

APPLICATION FOR ENROLMENT - 2022



Managing Director
A.S. de Wet
082 929 4276
info@autismschool.co.za



Principal
C. Jacobs
083 357 4554
cathrin.pj@gmail.com

PARTICULARS OF LEARNER

Surname																
First Name(s)																
Preferred Name																
Identity Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="background-color: #ADD8E6;"> </td> <td style="background-color: #ADD8E6;"> </td> <td style="background-color: #ADD8E6;"> </td> <td style="background-color: #ADD8E6;"> </td> <td style="background-color: #ADD8E6;"> </td> <td style="background-color: #ADD8E6;"> </td> <td style="background-color: #ADD8E6;"> </td> <td style="background-color: #ADD8E6;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td style="background-color: #90EE90;"> </td> <td style="background-color: #90EE90;"> </td> <td style="background-color: #90EE90;"> </td> </tr> </table>															
Country of Birth																
Citizenship																
Home Lanuage																
Religion																
Previous School																

LEARNER'S HEALTH

State of health / allergies / conditions	
Medication Prescribed / doses	
Name of Medical Aid	
Medical Aid Number	

PRIMARY CONTACT (FIRST PERSON to be contacted)

Full Name	
Relationship	
Cell phone Number	
Email Address	

EMERGENCY CONTACT (FIRST PERSON to be contacted)

Full Name	
Relationship	
Cell phone Number	
Email Address	

Photography

<p>Photography Do you give permission for your child to be photographed by the school:</p> <p>1. During the course of his/her school day at DS de Wet school for autism; bearing in mind that any such photograph may be publicly displayed/published?</p> <p>2. For your child's Individual (portrait of your child) and group photos of the class (all children in the class and class teacher, outings and/or cultural photo (i.e. art class) for school administration premises only?</p>	Yes	No
	Yes	No
If "No", please provide the reasons		

LEARNER'S HEALTH

Name of family Doctor		
Doctor's Contact Number		
Doctor' Room Address		
Immunisation Immunisation must be up to date before entering DS de Wet school, and it is the responsibility of the parent to ensure that boosters are administered when required. A copy of the Immunisation Card must be attached to this application.		
Do you grant DS de Wet school authority to administer first aid medication should the occasion arise?	Yes	No
Important notice: Prescribed medication is not allowed to be given by any staff member of DS de Wet school for Autism		

PARTICULARS OF PARENT / GUARDIAN / SPONSOR 1

Relationship to Learner														
Father/Mother			Guardian			Grandparent			Step-parent			Other		
Mr	Mrs	Ms	Miss			Dr			Prof			Other		
Surname														
First Names														
Preferred Name														
Identity Number														
Marital Status														
Married			Unmarried			Divorced			Widowed			Other		
Contact Details														
Residential Address														
Postal Address														
Cell phone Number														
Email Address - Home														
Employment Details														
Occupation														
Name of Employer														
Employer's Physical address														
Employer's Telephone number														
Email Address at work														

PARTICULARS OF PARENT / GUARDIAN / SPONSOR 2

Relationship to Learner													
Father/Mother		Guardian		Grandparent			Step-parent			Other			
Mr	Mrs	Ms	Miss		Dr		Prof		Other				
Surname													
First Names													
Preferred Name													
Identity Number													
Marital Status													
Married		Unmarried		Divorced			Widowed			Other			
Contact Details													
Residential Address													
Postal Address													
Cell phone Number													
Email Address - Home													
Employment Details													
Occupation													
Name of Employer													
Employer's Physical address													
Employer's Telephone number													
Email Address at work													

SCHOOL FEE PAYMENT

(NB: As per Section 39/40/41 of the South African School Act, BOTH PARENTS are legally liable for the payment of school fees)

I / We,

Parent/guardian/Sponsor of

Hereby commit myself/ourselves to the payment of monthly school fees for the above learner at DS de Wet School for Autism. This agreement shall commence on the date of signature hereof by the Principal/Designate and shall expire on the learner's last day at DS de Wet school for Autism.

