

Ting-A-Ling Special Needs School

18 Elweboog, Meerensee

Tel. 083 6617 522

Email: tingalingpreprimaryschool@gmail.com

Enrollment Form 2024

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 : _____

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 _____

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 _____

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) _____

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.

Please enclose a copy of the immunization card.

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 _____

- 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 – 9 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
- Fantasy

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

Please take note:

- 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.
- 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.

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 Planners will be posted on Whatsapp during the first week of the month. All monthly activities are stipulated on the calender.
- ◇ 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.
- ◇ We do not supply meals at school.

NB. PARENT OR LEGAL GUARDIAN TO SIGN THE FORMS

I, (Full Name & Surname)

Address

The parent / legal guardian of :

Child's Name _____

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.

SIGNATURE OF PARENT / GUARDIAN

DATE

FINANCIAL CONTRACT

AGREEMENT WITH SCHOOL AND ACCOUNT PAYER.

The account payer as described in the Enrolment form, filled by you, herewith assumes 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.

LATE PAYMENTS

School Fees 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.

BREACH OF CONTRACT

In the event that your account is not paid on the 1st of each month, the school reserves the right to refuse the learner(s) to entry the school's premises until the breach has been remedied.

In the event that your account is outstanding with 7 days or more, the

school reserves the right to withhold the learner's report until the breach has been remedied.

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:

- * Refuse the learner entry to the school's premises until the breach has been remedied.
- * Take whatever legal steps that may be necessary

GENERAL

- * This Agreement constitutes the whole agreement between the parties relating to the subject matter thereof.
- * As part of the rights with being a private school, the school has the right to withhold the learner's report card, refuse the learner entry into the school's premises due to overdue accounts and handover the overdue account to our attorneys.

LEGAL FEE

In the event where the school takes legal action against the account holder(s), 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.

SCHOOL FEES FOR 2024

(Payable over 11 months)

<u>TIME</u>	<u>AMOUNT PER MONTH</u>
06H45 - 13H00	R2500 - 00
06H45 - 17H00	R3000 - 00

GRADE 1 & GRADE 2 - ADDITIONAL BOOK FEE R1000-00

REGISTRATION FEE ONCE OFF R1300 - 00 IS 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. Please confirm the size of the T-Shirt.

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 COST FOR THE TRANSACTION MADE.

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

We, the undersigned

Id no _____ Id No _____

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

R1300 (once of and (non refundable), Book fee, school fees and any other amounts which may become due and payable to our school in respect of participation of any activity.

We accept All Financial Terms and all conditions of Ting-A-Ling Special Needs School.

NAME AND SURNAME OF PARENT

SIGNATURE OF PARENT

CELL NUMBER OF PARENT _____

DATE _____