



19 Herold Street
Stellenbosch
Tel 0615858054
info@delicum.co.za
admin@delicum.co.za

3 Alexander Street
Rectory House @ NG
Church Stellenbosch- West
Stellenbosch

MONTH & YEAR APPLIED

GRADE APPLIED FOR

GRADE

RR	R		
1	2	3	4
5	6	7	8
9	10	11	12

AFTERCARE

YES

NO

READ AND SCRIBE

YES

NO

IMPORTANT:

This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL relevant supporting documents are attached.

REQUIRED SUPPORTING DOCUMENTS, COMPLETED SECTIONS AND FORMS

Copy of parents' / Guardians IDs
Copy of learner's latest progress report
Copy of learner's birth certificate / ID
Copy of learner's vaccination records
Copy of learner's residence

Learner
Photo
x2

SECTION 1: LEARNER'S PERSONAL DETAILS

SURNAME _____		FULL NAMES AS ON BIRTH CERTIFICATE / ID _____																
PREFERRED NAME _____		<table border="1" style="display: inline-table;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
DATE OF BIRTH _____		AGE _____	GENDER MALE FEMALE															
HOME & OTHER LANGUAGES	HOME _____	OTHER _____																
LANGUAGE OF LEARNING	FIRST _____	SECOND _____																
NUMBER OF LERANERREN IN FAMILY _____	POSITION OF LEARNER IN FAMILY _____																	
NATIONALITY _____		COUNTRY OF ORIGIN _____																
MEANS OF TRANSPORT TO/FROM SCHOOL(only applicable for Aftercare School)		<table border="1" style="display: inline-table;"> <tr> <td>MOTOR</td> <td>MOTORBIKE</td> <td>BUS</td> <td>BICYCLE</td> <td>WALK</td> </tr> </table>		MOTOR	MOTORBIKE	BUS	BICYCLE	WALK										
MOTOR	MOTORBIKE	BUS	BICYCLE	WALK														
LEARNERS' CELLPHONE NUMBER _____																		

SECTION 2: LEARNERS' EDUCATIONAL DETAILS

ATTENDING SCHOOL'S NAME _____

LAST GRADE PASSED _____ YEAR _____ GRADE/S REPEATED _____

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

REASON _____

SECTION 3: LEARNERS' MEDICAL DETAILS

BLOOD TYPE

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

FAMILY DOCTOR NAME _____ TEL NO _____

ADDRESS _____

MEDICAL AID NAME _____ NUMBER _____

MAIN MEMBER _____ ID NO _____

OPTION _____

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

REASON _____

HAS THE LEARNER SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE MARK WITH AN X.

☐ ASTHMA	☐ ENTERIC FEVER	☐ MEASLES	☐ SCARLET FEVER
☐ CHICKEN POX	☐ GERMAN MEASLES	☐ MUMPS	☐ TICKBITE FEVER
☐ DIABETES	☐ HEPATITIS	☐ POLIO	☐ TYPHOID FEVER
☐ DIPHTHERIA	☐ MALARIA	☐ RHEUMATIC FEVER	☐ WHOOPING COUGH

DOES THE LEARNER SUFFER FROM ANY ALLERGIES? IF YES, PLEASE SUPPLY DETAILS. YES NO

DETAILS _____

DOES THE LEARNER HAVE ANY SPECIAL NEEDS? IF YES, PLEASE SUPPLY DETAILS.

YES	NO
-----	----

DETAILS

DOES OR HAS THE LEARNER SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES?

YES	NO
-----	----

IF YES, PLEASE SUPPLY DETAILS.

SECTION 3: LEARNERS' MEDICAL DETAILS – CONTINUED

IS THE LEARNER RECEIVING MEDICAL TREATMENT FOR ANY CONDITION?

YES	NO
-----	----

IF YES, PLEASE SUPPLY
DETAILS.

IS OR HAS THE LEARNER SUFFERED FROM OR RECEIVED TREATMENT FOR ANY
PSYCHOLOGICAL
OR EMOTIONAL UPSET? IF YES, PLEASE SUPPLY DETAILS.

YES	NO
-----	----

DETAILS

HAS THE LEARNER HAD ANY OPERATIONS? IF YES, PLEASE SUPPLY DETAILS.

YES	NO
-----	----

DETAILS

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS.