Parent 1 Guardian/ Sponsor Signature		Parent 2 Guardian/ Sponsor Signature	
Name		Name	
Relationship		Relationship	

PERSON TO WHOM SCHOOL FEE COMMUNICATION SHOULD BE SENT

Full Name	
Relationship	
Cell phone Number	
Email Address - Home	
Email Address - Work	

Please note that the following documents **MUST ACCOMPANY** this application for enrolment:

Document Required			
		Parent / Guardian / Sponsor	School
		√	√
1	Proof of residency (Municipal Bill / Lease Agreement) for BOTH Parents / Guardian / Sponsor		
2	The learner's most recent school report		
3	Doctor's and therapists' reports		
4	One recent passport size photograph of the learner (attached to form)		
5	A certified copy of learner's Unabridged Birth Certificate		
6	Copies of Identity Documents for BOTH parents / Guardians / Sponsors		
8	Copies of Immunisation Card for the learner		
9	Copy of medical Aid card		
Date:			

For office Use only

Document Required	
Result of Application	
Phase to which the learner is allocated	
Class to which the learner is allocated	
Date:	
Principal:	
Date:	
MANAGING DIRECTOR DS de Wet School for Autism	

UNDERTAKING BY PARENTS / GUARDIANS / SPONSOR	
1. I/We hereby apply to enrol the child whose name appears on this form as a learner at DS de Wet School for Autism and confirm that he/she complies with the basic criteria.	
2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the above named learner.	
3. I/We undertake to adhere to the school rules and disciplinary code and to the various alterations in the rules and disciplinary code that may be made from time to time.	
4. I/We understand and confirm that the Principal or any person duly authorised, will act <i>in loco parentis</i> in any matter and at any time during which I/we have entrusted our child to the care of the school.	
5. On the understanding that every reasonable precaution will be taken to ensure the safety and welfare of the learner, I/we absolve the school from any liability for injury, loss or damage to the person or property of the learner.	
6. I/We undertake to reimburse the school for any damage to school property that may be caused by our child.	
7. We undertake to adhere to the payment of school and understand that in terms of Section 39/40/41 of the South African School Act. 7.1 School fees will be levied by the Governing Body of the School. 7.2 The biological parents are jointly and severally liable for the payment of school fees which are statutory in nature.	
8. I/We undertake to give <i>one month notice</i> in writing of any intention to remove my/our child from the School.	
9. I/We understand the school reserves the right to verify all information supplied via this application.	
10. I/We undertake to inform the School of my/our child's/children's absence from school. Parents/guardians/Sponsor declare that they are prepared to produce a doctor's certificate if and when required.	
11. I/We undertake to support the School's constitution and policy of admission, as defined and implemented by the Government Body of the school together with the School's Code of Conduct which will be provided to me/us.	
12. I/We undertake to inform the School of any change in address or contact details.	
13. I/We, the parent/guardian/Sponsor declare that I/we are the legal guardian of the child and are entitled to sign this document and shall be bound here to both as parent/guardian, and in his/her personal capacity.	
14. I/We accept English and Afrikaans as the language of learning and instruction.	

BUDGET FOR 2022

The budget for 2022 was presented to and approved by the Board on 16.08.2021. A resolution was adopted for *compulsory* school fees for the 2022 year.

FEES:

Monthly fee: R2 750.00 (Two thousand seven hundred and fifty Rand)

Extra-curricular activities – payable directly to the respective parties.

PAYMENT ARRANGEMENTS:

School fees are payable on the 1st of each month, unless alternative arrangements have been made.

The Terms and Conditions, which is compulsory for all learners, must be completed and signed by both biological parents and/or legal guardians. A separate form must be completed for each learner.

PAYMENT METHOD:

If your account is paid up to date you will not receive a statement unless you request one.

GENERAL:

The Governing Body would appreciate the co-operation of parents / guardians for the timeous payment of school fees.

Thank you for your continued support.

BANK DETAILS:

DS de Wet school for Autism NPC

ABSA BANK

BREDASDORP

BANK CODE 632005

ACCOUNT NO 409 14 24 100