Conditions of Enrolment

- 1. The Director reserves the right to refuse an application.
- 2. Parents and guardians agree to be bound by the rules, regulations, policies and procedures of the school as determined and annunciated by the Director and/or the Principal.
- 3. A Calendar month's written notice must be given when withdrawing a child from the school. This notice should be given on or before the first day of the child's final month at the school, failing which the full amount of the following month's fees shall become due and payable. No exceptions will be allowed.

 Note: This rule does not apply in the case of children in Grade R, leaving the school at the end of the year to go on to primary school.
- 4. The Director is entitled to instruct her attorneys to attend to the collection of outstanding accounts, and both parents (whether natural, adoptive or foster parents) shall be held jointly and severally liable for the payment of all costs so incurred, on the scale as between attorney and own client, including collection fees.
- 5. The Director may in her sole discretion grant refunds and make changes and adjustments to fees and other charges and shall give one term's written notice thereof.
- 6. The parents (whether natural, adoptive or foster parents) hereby indemnify and agree to hold harmless Bush Hill Pre-Primary School, the Director, the Principal and Staff, and the authorized agents or representatives of the above mentioned, against any claims, howsoever arising out of any injury, death, loss, damage, cost or expense, including legal costs, suffered by the child or a third party as a result of or during the period of enrolment of the pupil at the school.
- 7. The parents further agree that in the event of an emergency arising in terms of which the child will require urgent medical attention, the child may be taken to the nearest hospital, clinic or doctor at the discretion of the Principal or authorized member of the teaching staff. The parents undertake to accept full responsibility for any medical costs incurred in the event of such an emergency.

SIGNED AT	_ THIS DAY OF
in this year of 20	
Signature of Mother/Guardian	Signature of Father/Guardian

BUSH HILL PRE-PRIMARY SCHOOL



APPLICATION FOR ADMISSION

Please print, complete fully and sign the Conditions of Enrolment on the last page. You are required to include:

- A copy of your child's birth certificate.
- A copy of his/her latest report from his/her previous nursery school or day care center, if applicable.
- Copies of either both parents' identity documents or passports.
- A non-refundable application fee of R1000.00

*banking details- FNB Cheque account, Acc number-62017885916, Branch-254005. Ref-child's name

The school is co-educational, non-denominational and non-racial.

The language medium is English, although some members of staff are proficient in other official languages.

PO Box 1345, Sun Valley 7985

<u>Tel</u>: 011 793 4428 <u>Fax</u>: 0866191637 <u>e-mail</u> : admin@bushhillpreprimary.co.za

	FATHER (or guardian)	MOTHER (or guardian)	INFORMATI	ON	ABOUT THE	E CHILD:									
TITLE : Mr/Mrs/Ms/Dr			SURNAME: GENDER (M/F):												
SURNAME :				FIRST NAME(S):											
FIRST NAME(S):				` ′								-			
ID NUMBER :															
OCCUPATION:			DATE OF BIR	RTH:		IDEN	NTIT	Y NUMBER:				-			
EMPLOYER:			PRESENT OR PREVIOUS nursery school or day care centre, if applicable:												
TEL - HOME :															
TEL - WORK :			We heard abou	ıt Rıı	ısh Hill from:										
TEL - CELL :			FEES 2025 (N				()								
E-MAIL ADDRESS :				Attendance				School terms only		Full Year	r	Χ			
POSTAL ADDRESS:			7				11 months		11 month	s					
			Babies and	Tod	ldlers 06:30	- 14:00				R4 550.00 p	o.m.				
	Code	Code	Babies and Toddlers 06:30 – 17:30			- 17:30				R 5 150.00 p	o.m.				
HOME ADDRESS :					R 4 000.00 p.m.		R 4 450.00p		1						
										•		-			
	Code	Code	06:30 - 17:3	0 wi	th lunch			R 4 500.00 p.m.		R 5 050.00 p	o.m.	l			
OTHER CONTACT PERSON(S) IN CASE OF EMERGENCY:			• School	ol fe	es include a co	ooked lunch	and	snacks.			·				
RELATIONSHIP							the 5	5th of the month . L	ate p	payment and la	te				
TITLE : Mr/Mrs/Ms/Dr			collection fees will apply there after												
SURNAME				NON- PAYMENT, CREDIT AND ASSISTANCE											
FIRST NAME(S)				 In the event of non payment by the due date the child will not be allowed into the school. Alternative arrangements for payment may, in exceptional circumstances, be made with the 											
TEL - HOME				school manager.											
TEL - WORK				INFORMATION ABOUT THE PARENTS / GUARDIANS:											
TEL - CELL			MARITAL STATUS:												
MEDICAL DETAILS :			Married			Divorced		Single	Se	parated	Wi	doz			
FAMILY DOCTOR:		TEL:	1	1G TT	/////	Divolecu		Single	БС	parated	**1	uov			
MEDICAL AID SOCIETY :			CHILD LIVE	SW	TTH;			<u> </u>		\neg					
PRIMARY MEMBER :			Both Parents		Mother	Father		Other							
MEMBERSHIP NO. :			If other, st	oto:	with whom	the child	livo	g•							
			ii omei, su	ale	with whom	the child									
Are there any major illnesses / disabilities	Operations of which we should be aware?		Name: _				T	`el							
	PE					PERSON RESPONSIBLE FOR PAYING FEES:									
			Both Parents		Mother	Father	_	Other							
ANY OTHER RELEVANT INFORMATION (Allergies, food restrictions, dietary requirements):			REPORTS TO					Juner	 						
,			Both Parents		Mother		athe	r Person	pay	ing fees					
I			<u> </u>		1 1	I I		1 1							