SECTION 3: LEARNER'S MEDICAL DETAILS – CONSENT

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE LEARNER'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I _____ BEING THE PARENT/LEGAL GUARDIAN OF _____
HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

SIGNATURE OF PARENT/LEGAL
GUARDIAN

SECTION 4: DETAILS OF FATHER / STEPFATHER / LEGAL GUARDIAN

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

SURNAME _____		FULL NAMES AS IN ID DOCUMENT															
DESIGNATION		<table border="1"> <tr> <td>MR</td> <td>MRS</td> <td>MS</td> <td>MISS</td> <td>DR</td> <td>REV</td> <td>PROF</td> <td>OTHER</td> <td></td> </tr> </table>		MR	MRS	MS	MISS	DR	REV	PROF	OTHER						
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OCCUPATION _____		EMPLOYER _____															
RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS															
_____	_____	_____															
_____	_____	_____															
_____	_____	_____															
TEL H _____	TEL W _____	CELL _____															
E-MAIL ADDRESS (PLEASE WRITE LEGIBLY) _____																	
PARENTAL STATUS																	
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SECTION 5: DETAILS OF MOTHER / STEPMOTHER / LEGAL GUARDIAN

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

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

SURNAME _____

FULL NAMES _____

RELATIONSHIP _____

TEL H _____

TEL W _____

CELL _____

E-MAIL ADDRESS (PLEASE WRITE LEGIBLY) _____

SECTION 7: DECLARATION OF PARENTS / LEGAL GUARDIANS

We, the undersigned, _____, hereby certify that the information given by us in this Application of Admission is complete and accurate. We also agree to the conditions as set out herein.

We accept that the SCHOOL is based on cultural principles and undertake that this will not be undermined.

This Application for Admission will be reconsidered in the case where important relevant information, which should be brought to the SCHOOLS attention, is withheld.

We have read the POLICY AND PROCEDURE DOCUMENT and will accept an offer of placement for our learner at the SCHOOL in accordance with the terms and conditions as set out therein. These documents, as amended from time to time, are available from the SCHOOL on request.

NB: The signatures of both parents and/or legal guardians are required where applicable.

SIGNATURE OF FATHER/STEPFATHER/LEGAL GUARDIAN_____
DATE_____
SIGNATURE OF MOTHER/STEPMOTHER/LEGAL GUARDIAN_____
DATE

SECTION 8: DETAILS OF ACCOUNT HOLDER

SURNAME _____		FULL NAMES AS IN ID DOCUMENT _____																
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_____	_____	_____																
TEL H _____	TEL W _____	CELL _____																
E-MAIL ADDRESS (PLEASE WRITE LEGIBLY) _____																		

PARENTAL STATUS

LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY
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DETAILS OF LERANERREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1 NAME _____ GR _____	2 NAME _____ GR _____
3 NAME _____ GR _____	4 NAME _____ GR _____

PAYMENT OPTION

MONTHLY DEBIT ORDER	ANNUALLY IN ADVANCE BY ELECTRONIC FUNDS TRANSFER OR CASH DEPOSIT AT BANK
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SECTION 9: DECLARATION OF ACCOUNT HOLDER

We the undersigned, _____, hereby certify that the information given by the Account Holder in this Application for Admission is complete and accurate.

We accept joint and several liability to Delicium Private School @ 3 Alexander Street (GR RR-6) and 19 Herold Street (GR 7- 12) for the due and punctual payment of the once-off, non-refundable enrolment fee, School fees and any other amounts which may become due and payable to the School or in respect of participation in or attendance of any extracurricular activity.

We accept the Financial Terms and Conditions of which a copy has been kept.

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

_____ SIGNATURE OF FATHER/STEPFATHER/LEGAL GUARDIAN	_____ DATE
_____ SIGNATURE OF MOTHER/STEPMOTHER/LEGAL GUARDIAN	_____ DATE
_____ SIGNATURE OF AN AUTHORISED SCHOOL REPRESENTATIVE	_____ DATE

SECTION 10: FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

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

2. TERMS OF PAYMENT

- 2.1. It is recorded that fees are determined at the beginning of the year and that the Account Holder is informed of the result in writing.
- 2.2. The Account Holder shall immediately inform the SCHOOL if he/she has not received an invoice at the start of the academic year.
- 2.3. Fees for 12 (twelve) months are payable monthly in advance by means of debit order on or before the 2nd (second) day of each calendar month or annually in advance by 31 December, depending on the fee payment option exercised by the Account Holder in the Application.
Initial here

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2.4. The SCHOOL reserves the right to charge interest of 15% (fifteen percent) on all accounts that are in arrears by 30 (thirty) days or longer.

