



ADMISSIONS NO.

Surname and Name of the Child

I AM APPLYING FOR (please mark with a ✓)			
<input type="checkbox"/>	EARLY CHILDHOOD DEVELOPMENT CENTRE	<input type="checkbox"/>	PRIMARY SCHOOL (GR 1 - 7)
<input type="checkbox"/>	PRE-PRIMARY (GR 0 – R)	<input type="checkbox"/>	HIGH SCHOOL (GR 8 - 12)

FULL-TIME BOARDING

(please tick ✓) Please fill in a separate form if you require boarding space

Transport Mode: \_\_\_\_\_

**\*Please note the following application requirements:**

- All applicants from Grade R are required to undergo an entrance assessment (English & Mathematics).
- R200.00 (non-refundable) application fee must accompany this form in respect of all applicants.
- This completed form is to be returned with **COPIES** of the following documents:
  1. **Birth Certificate** of applicant;
  2. **Transfer letter, Final Report** from previous year and the most current school reports
  3. Immunization record (clinic card) – Early Childhood Development Centre to Grade R
  4. Passport (where applicable);
  5. **Identity Documents** (both parents / guardians);
  6. Financial Certificate completed by the current school

**PLEASE NOTE: No application will be finalized for Grade R-12 should final year-end (term 4) Report and Transfer Letter not be received before he/she starts school the following year confirming applicant has been promoted to the grade applying for.**

**SECTION A: PARTICULARS OF APPLICANT (Pupil):**

Current Grade: \_\_\_\_\_ \*Grade applying for: \_\_\_\_\_ Year: \_\_\_\_\_ Term: \_\_\_\_\_ Siblings in school:  Yes  No (tick ✓)  
 Years in Grade: \_\_\_\_\_ years in Grade: \_\_\_\_\_ Class \_\_\_\_\_  
 Years in grade: \_\_\_\_\_ Years in Phase: \_\_\_\_\_ Class allocation: \_\_\_\_\_

**\*PRE-PRIMARY: GRADE 0, R / FOUNDATION PHASE GRADE 1-3 / INTERMEDIATE PHASE GRADE 4-6/ SENIOR PHASE 7-9/ FET -HIGH SCHOOL GRADE 10-12**

Surname: \_\_\_\_\_ Name(s): \_\_\_\_\_ Dexterity (Left/Right Handed or Ambidextrous)

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Nationality (Citizenship): \_\_\_\_\_ Population Group: (tick ✓) (African / Coloured / Indian / White / Asian)

ID / Passport no: \_\_\_\_\_ Country of Residence: \_\_\_\_\_ Province of Residence: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_ Home language: \_\_\_\_\_

Child lives with (Circle which is applicable): Both Parents Only Mother Only Father Relative Legal Guardian  
Other: \_\_\_\_\_

(Please state e.g. mother and stepfather, mother remarried, etc.)

Parents deceased (circle which is applicable): Mother Father Both None

Permanent residential address of applicant: \_\_\_\_\_

\_\_\_\_\_ Tel no at this address: \_\_\_\_\_

Emergency contact telephone numbers:

1. Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

2. Full Name \_\_\_\_\_ Title: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

3. Name of current school: \_\_\_\_\_ Town: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_  
Date from: \_\_\_\_\_ to: \_\_\_\_\_

4. Address of Current School: \_\_\_\_\_

Contact details of current school: Tel - \_\_\_\_\_ Email - \_\_\_\_\_

Highest grade passed: \_\_\_\_\_ Year: \_\_\_\_\_ Grades repeated: \_\_\_\_\_

Is applicant a returning pupil to Vela School:  Yes  No (tick ✓)

If yes, date(s) when applicant was previously enrolled at Vela School: From \_\_\_\_\_ To \_\_\_\_\_

Any other schools applied to: \_\_\_\_\_

**SECTION B: PARTICULARS REGARDING PARENT / GUARDIAN RESPONSIBLE FOR THE EDUCATION OF APPLICANT (Pupil):** \*If parents are divorced or separated or applicant lives with a guardian, please underline which is relevant:

- Accounts to be addressed to: Father Mother Guardian
- Correspondence to be addressed to: Father Mother Guardian
- Reports to be addressed to: Father Mother Guardian

**Father / Stepfather / Guardian**

Surname: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Marital status: \_\_\_\_\_

Identity / Passport no: \_\_\_\_\_

Residential address: \_\_\_\_\_ Code: \_\_\_\_\_

Postal address: \_\_\_\_\_ Code: \_\_\_\_\_

Tel no: \*H: \_\_\_\_\_ \*W: \_\_\_\_\_ \*Cell: \_\_\_\_\_

\*it is imperative that these telephone numbers are filled in and are current so as to be able to get hold of you on them in case of an emergency".

