



Learner Registration Form & Contract (Grade 1-3)

JOHANNESBURG (BRAAMFONTEIN) CAMPUS

GDE EMIS/ REG NUMBER: 700401180

Learner's Personal Details (as per birth certificate)

Surname											First Name												
Middle Name											Citizenship	RSA	Other	(Please specify):									
ID Number											*Ethnic Group (Please tick)												
Gender (Please tick)	Male	Female	Date of Birth	D	D	M	M	Y	Y	Y	Y	Black	Coloured	Asian	White								
Who does learner reside with? Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Sponsor <input type="checkbox"/> Other <input type="checkbox"/> Specify.....																							
Age at Entry	Applying for Grade(Please tick)					Grade 1	Grade 2	Grade 3															
Home Language (Please tick)	English	IsiZulu	Afrikaans	Sesotho	Sepedi	IsiXhosa	Tshivenda	Xitsonga															
	Other	(Please specify):										Setswana											
Address:																							
Emergency Telephone:	code																						
Learner Cell:	code																						

If you are not a South African citizen please tick one of the following options	International applicant with permanent residence	
	International applicant with temporary residence	

DETAILS OF PARENTS/GUARDIAN/SPONSER

PERSONAL DETAILS	ADDRESS
Full names	P.O Box
Surname	Street address
Id number/Passport	Suburb/Township
Telephone no.	City
Cell no.	Country
Work no.	Code
Email address	
Employer:	Occupation

Subjects offered

Please tick in a box to indicate the subjects you are registered for:

SUBJECTS GRADE 1 - 3	
Mathematics	
English Home Language	
Life Skills	
Afrikaans Fal	
Isizulu Fal	

FEES STRUCTURE

Grade	Total Fees Incl Registration Fees	Registration Fees	Balance After Registration Fees	Monthly Instalment After Registration Fees (12 months)	Cash Discount	Cash Fees @ 10% Discount
1	R8 300.00	R500.00	R7 800.00	R650.00 X 12	R780.00	R7 020.00
2	R9 500.00	R500.00	R9 000.00	R750.00 X 12	R900.00	R8 100.00
3	R10 700.00	R500.00	R10 200.00	R850.00 X 12	R1 020.00	R9 180.00

Banking Details

Account Name : TUTORIALS CAMPUS ACADEMY
Bank Name : F.N.B
Account Number : 62875815494
Branch Code : 250655
Branch name : Carlton Centre
Swift Code : FIRZAJJ
Account type : Business Cheque Acc.

(Please tick your preferred payment method)

Cash payment once off	<input type="checkbox"/>	Monthly instalment	<input type="checkbox"/>	Direct deposit	<input type="checkbox"/>	Payer's Reference	<input type="text"/>
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**Please note: If you select monthly instalment reference number is the name and surname of the learner. These fees do NOT include text books and educational field trips.*

NOTE WELL

1. PLEASE MAKE SURE THE BANK SHOWS THE NAME AND SURNAME OF THE LEARNER ON THE DEPOSIT SLIP.
2. ALL PAYMENTS SHOULD BE PAID INTO THE BANK ACCOUNT OF THE COLLEGE NOTE ABOVE. FOR THE SAFETY OF STAFF AND THE LEARNER AND TO AVOID THEFT AND CORRUPTION NO CASH PAYMENTS SHOULD BE MADE TO ANY STAFF OF THE COLLEGE EXCEPT THE ADMINISTRATORS!

PARTICULARS OF LEARNER TRANSPORT: HOW WILL YOUR CHILD GET TO SCHOOL

It is the parent's responsibility to supply correct information and to notify the school should transport be changed

Mode of Transport				
On foot <input type="checkbox"/>	Bus/Taxi <input type="checkbox"/>	Bicycle <input type="checkbox"/>	Car <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>

TRANSPORT OWNER/DRIVER/PARENT INFORMATION

Surname & Initials:	
ID Number:	Contact Number
Physical Address:	
Type of vehicle:	Model:
Registration number:	

CORRESPONDENCE

Who is to receive the school report: Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Sponsor <input type="checkbox"/>
Who is to receive the fees account: Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Sponsor <input type="checkbox"/>

TERMS & CONDITIONS - *(Please read the terms and conditions below carefully)*

- A. Applicants will only be considered for admission on the correct completion of this **Application Form and signing the Terms and Conditions below and returning to the College with the non-refundable registration fee** paid. Learners are admitted in terms of our Admission Policy and admission will be confirmed as soon as the Admissions Committee has considered the Application and decided. Admission is subject to the availability of a place and the learner satisfying the admission requirements at the time.
- B. The registration form must be submitted with the following documents
 - 1. Two certified copies of the learner's birth certificate or ID (identity document)
 - 2. Certified copy of parent/Guardian ID (identity document)
 - 3. Two ID photos
 - 4. Clinic/Vaccination/Immunisation card with relevant immunisations
 - 5. Recent school report
 - 6. A transfer form (**original with school stamp**) from the previous school, if applicable
 - 7. Proof of home address
 - 8. Two reams of bond papers 500 sheets each twice a year (**1st term and 3rd term**)
 - 9. Proof of payment of registration fees
- C. **ALL REGISTRATION FEES AND DEPOSITS ARE REQUIRED UP-FRONT AND ARE NON-REFUNDABLE.**
- D. **REGISTRATION AND TUITION FEES ARE NON-REFUNDABLE.**
- E. The college reserves the right to refuse admission to a learner on the following grounds:
 - a. Aptitude of learner lower than the grade applied for
 - b. Age of learner above that prescription of DBE
 - c. Attitude of Learner not appropriate for quality learning e.g. insubordination indiscipline, drug and abuse of alcohol etc.
- F. **An incomplete application form will be rejected**
- G. **Forms not signed by parent/guardian or sponsor will be disqualified**
- H. Parents/Guardians/Sponsors and Learners may under certain conditions be interviewed before admission and after the learner has taken an entry test.
- I. Learners may not register for a subject which is not offered by the school. Foreign nationals should seek advice from the principal before they choose their subjects.
- J. Learners may be tested for aptitude before admission is finalised
- K. Tutorials Campus Academy has the right to decline my application should any information given be incomplete or dishonest to the best of our knowledge.
- L. **Payment of Fees by a third party:** An agreement with a third party to pay the Fees or any other sum due to the School does not release Parents/Guardians from any liability under these Terms and Conditions or affect the operation of these terms and conditions unless an express release