- 2.5. Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the SCHOOL.
- 2.6. In the event where an existing account is/has not been managed in the proper manner, no further Applications will be considered.

3. BREACH OF CONTRACT

In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the SCHOOL may in its sole discretion:

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

4. GENERAL

This agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill or exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill or exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

5. JURISDICTION

This Agreement is subject to South African law.

6. CREDIT INFORMATION

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

7. DOMICILIUM

The parties choose as their domicile citandi ET executandi the addresses set out in the Application.

8. LEGAL FEES

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

9. CANCELLATION

- 9.1. The Account Holder undertakes to give **2 (two) calendar months written notice of termination of the enrolment of a learner**, failing which the liability be incurred for the full amount of the following term's fees.

Initial here

- 9.2. The SCHOOL shall be entitled to terminate the enrolment of any learner under the following circumstances:

Summarily, and with immediate effect, if the learner is guilty of an offence which, in the sole opinion of the SCHOOL, renders his/her continued enrolment at the SCHOOL impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the SCHOOL, will be refunded a pro-rate proportion of any fees already paid in advance in respect of such learner.

- 9.3. In the event of emigration, which is a long process, the SCHOOL requires 1 (one) full term's written notice in advance.

SIGNATURE OF ACCOUNT HOLDER

DATE

POLICY AND PROCEDURE

1. PURPOSE OF AFTERCARE

To provide a safe environment for learner who cannot be collected after regular school hours. This service is applicable to learner from Grade RR-7.

2. OPERATING TIMES

Tutor SCHOOL runs during school term, Monday to Thursday 07:45-14:15 and Friday 07:45-13:30.

Aftercare runs during the school term, Monday to Friday from 14:15-17:15.

3. FEES

Packages available:

Tutor fees:

Grade RR-6: Nonrefundable deposit of R4540 with registration and 12 months payments of R3040 upfront each month Jan-Dec.

Initial here

Grade 7-9: Nonrefundable deposit of R5360 with registration and 12 months payments of R3860 upfront each month Jan-Dec.

Initial here

Grade 10-12: Price depends on service (Tuition, Invigilation): Nonrefundable deposit R5360 and 12 months upfront R3860 each month from Jan-Dec

Initial here

Aftercare R1350 From 14:15- 17:15 Grade RR-7

Initial here

These fees do not include fees for learners with special needs or reading and scribing. Price will be given on examination of the learner. Can be in range of R200 – R800 per month depending on needs.

Price Initial here

4. WITHDRAWAL

1. Withdrawal of a learner from Tuition and Aftercare must be **given in writing to the Head of Aftercare 2 months in advance to admin@delcium.co.za**. If this is not done the responsible person will still be invoiced for the fees. Payments are payable 11 months of the year.

Initial here

5. CONDITIONS

1. Parents must contact the Head of Aftercare to make alternate arrangements if they are delayed in collecting their learner. (Anna-Marie on 0615858054)
2. Parents must contact the Head of the Aftercare and D6 communication app if the learner is absent from school or will be absent from the School for the day.
3. Aftercare will be closed during school holidays and public holiday.

6. BASIC OPERATIONS

1. The learners are divided into groups based on their grade. It makes it easier when helping to study or do homework.
2. During this time, every reasonable precaution is taken to provide a safe and secure environment.
3. Parents are to notify the Head of Aftercare in writing at admin@delcium.co.za should a third party be given consent to collect their learners.

7. ACCIDENTS AND INCIDENTS

1. Minor injuries for example cuts and bruises will be dealt with in an appropriate manner
2. Serious injuries will be handled as follows:
 - First – Aid will be administered by a trained Aftercare staff member.
 - Parents immediately notified
 - If hospitalization required, then the learner will be taken to the nearest hospital or clinic
 - Parents will be liable for all costs incurred
3. An accident report is completed by the Head of Aftercare.