\*E-mail address: \_\_\_\_\_

\*updated and accurate email address is imperative for effective email correspondence.

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address work: \_\_\_\_\_ Fax no: \_\_\_\_\_

Are you the legal guardian of the child? \_\_\_\_\_

**Mother / Stepmother / Guardian**

Surname: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Marital status: \_\_\_\_\_

Identity / Passport no: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Tel no: \*H: \_\_\_\_\_ \*W: \_\_\_\_\_ \*Cell: \_\_\_\_\_

\*it is imperative that these telephone numbers are filled in and are current so as to be able to get hold of you on them in case of an emergency.

\*E-mail address: \_\_\_\_\_

\*updated and accurate email address is imperative for effective email correspondence.

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work address: \_\_\_\_\_ Code: \_\_\_\_\_

Physical address: \_\_\_\_\_ Code: \_\_\_\_\_

Are you the legal guardian of the child? \_\_\_\_\_

**SECTION C: MEDICAL INFORMATION:**

Name of Medical Aid Plan/Scheme \_\_\_\_\_ Medical Aid no: \_\_\_\_\_

Main Member's Full Names: \_\_\_\_\_

Main Member's ID no: \_\_\_\_\_ Tel no: \_\_\_\_\_

Family Doctor's name: \_\_\_\_\_ Tel no: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Please list any serious medical conditions (e.g. asthma, allergies, diabetes, epilepsy etc.) \_\_\_\_\_

List any emotional trauma the child has experienced (e.g. the loss of a parent) \_\_\_\_\_

List any physical disabilities the child may have and/or any known learning problems the child has experienced \_\_\_\_\_

\*\*\*please note briefly and attach the relevant reports to this application.

**SECTION D: PARTICULARS OF SIBLINGS CURRENTLY ATTENDING VELA SCHOOL:**

1. Name and Surname: \_\_\_\_\_ Gender: \_\_\_\_\_  
Grade: \_\_\_\_\_ House: \_\_\_\_\_

2. Name and Surname: \_\_\_\_\_ Gender: \_\_\_\_\_  
Grade: \_\_\_\_\_ House: \_\_\_\_\_

**SECTION E: PARTICULARS REGARDING PAST PUPILS:**

**\*If pupil/parent/guardian is related to any past pupils of this School, please complete:**

Name of past pupil: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last year of attendance: \_\_\_\_\_ House: \_\_\_\_\_

**SECTION F: FEES / LEVIES & CHARGES / TERMS OF ACCEPTANCE:**

**General Note:** Vela School is an Independent Institution operating on a NOT FOR PROFIT basis. No assistance in the form of finances/subsidies is/are received from government and as such the school is wholly dependent on fees, possible sponsorship or donations for its continued operation and existence.

1. To secure enrolment, a non-refundable deposit is payable as reflected in the applicable Fees structure.
  1. Tuition fees are payable as set out in the applicable Fees Structure.
  2. Tuition fees are reviewed annually. Any adjustments will be reflected on an applicable scale of fees, circulated at the end of the preceding term, with an account for the following term's fees.
  3. The Board of Trustees reserves the right to raise levies and fees from time to time in order to meet funding requirements. Such levies and fees will, after prior notification, be added to tuition fee accounts.
  4. **Accounts may not be in arrears and all overdue accounts will attract interest at 2% per month in accordance with the National Credit Act.**
  5. A full term's notice in writing, or the equivalent fee in lieu thereof, is required prior to the withdrawal of a pupil from both the boarding house and/or the school.
  6. *Vela School reserves the right to restrict admission of any pupil to class in respect of whom monies due to the school are outstanding and to withhold reports of such pupils.*

**PLEASE NOTE: YOU WILL BE REQUIRED TO RE-REGISTER YOUR CHILD ANNUALLY. YOU WILL RECEIVE ALL THE NECESSARY DOCUMENTATION FROM THE SCHOOL'S ADMIN DEPARTMENT FOR THIS PURPOSE. SHOULD YOU NOT RETURN THESE DOCUMENTS BY THE DUE DATE YOUR CHILD WILL NOT BE PROCESSED INTO THE NEW ACADEMIC YEAR. THE SCHOOL WILL ONLY RE-REGISTER YOUR CHILD IF THE RELEVANT DOCUMENTS HAVE BEEN RETURNED – NO VERBAL OR ANY OTHER FORM OF COMMUNICATION STATING THE INTENTION THAT YOUR CHILD WILL BE RETURNING TO THE SCHOOL WILL BE ENTERTAINED.**

