

**FULL NAMES:** 

# **SPARROWS COMBINED (PRIVATE) SCHOOL ENROLMENT CONTRACT**

## **LEARNER INFORMATION** 1.

PREFERRED NAME:			
SURNAME:			
DATE OF BIRTH:			
ID NUMBER:			
GENDER:			
RELIGIOUS DENOMINATION:			
HOME LANGUAGE, POSITION IN FAMILY E.G. FIRST BORN			
LAST SCHOOL ATTENDED:			
TO BE ENROLLED IN GRADE:			
ENROLLMENT DATE:			
2. PARENT / GUARDIAN IN  FATHER / GUARDIAN  FULL NAMES:	FORMATION		
SURNAME:			
ID NUMBER:			
POPULATION GROUP:			
HOME ADDRESS:			
POSTAL ADDRESS:			
CONTACT NUMBERS:	НОМЕ	WORK	CELL
EMAIL ADDRESS:			
NAME OF EMPLOYER:			
OCCUPATION:			
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PRIMARY SCHOOL: 12 SPENCE STREET, RANDHART, ALBERTON HIGH SCHOOL: 103 ELIZABETH EYBERS STREET, RANDHART, ALBERTON

PARENT/S AND/OR GUARDIAN'S INTIALS

TEL: 011 864-1422 FAX: 011 864-2516 EMAIL: <u>admin@sparrows.co.za</u>
TEL: 011 864-6007 FAX: 086 771 4194 EMAIL: sparrowshigh@gmail.co EMAIL: sparrowshigh@gmail.com

FULL NAMES:			
SURNAME:			
ID NUMBER:			
POPULATION GROUP:			
HOME ADDRESS:			
POSTAL ADDRESS:			
	HOME	WORK	CELL
CONTACT NUMBERS:	HOWL	WORK	CLLL
EMAIL ADDRESS:			
NAME OF EMPLOYER:			
OCCUPATION:			
OCCUPATION.			
FULL NAMES:			
SURNAME:			
SURNAME:  RELATION TO LEARNER:			
RELATION TO LEARNER:	HOME	WORK	CELL
	HOME	WORK	CELL
RELATION TO LEARNER:  CONTACT NUMBERS:	HOME	WORK	CELL
RELATION TO LEARNER:  CONTACT NUMBERS:  4. MEDICAL INFORMATION  MEDICAL AID NAME:  MEDICAL AID NUMBER:	HOME	WORK	CELL
RELATION TO LEARNER:  CONTACT NUMBERS:  4. MEDICAL INFORMATION  MEDICAL AID NAME:  MEDICAL AID NUMBER:  NAME OF MAIN MEMBER:	HOME	WORK	CELL
RELATION TO LEARNER:  CONTACT NUMBERS:  4. MEDICAL INFORMATION  MEDICAL AID NAME:  MEDICAL AID NUMBER:  NAME OF MAIN MEMBER:  DOCTOR'S NAME:	HOME	WORK	CELL
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RELATION TO LEARNER:  CONTACT NUMBERS:  4. MEDICAL INFORMATION  MEDICAL AID NAME:  MEDICAL AID NUMBER:  NAME OF MAIN MEMBER:  DOCTOR'S NAME:  DOCTOR'S TEL NO:  ID NO. OF MAIN MEMBER:	HOME	WORK	CELL
RELATION TO LEARNER:  CONTACT NUMBERS:  4. MEDICAL INFORMATION  MEDICAL AID NAME:  MEDICAL AID NUMBER:  NAME OF MAIN MEMBER:  DOCTOR'S NAME:  DOCTOR'S TEL NO:	HOME	WORK	CELL

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## 5. DEFINITIONS AND INTERPRETATIONS

**5.1** "child" means the learner applying for enrolment at Sparrows Combined (Private)

School (Pty) Ltd as referred to on Page 1.

**5.2** "Parent/Guardian means the person responsible for the learner and the fees as referred to on

Page 1.

**5.3** "Policies" means the rules and principles adopted by the school to regulate the day-to-

day running of the school adopted and amended from time to time.

**5.4** "School" means Sparrows Combined (Private) School (Pty) Ltd which includes Sparrows

High School, Sparrows Primary School and / or alternatively Sparrows

Combined (Private)School as well as any subsidiaries or affiliates of Sparrows

Combined (Private) School.

## 6. **DECLARATIONS**

6.1 I declare that I am the parent and/or legal guardian of the learner and that the learner and I must comply with the terms and conditions of this contract for the learner to remain enrolled at this school.

As a parent/guardian by signing this contract, I confirm that I understand and agree to the rights and duties imposed on me and my child in this contract including the attachments to it and the policies of the School, such as, paying fees on time, being responsible for the behaviour of my child, and ensuring that my child and I comply with all policies of the school which list is not exhaustive.

## 7. CODE OF CONDUCT

7.1 My child and I undertake to uphold and adhere to the Code of Conduct annexed hereto, failing which I understand my child may be suspended from School.