8. EXTRA MURAL ACTIVITIES

1. Parents are to inform the Head of Aftercare on admin@delcium.co.za of their learner's extramural time-table.

9. MEALS

1. Parents should pack extra meals in for aftercare.
2. Drinking water is available at all times.

10. HOMEWORK

1. Grade 1-9 learners will be assisted with their homework daily. However, it is the parent's responsibility to ensure that homework is completed and that the homework diary is signed daily. Tests (will be helped to start learning on it) and projects require independent research and study time at home. These aspects remain the responsibility of the individual learner and his/her parents.
2. Grade 10-12 learners are expected to complete their homework independently at the desks provided. Assistance is available to these learners if it is needed. Tests and projects require independent research and study time at home. These aspects remain the responsibility of the individual learner and his/her parents.
3. Whilst learners of all grades are given appropriate assistance at Aftercare, it is imperative that parents reinforce homework and that they monitor and sign homework diaries daily.

11. RULES/DISCIPLINE

1. Aftercare is located in the Aftercare SCHOOL. Learners will report to the facility once the school day has ended.
2. Outdoor play will be available under supervision.
3. Grade 1 – 6 learners are requested to complete their homework from 14h30 to 17h00. Learners who are involved in extramural activities must do their homework once the activity has been completed.
4. No dangerous games, throwing of stones, bullying or any other bad behavior will be tolerated.
5. Play is confined to designated areas under supervision.
6. Bathrooms are gender specific and will be closely monitored.

12. PARENT GRIEVANCE PROCEDURE

1. All complaints should be discussed with the Head of Aftercare via mail at admin@delicium.co.za. If the grievance is unresolved between the parties then the matter should be escalated to the Aftercare Management team.
2. All discussions should aim to resolve issues amicably

All the under-mentioned rules are applicable to all SCHOOLS:

BANKING DETAILS:

Account name: Delicium Academic

Bank ABSA

Account number 4101338265

Reference nr: Account number or learner full name and surname

VERY IMPORTANT: Hand your proof of payment in at the office or email it to: admin@delicium.co.za

All fees payable by 2nd of each month.

The above must be adhered to:

I, _____, parent / legal guardian of
_____ (learner's name) adhere to the regulations of the
SCHOOL as stipulated above.

SIGNATURE OF PARENT / LEGAL GUARDIAN

Please take note:

(If your particulars change, it is your responsibility to inform us -
we will only communicate with SMS and Email)

13. DECLARATION

1. We accept joint and several liability (both as co-principal debtors and as sureties where we are not the primary fee payer/s) for the punctual payment of all fees and levies or other accounts which may become due in regard to our child's attendance at the school. In the event of the school having to institute legal proceedings against us for the recovery of such fees or amounts, we accept liability for the recovery of all costs including attorney costs and collection commissions.
2. Outstanding amounts shall bear interest and an administration fee will be payable for each attendance by the school arising from such late payment. In the event of school fees being in arrears, the school has the right to withhold school reports.
3. We accept that the only method of payment is set out in the conditions of enrolment above.
4. We agree to the conditions for enrolment as set out in this document and agree that in the case of an irreparable breakdown of the relationship between the parent/s and the school, in the opinion of the school, the school may cancel the enrolment.
5. We agree to our children conforming to the rules and codes of conduct and behaviour as stipulated by the school.
6. We agree to all the rules and regulations pertaining to administration matters and the relationship between ourselves and the school in all aspects, at all times, as amended from time to time.
7. We agree that the failure to pay school fees timeously or to comply with the school rules could result in our child being asked to leave the school.
8. We declare that we have disclosed to the school all information in writing which may be needed to assess this enrolment, including medical details.
9. We understand and acknowledge that DELICUIM PRIVATE SCHOOL, its management, patrons, administrators and employees will take every reasonable precaution to ensure the safety of our child/ren both on the campus and during transport to and from excursions/camps.
10. In the event of the insurers of DELICUIM PRIVATE SCHOOL repudiating liability for any such claim then and in that event, we hereby irrevocably indemnify DELICUIM PRIVATE SCHOOL, its management, patrons, administrators and employees, and hold them harmless against all liability, loss, damages to person or property, costs or expenses (including legal costs), from whatsoever cause arising, including, in particular, any such claim which arises out of negligence, whether by omission or commission, of any aforementioned parties.
11. We hereby authorize the school to act in Loco Parentis on our behalf and at our expense in all cases of emergency where the health and safety of our child is at stake and authorize the appointment of a medical practitioner/s and urgent access to hospital where appropriate.
12. We hereby acknowledge that the information provided on this enrolment form is accurate and complete.
13. We agree to the conditions set out above.

I UNDERSTAND THE ABOVEMENTIONED AND AGREE TO THE ABOVE.

SIGNATURE: _____