has been given in writing signed by the Principal. The School reserves the right to refuse a payment from a third party. All such payments received are accepted in good faith.

PARENT/GUARDIAN'S COMMITMENT

1. I agree that Tutorials Campus Academy or any agent the College appoints on its behalf is authorised to conduct a credit check on me as per my Identification Document/Passport.
2. **I AGREE TO PAY FEES ON A MONTHLY BASIS BY THE 1ST (FIRST) OF EVERY MONTH. IF I FAIL TO DO SO, I WILL NOTIFY THE COLLEGE OF MY FAILURE IN PERSON.**
3. **SHOULD I FAIL TO PAY SCHOOL FEES, I AGREE THAT MY ACCOUNT CAN BE HANDED OVER TO DEBT COLLECTORS AND ALL COSTS ASSOCIATED WITH THE HANDOVER WILL BE ADDED TO MY ACCOUNT.**
4. **IF THE ABOVE PAYMENT DETAILS ARE NOT, ADHERED TO, TUTORIALS CAMPUS ACADEMY SHALL HAVE THE RIGHT TO SUSPEND THE LEARNER FROM ATTENDING CLASSES.**
5. I will provide my child/ward with all the required learning materials such as Exercise books, textbooks, required sheets A4 bond paper and any other items required.
6. I will ensure that my learner wears the prescribed College uniform at all times.
7. I agree that my child/ward will observe the College Code of conduct/Policies and will not interfere with normal learning processes or disturb the smooth running of the college.
8. I agree to be liable for all expenses incurred directly or indirectly as a result of my breach of contract or conduct of my learner.
9. I will ensure that my child/ward reports for lessons every day and on time.
10. I note that overpayment of school fees is refundable under strict conditions. I will check the correct amount before I pay.
11. I shall attend College activities for Parents/Guardians and where I am unable to attend I shall send written apology, or send a representative on my behalf.
12. This contract is valid until the end of the academic year.
13. **EITHER PARTY IS ENTITLED TO CANCEL THE AGREEMENT BY GIVING THE PARTY, 1 MONTH WRITTEN NOTICE OF THE INTENTION TO CANCEL THE AGREEMENT.**
14. **I AGREE THAT TUTORIALS CAMPUS ACADEMY WILL HAND OVER MY OUTSTANDING DEBTS TO THE DEBT COLLECTORS: THE COSTS OF SUCH COLLECTION AND LEGAL COSTS WILL BE CHARGED TO THE PARENT/GUARDIAN/SPONSOR.**

The Admissions committee will confirm admission within 10 days of receipt of the completed application form. Please feel free to ask for assistance where you need it. Thank you

I declare that I have read and understood the above terms and conditions & commitment. (Please tick)	<input type="checkbox"/>
I declare that the information I have provided in this document is true. (Please tick)	<input type="checkbox"/>

Parent/ Guardian Signature:..... Name & Surname:.....	Date:_____	Place:_____
TCA Officer's Signature:_____	Date:_____	Place:_____
Name & Surname:		

NOTE: Signatory must initial all pages

INDEMNITY FORM & CODE OF CONDUCT

Consent from Parents/Guardians allowing their child to participate in sporting and extra-curricular activities, extraordinary events relating to fundraising, to go on educational tours or camps.

1. I _____ (full name & surname), the parent/guardian of _____ hereby grant permission for him/her,
 - To participate in the extra-curricular activities of the school, and to go on tours excursions that are necessary in the course of such activities:
 - To go on educational or sports tours or camps organized by the school.

- Extraordinary events relating to fundraising e.g. go-cart rally.
2. I accept that all reasonable precautions will be taken to ensure that safety and welfare of my child and that I shall be held responsible for the payment for medical and/or hospital accounts, where applicable should any injury be sustained which cannot be ascribed to negligence on the part of the staff responsible neither the Principal, staff nor the GDE may in any way be held responsible for any injuries/ problems that occur not ascribed to negligence.
 3. I cede my powers as parent/guardian to the Principal of the school or his representative should medical treatment/ surgery is deemed necessary for my child. As far as I know he/she is physically capable of participating in the above activities and he/she is in good health.
 4. The persons should please not the following state aspects that the teaching staff should be aware of e.g. allergies, tendency towards abnormal bleeding, epilepsy any past major operation, etc.
 5. I understand that my child not behave according to the standard of Tutorials Campus Academy, he/she will be sent home at my expense.
 6. Please refer to the attached copy of the code of conduct for learners.
I have read and understood the above and acknowledge to have acquainted myself with the code of conduct.

NAME & SURNAME OF PARENT GUARDIAN _____

Signature of parent/Guardian _____.