7.2 Furthermore, I agree to provide my child with the correct school uniform, necessary books and stationery as specified.

# 8. FINANCIALS

8.1 I agree to pay all the School fees including admin fees, development fees, extra costs and any increase in the aforementioned fees, as may be determined by the School from time to time.

1. \_\_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_ PARENT/S AND/OR GUARDIAN'S INTIALS

- 8.2 All such fees are payable in advance by the 3<sup>rd</sup> of each month. I furthermore understand that fees not paid by the 3<sup>rd</sup> of each month will result in the child being suspended and that any School fees paid annually will **not** be refunded if the child leaves during the school year.
- 8.3 I understand and accept that the School may demand payment of the fees from me separately or jointly with any other parent and / or legal guardian which duty will continue even after termination of this contract and that such outstanding monies are payable by me to the School on demand.
- 8.4 In the event that the School takes legal action against me, I will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.
- 8.5 I undertake to immediately inform the school if I did not receive an invoice / statement at the start of the academic year, however, I understand that payment of monthly fees, are not subject to presentation of a statement.
- 8.6 I accept that interest on overdue accounts shall be charged at 15% and that such interest shall be payable by me on demand from the School.

## 8.7 PAYMENT SCHEME:

I select to pay the School fees account as follows (tick applicable box)

Monthly	Per Term	Annually	

# by way of (tick applicable box)

Electronic				
Fund Transfer	Debit Order	Cheque	Cash	

# into the following bank account:

FNB	ABSA
Account Name: Sparrows Combined School	Account Name: Sparrows Combined School
Branch: Rosebank	Branch: Alberton
Branch Code: 253305	Branch Code: 631142
Account Number: 62210789121	Account Number: 4076668531
Ref: Child's name, surname and grade	Ref: Child's name, surname and grade

1. \_\_\_\_\_2. \_\_\_\_3. \_\_\_

9. SCHOOL ACTIVITIES

I give my consent for my child to take part in any and all of the activities of the School, including all games, athletics, educational tours, sports tours and excursions of any nature whatsoever, which

the School considers desirable.

10. INDEMNITY

10.1 I understand fully and accept that all activities such as those mentioned above shall be undertaken

at my child's own risk and I undertake to indemnify the School, the Principal, the members of its

staff and such other people that may be involved with or assisting my child in the pursuit of any of

the aforesaid activities, against and from any and / or claims whatsoever or injury to my child in the course of any such activities, provide all reasonable care was taken by those indemnified.

11. MEDICAL EMERGENCY

11.1 I give permission to the School to consent to any medical procedures which must urgently be

performed on my child in the event that neither I nor the emergency person listed above can be

reached to make such emergency decisions.

12. TERMINATION

12.1 I acknowledge and agree that I shall be obliged to give 1 (one) term's prior written notice of my

intention to withdraw my child from the School, regardless of what my reason for withdrawal might

be, and that in the event of my failing to give such proper written notice in advance, a cancellation fee equal to 3 (three) months school fees shall be payable by me to the School on demand, which

cancellation fee I agree is reasonable.

12.2 The School shall be entitled to terminate the enrolment of my child as a learner at the School under

the following circumstances:

12.2.1 Summarily, and with immediate effect, if the child 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 I will be liable for the annual school fees.

12.2.2 The School reserves the right to remove or suspend my child from the School if fees remain

unpaid for more than 60 (sixty) days.

13. DOMICILIUM

13.1 The parties choose their domicilia executandi as the addresses set out above.

PARENT/S AND/OR GUARDIAN'S INTIALS

TEL: 011 864-1422 TEL: 011 864-6007

#### 14. **CREDIT INFORMATION**

14.1 I hereby consent to the School or a third party appointed by the School performing security checks including but not limited to criminal checks and credit checks for the duration of this contract. I furthermore consent to the disclosure and exchange of my personal financial information by the School to a credit bureau or financial institution in accordance with the National Credit Act.

### 15. APPLICABLE LAW

This contract and any dispute originating from it will be governed and construed within the confines of the Law of South Africa.

#### **16**. **BREACH OF CONTRACT**

- 16.1 In the event that I commit a breach of contract of any of the terms of this Agreement, the School may in its sole discretion:
  - 16.1.1 Refuse my child entry into the school's premises until the breach has been remedied; and/or
  - 16.1.2 Claim damages from me; and/or
  - 16.1.3 Take whatever legal steps that may be necessary

#### 17. **ENTIRE AGREEMENT**

17.1 This contract constitutes the whole agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this contract for any provision or term thereof or of any contract, bill of exchange or other document issued or executed pursuant to or in terms of the contract and no settlement of any disputes arising under this contract and no extension of time, waiver or relaxation or suspension of any of the provisions of the terms of this contract or of any contract, bill or exchange or other document issued pursuant to or in terms of this contract shall be binding unless recorded in writing and signed by the parent/guardian and the School by the parties.

THUS DONE AND S	SIGNED AT	THIS DAY OF2	.0
 Mother	 Father	 Legal Guardian	
 Date	 Date	Date	
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