICINE

○ Please hand in all medicine at the office, please do not put it

in your child's bag.

○ Please remember to sign the medicine book, no medicine will be given without a parent's signature in the medicine book.

9

SCHOOL HOURS

School hours, Educational Programme : 06H45 to 13H00

After Care : 13H00 to 17H00

◊ The school gate opens at 6h45.

◊ The gate closes at 8H00 when the classes will start. Please make sure you are on time.

MONTHLY PLANNER

◊ Monthly Planners will be posted on Whatsapp during the first week of the month. All monthly activities are stipulated on the calender

CLOTHES, TOYS and BELONGINGS

◊ Please make sure all your child's clothing and belongings are

clearly marked with his / her name on it. A lot of clothes and shoes get lost because it is not marked. We don't take any

responsibility for any loss items from your child.

◊ Please also make sure there is an extra set of clothes and a plastic bag in your child's bag in case of an emergency.

◊ No toys, Cell phones or Ipads are allowed at school.

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PARENTS CONCENT

I Hereby give consent for my son / daughter to take part in the extra mural activities of the school, including games, athletics, educational tours and country excursions of historical or geographical interest, aswell as to make use of educational and play equipment at the school.

I fully understand accept that all tours and excursions and school activities shall be undertaken at my child's own risk and I indemnify, hold harmless and absolve the Principal and her permanent staff and paid or unpaid temporary assistants against and from any claim whatsoever that may arise in connection with any loss or damage to property or injury to the person of my child aforesaid in the course of any such tour excursion or school activity, in the knowledge that the Principal and her staff and paid or unpaid temporary assistants will nevertheless, take all the reasonable precautions for the safety and welfare of my child.

I, (Full Name and Surname (Dad) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Parent / Legal Guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child’s Name and Surname )

Parent / Legal Guardian Signature (Mom)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| FINANCIAL CONTRACT | | | |
|  | |  |  |
| **AGREEMENT WITH SCHOOL AND ACCOUNT PAYER**. | | | |
|  | |  |  |
| The account payer as described in the Enrolment form, filled by you, | | | |
| herewith accepts liability for the account, and binds himself/herself | | | |
| as the person for all fees payable to the school. | | | |
|  | |  |  |
| If the **R1300 Enrolment fee** is not paid with the application form, it | | | |
| can be assumed that the application is unsuccessful. | | | |
|  | |  |  |
| TERMS OF PAYMENT | | | |
|  | |  |  |
| The School fees are payable before or on the 1st day of each month. | | | |
| School fees will be payable upfront with at least 1 (one) month eg. | | | |
| Payment made on 31st January will be for the month of February, etc. If | | | |
| If you get paid on the 15th of each month and you request to pay on the 15th, please note that the payment must be upfront and not in arrear, eg. If you pay 15th January, it will be for the February school fees and not for January. | |  |  |
| LATE PAYMENTS | | | |
|  | |  |  |
| School Fees which are NOT paid on the 1st of each month will be considered | | | |
| As overdue. | | |  |
| Accounts overdue will be suspended / or handed over to our attorneys  and all costs incurred in the collection will be for the parent’s account. | | | |
| 12 | | | |
| BREACH OF CONTRACT | | | |
| Where the undersigned surety, account holder(s) or guardian  commits a breach of contract of any of the terms of this Agreement  and fail to remedy such breach from date of default, the school may  in its sole discretion:    \* As part of the rights with being a Private School, the school has the right  . to refuse the learner entry into the school premises and /or withhold the  Learner’s report card.    \* Take whatever legal steps that may be necessary. | | | |
|  | | | |
| LEGAL FEE | | | |
| In the event where the school takes legal action against the account holder  (parents/legal guardians) they will be liable for all the legal fees involved  With the attorneys. | | | |
|  | | | |
| CANCELLATION  The account holder(s) undertakes to give 1 (one) month's written notice  of termination of the enrolment of a learner and /or use the after care  facilities. | | | |
| 13  SCHOOL FEES FOR 2025  (Payable over 11 months)  **TIME**  **AMOUNT PER MONTH**  06H45 - 13H00 R3000 - 00    06H45 - 17H00 R3300 - 00  **PLEASE TICK WHICH TIME YOUR CHILD WILL BE FETCHED FROM SCHOOL (So that we may invoice you accordingly)**  **13H00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 17H00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **R3000 per month R3300 per month**  **GRADE 1 - GRADE 3 - ADDITIONAL BOOK FEE R1000-00**  **GRADE R - ADDITIONAL BOOK FEE R1000-00**  **REGISTRATION FEE ONCE OFF R1300 - 00**  PAYABLE WITH ENROLMENT FOR NEW COMERS ONLY AND IS NOT REFUNDABLE.  **This includes 2 school T-Shirts.**  **Sizes available: 3-4 years; 5-6 years; 7-8 years,9-10years, 11-12years, 13-14 years. Please confirm the size of the TShirt**.  Fees can be paid as follows:  **NO CASH PAYMENTS** AT THE SCHOOL PLEASE  ● EFT  ● DEBIT / STOP ORDER AT BANK    PLEASE DO NOT PAY CASH AT ANY ATM INTO OUR ACCOUNT, THE CASH BANKING FEES ARE VERY HIGH. IF YOU DO, WE WILL CHARGE YOU THE BANK COST FOR THE TRANSACTION MADE.  14  PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES EACH MONTH:  NAME AND SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CELL NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BANKING DETAILS  Name of Account Ting-A-Ling Pre Primary School  Bank ABSA RICHARDS BAY  Account Number 2150 158 683  Branch code 632 005  Reference to use Please use your CHILD’S  NAME AND SURNAME AS REFERENCE  If you use any other REFERENCE than your CHILD’S NAME AND SURNAME when you do an EFT, we will not be able to pick up your payment, therefor your statement will show outstanding amounts.    15 PARENTS – ACCEPTANCE OF THE RULES AND REGULATIONS OF TING-A-LING PRE PRIMARY SCHOOL SPECIAL NEEDS SCHOOL PARENTS OR LEGAL GUARDIAN MUST SIGN THE FORMS  Full Name & Surname DAD  ID NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-  CELL NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The legal Parent /Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Name & Surname MOM  ID NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-  CELL NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The legal Parent /Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  |
| hereby certify that we have read the FINANCIAL TERMS AND ALL OTHER CONDITIONS OF Ting-A-Ling Special Needs school and commit to the due and punctual payment of the Registration Fee, Book Fee, School Fees and any other amounts which may become due and payable to our school in respect of participation of any activity. |  | |  |
|  |  | |  |