**UNDERTAKING BY PARENT, GUARDIAN OR PERSON RESPONSIBLE FOR FEES:**

I, the undersigned, (print name in full) \_\_\_\_\_, parent/guardian  
of (print name in full) \_\_\_\_\_ have  
read, understood and undertake to abide by these regulations in respect of fees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION G: CREDIT REFERENCE:**

**Names of two (2) additional credit references:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**SECTION H: INDEMNITY FORM**

I, the undersigned, \_\_\_\_\_ (please print full names),

being the parent / guardian of \_\_\_\_\_ (please print full names), hereby indemnify the school against any claims which may arise as a result of my child's participation in games, sporting, cultural and educational tours, trips and excursions arranged by the School and/or conducted under its aegis, with the proviso that due notice is given of sporting; cultural and educational tours; trips and excursions, and generally in all School activities.

Whilst it is recognised that the School will take every precaution to ensure the safety and well-being of my child, I hereby indemnify and hold blameless the Board of Trustees of the School, its employees, agents and parents against all claims which may arise in consequence of the death of or any injury sustained or damage suffered by my child during the course of my child's participation in aforesaid, from whatsoever cause arising, including any negligence or fault of whatsoever nature attributable to the School, its Board of Trustees, employees, agents or parents, save that liability shall not be excluded under this indemnity for loss occasioned by a deliberate act of wilful misconduct attributable to the School, its Board of Trustees, its employees, agents and parents.

In the event of my child being injured, or in the event of illness, I hereby authorise the School and/or its agents and parents to procure such medical treatment/surgery as may be deemed necessary, hereby authorising them, on my behalf, to sign inter alia a consent to surgical and other procedures with the understanding that the School and/or its agents will endeavour to contact and inform the parents/legal guardian prior to such consent being signed. I hereby indemnify the School, its Board of Trustees, its employees, agents or parents from all medical and hospital costs occasioned thereby. During sporting, cultural and educational tours, should the organisers and/or their agents deem it advisable to make special travel arrangements for the abovementioned child to be returned home due to unforeseen circumstances arising, I accept full liability for the additional costs which shall be incurred thereby.

During sporting, cultural and educational tours, trips and excursions, I authorise the School and/or its agents to discipline the abovementioned child as may be deemed advisable. I further authorise the School and/or its agents, in the event of gross and/or persistent misconduct on the part of the child, as they do determine at their sole discretion, to send my child home by such means as may be deemed advisable, and accept full liability for the costs thereof. I further accept that no portion of the money paid for the tour/trip/excursion will, in the above event necessarily be refunded.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SECTION I: SOCIAL MEDIA**

Vela School makes a constant effort to keep parents updated of school activities via the school's website, the official Facebook page, letters, etc. By signing this document, I hereby authorize the following:

- I grant Vela School permission to photograph/video record my child (mentioned on page 1 of this Application form) while involved in activities at Vela School.
- I grant the school permission to use any photographs/video footage/voice recordings of my child taken during their activities at Vela School to be posted on the school's website, Facebook page, brochures, flyers, school magazine or any other school-related publication or printed medium.
- I understand that I have the right to request, in writing, to have a photo removed from the website or Facebook page within 30 working days.
- I understand that all rights, title and interest in the photography or videography obtained belongs to Vela School and that I will receive no financial compensation for the use of these photos and/or video.

**SECTION J: SCHOOL POLICIES**

Vela School's school policies are reviewed regularly. Whilst representing Vela School, both on and off the school campus, all pupils are required to abide by and adhere to these policies at all times. These are available on request.

**SECTION K: CERTIFICATION BY PARENT, GUARDIAN OF, OR PERSON RESPONSIBLE FOR APPLICANT / PUPIL:**

I hereby certify that all the information recorded above and on the accompanying documents is true and correct and that I agree to abide by the understanding given in the sections above.

I (name) \_\_\_\_\_ agree, as a member of the school family (and on behalf of my son/daughter), to abide by all stipulations as set out in this Application Form.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Vela School

1 Thornhill Road  
Thornhill Farm  
Mthatha, 5100  
Telephone 047- 5322 306/0871950167  
E-mail: velaschool437@gmail.com



## FINANCIAL CERTIFICATE

(To be completed by the CURRENT school)

\_\_\_\_\_  
Name and Surname of Pupil

\_\_\_\_\_  
Grade

### School fees:

Annual fees: R \_\_\_\_\_

Fees paid regularly Yes  No

Fees outstanding: R \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_  
I hereby confirm that the above information is correct.

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE

\_\_\_\_\_  
DATE

### SCHOOL STAMP: