

For office use:

Application approved by:



HARRISTON

Harriston School
PO Box 1544 Harrismith 9880
45 Mauritz Street
Tel: (058) 6232755 Fax: (058) 6232756
E-mail: office@harriston.co.za

Gr 2-10 Entrance Test Results:

Mathematics _____
English _____
Afrikaans _____
Average _____

Gr RR - R Entrance Test Results:

Grade RR _____ Grade R _____

APPLICATION FOR ADMISSION

Date: _____

Account No: _____

Please attach copies of the following:

| | | | |
|---|--|------------------------|--|
| Signed Debit Order Form | | Father's ID Copy | |
| Signed Declaration | | Mother's ID Copy | |
| Copy of Latest School Report / School Readiness Report (Grade 1) | | Birth Certificate Copy | |

For office use:

| | | | |
|---|--|-------------------------------|--|
| Application Fee Receipt No | | BURSAR: | |
| Confidential Financial Form Sent | | Class List | |
| Confidential Financial Form Received | | Invoice Number / Deposit Paid | |
| D6 | | Refundable Deposit A/C No | |
| Handbook | | Recurring Batch Invoice No | |
| Welcome Letter | | ACB Debit Order | |
| Ed Lab requested | | Sibling Discount | |

Pupil's Surname: _____

Full Names: _____ Preferred Name: _____

Date of Birth: _____ Pupil's ID Number: _____

Male / Female: _____ Nationality: _____ Left / right handed _____

Home Language: _____ Second Language: _____

Religious denomination: _____

Application for admission to Grade _____ in (year) _____ starting in (month) _____

(For Pre-Primary Grades RRRR and RRR please indicate number of days per week) 3 days / 5 days

Boarding required: (weekly) **Yes / No**

Present School: _____ Present Grade: _____

Has your child received any remedial teaching? _____ If yes, please specify _____

Any illness, allergies, etc? _____ If yes, please specify _____

Siblings registered at Harriston (Name & Grade): _____

Medical Aid: _____ Medical Aid number: _____

WEBSITE: www.harriston.co.za

• Member of the Independent Schools Association of Southern Africa •

• Member of SAHISA & SABISA •

Harriston School (PTY) Ltd. (Association incorporated under section 21)

Details of Parents / Guardians:**(In the case of a single parent please provide contact details for a second adult in an event of emergency)****(Please select)****Father:** Surname: _____ **Title:** Mr/Prof/Dr/Rev

Full names: _____ Preferred name: _____

ID number: _____ (Attach a copy)

Business name: _____ Occupation: _____

Business address: _____

Residential address: _____

Telephone: Home: _____ Business: _____

Cell Phone: _____ Fax: _____

Email for accounts: _____

(Please select)**Mother:** Surname: _____ **Title:** Ms/Mrs/Prof/Dr

Full Names: _____ Preferred name: _____

ID number: _____

Business name: _____ Occupation: _____

Business address: _____

Residential address: _____

Telephone: Home: _____ Business: _____

Cell Phone for SMS messages: _____

Email for newsletter and correspondence: _____

Marital status of parents: _____

Person responsible for school fees: _____

Bank: _____ Branch: _____ Account no: _____

Address to which communication must be sent. P.O. Box _____

_____ Postal code: _____

I _____ hereby certify that the above information is true and correct. I have read and understood the rules of the school and do hereby bind myself and my child to abide by the rules at all times.

Signature of parent / guardian: _____ Date: _____

Admission is at the discretion of the Board of Governors. Completion of this form does not guarantee admission to the school. Applicants must pass an entrance examination and will be notified whether their applications are successful or unsuccessful. Once full payment of the deposit is received your child's registration will be confirmed.

THIS APPLICATION FORM MUST BE ACCOMPANIED BY A NON-REFUNDABLE APPLICATION FEE OF R300

DECLARATION BY PARENTS / GUARDIAN

Whereas my child/children:

(List names all children applied for or already enrolled at Harriston School)

1. _____ (Full names and surname)
2. _____ (Full names and surname)
3. _____ (Full names and surname)
4. _____ (Full names and surname)

has / have been admitted as a pupil/s to Harriston.

Now therefore (Full name of Father) _____

And (Full name of Mother) _____

HEREBY AGREE IN MY/OUR PERSONAL AND IN MY/OUR SEVERAL/JOINT CAPACITY/IES AS PARENTS/GUARDIAN OF THE AFORESAID CHILD/CHILDREN THAT THE FOLLOWING TERMS AND CONDITIONS WILL BE APPLICABLE AND COMPLIED WITH:

1. That he/she will be requested to conform to the rules and regulations of the School.
2. That all fees and charges will be paid, in advance, or in accordance with the credit terms provided and agreed to by the School.
3. That, in event of the payment of fees and charges falling into arrears, Harriston reserves the right to discontinue any account, summarily cancel any agreement relating to credit terms and refuse to allow the child/children to continue as a pupil at the School. In the event of any of these rights being exercised, any amount owing shall immediately become due and payable on demand.
4. That Harriston reserves the right to withhold reports if fees fall in arrears.
5. That we are jointly and severally liable for the payment of all fees and disbursements and all attorney and client costs and collection charges involved in the recovery thereof.
6. That we undertake to pay interest at an agreed rate of 2.5% per month on accounts which have fallen into arrears.
7. That the Head of School, in maintaining the discipline of the School, has the sole right to refuse to allow him/her to return to School or to demand his/her immediate withdrawal from the School, or to suspend his/her attendance at the School for a period in such circumstances. I / We acknowledge that the full fees for the quarter shall nevertheless be payable to the School.
8. Before removing my child/children from the School for whatever reason, a full term's written notice will be given to the Head of School, failing which a term's fee will be payable in lieu of notice.

9. I/We declare that the information pertaining to our child/children as reflected on the Application for Admission and Registration Form is true and correct. I /We further understand and irrevocably accept that the Board of Governors has the sole right to immediately refuse my child/children access to the School if the aforesaid information is found to be false.
10. I/We herewith undertake to notify the School beforehand if my /our child/children has/have any condition or illness like contagious illnesses including skin diseases or any other illness of any kind whatsoever. I /We herewith undertake not to hold the School liable in case my/our child/children contract/s any illness or condition as a result of attending School or in case an existing illness of any kind whatsoever gets worse.
11. I/We further declare that my/our child/children attend/s School activities at his/her own risk and I /we herewith irrevocably indemnify and undertake not to hold the School responsible for any personal injuries, illnesses (of any kind whatsoever), damage or loss caused in any way whatsoever.
12. I/We hereby declare that I/we sign this Declaration and indemnity of own free will and with full knowledge of the contents thereof.
13. We declare that our residential address is _____
which address I/we choose as the domicilium citandi et executandi.

Signed at _____ on this _____ day of _____ 20_____

Signature of Father _____

Signature of Mother _____

DEBIT ORDER INSTRUCTION FOR ACB**For office use:**

Pupil account no: _____

Start date: _____

Dear Sir

The details of my/our bank account are as follows:

Name of Account Holder : _____

Bank Name : _____

Branch Code : _____

Branch Name : _____

Account number : _____

Type of account : _____

I/We hereby authorise Harriston School to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly commitment due in respect of fees and school expenses. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorised will be processed by computer through a system known as the ACB Magnetic Tape Service and I/we also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you thirty days' notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while the authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Signed at _____ on this the _____ day of _____ 20____

Signature: _____