19 Herold Street
Stellenbosch
Tel 0615002308
info@delicuim.co.za
admin@delicuim.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

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

Learner
Photo
x2

SECTION 1: LEARNER'S PERSONAL DETAILS

SURNAME _____ FULL NAMES AS ON BIRTH CERTIFICATE / ID _____

PREFERRED NAME _____ IDENTITY NUMBER | | | | | | | | | | | | | |

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

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
☐ DIPHTERIA	☐ 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 | MR | MRS | MS | MISS | DR | REV | PROF | OTHER |

IDENTITY NUMBER | | | | | | | | | | | | | |

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS

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

SECTION 5: DETAILS OF MOTHER / STEPMOTHER / LEGAL GUARDIAN

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

SURNAME _____ FULL NAMES AS IN ID DOCUMENT _____

DESIGNATION | MR | MRS | MS | MISS | DR | REV | PROF | OTHER |

IDENTITY NUMBER | | | | | | | | | | | | | |

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS

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

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 _____

DESIGNATION

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	

IDENTITY NUMBER

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS _____ WORK ADDRESS _____ POSTAL ADDRESS _____

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

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

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 Delicuim Private School @ 3 Alexander Street (GR RR-4) and 19Herold Street (GR 5- 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 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 Debi Check mandate, as set out in Addendum A:DebiCheck Form, with collections taking place on the 15th,25,30th day of each calendar month selected by the Account Holder, or annually in advance by 31 December, depending on the fee payment option exercised by the Account Holder in the Application.
Initial here

2.4. 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.

2.5. All arrears need to be settled in full 20 days after notice has been given. Failure to do so will result in the account being handed over for collection.

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 that the parent/guardian has elected to pay school fees via instalments, and in the event of any one payment not being made on due date, the full years school fees will become due and payable immediately:

3.1. Refuse the learner entry to the SCHOOL's premises until the breach has been remedied; or
3.2. Claim arrear fees 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 13:30-17:15.

3. FEES

Packages available:
Tutor fees:
Grade RR-6: Nonrefundable deposit of R4860 with registration and 12 months payments of R3360 upfront each month Jan-Dec.
Initial here

Grade 7-9: Nonrefundable deposit of R5805 with registration and 12 months payments of R4305 upfront each month Jan-Dec.
Initial here

Grade 10-11: Nonrefundable deposit of R5804 with registration and 12 months payment of R4305 each month from Jan-Dec.
Initial here

Aftercare R1525 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 R1000 – R2 500 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@delicium.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 mails 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 dairy 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: Delicuim 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: _____