

**FOR OFFICIAL USE ONLY**



**HARRISTON**

Harriston School  
 Christian Faith Based School  
 P.O Box 1544 Harrismith 9880  
 45 Mauritz Street  
 Tel: (058) 6232755  
 Email: reception@harriston.co.za

**GR 2 – 10 ENTRANCE TEST RESULTS**

**MATHEMATICS** \_\_\_\_\_  
**ENGLISH** \_\_\_\_\_  
**AFRIKAANS** \_\_\_\_\_  
**AVERAGE** \_\_\_\_\_

**APPLICATION APPROVED BY:**

**NAME** : \_\_\_\_\_

**SIGNATURE** : \_\_\_\_\_

**APPLICATION FOR ADMISSION**

**DATE:** \_\_\_\_\_

**ACCOUNT NO.** \_\_\_\_\_

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Application Fee Receipt No	<b>BURSAR:</b>
Confidential Financial Form <b>Sent</b>	Class List
Confidential Financial Form <b>Received</b>	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

**PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS:**

Signed Debit Order Form	Signed Declaration
Mother's ID Copy	Father's ID Copy
Birth Certificate Copy	Copy of Medical Aid Card (if applicable)
Copy of Latest School Report / School Readiness Report from an Occupational Therapist (Grade 1)	

**LEARNER INFORMATION**

Surname		Ethnic Group	
Full Name(s)		Preferred Name	
Date of Birth		ID Number	
Male	Female	Nationality	Left-handed / Right-handed
Home Language		Second Language	
Application for admission to Grade		In (year)	Starting in (month)
After-Care (including lunch)?			Yes / No
Boarding required	Yes / No	If yes, please select	Weekly Boarding / Full-time Boarding
Present School		Present Grade	
Has your child received any remedial teaching?		Yes / No	
If yes, please specify			
Any illness, allergies, etc?		Yes / No	If yes, please specify
Medical Aid Name		Member number	Main Member
Doctor's Name		Doctor's Contact Number	
Siblings registered at Harriston - Name(s) and Grade(s):			

**WEBSITE:** [www.harriston.co.za](http://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)

PARENT/ GUARDIAN 1 INFORMATION																	
<i>In the case of a single parent, please provide the details of a second adult, in an event of an emergency.</i>																	
Biological Father			Guardian			Relationship to learner (e.g. uncle):											
Title (Mr, Ms, Dr, etc)			Surname														
Full Name(s)						Preferred Name											
Ethnic Group			ID Number														
Male	Female	Nationality			Left-handed			Right-handed									
Home Language			Second Language			Religion											
Physical Address						City/Suburb			Code								
Home Telephone Number						Cell No.											
Email Address						Work No.											
Occupation Status						Employment Sector											
Occupation						Employer											
Work Address						City/Suburb			Code								
Does the learner reside with this parent/guardian at the above address?												Yes			No		

PARENT/ GUARDIAN 2 INFORMATION																	
<i>In the case of a single parent, please provide the details of a second adult, in an event of an emergency.</i>																	
Biological Mother			Guardian			Relationship to learner (e.g. aunt):											
Title (Mr, Ms, Dr, etc)			Surname														
Full Name(s)						Preferred Name											
Ethnic Group			ID Number														
Male	Female	Nationality			Left-handed			Right-handed									
Home Language			Second Language			Religion											
Physical Address						City/Suburb			Code								
Home Telephone Number						Cell No.											
Email Address						Work No.											
Occupation Status						Employment Sector											
Occupation						Employer											
Work Address						City/Suburb			Code								
Does the learner reside with this parent/guardian at the above address?												Yes			No		

Marital Status of Parents (Single/Married/Divorced/Never Married/Widow/Widower)																	
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PERSON RESPONSIBLE FOR SCHOOL FEES																	
Full Name(s)						Surname											
ID No.																	
Contact No.						Alternate no.											
Bank Name:						Account No.			Branch Code								

EMERGENCY CONTACT INFORMATION (FOR LEARNER)																	
Name and Surname						Relationship to Learner											
Contact Number						Alternate Contact No.											

I \_\_\_\_\_, hereby certify that the above information is true and correct. I have read and understood the school's code of conduct and do hereby bind myself and my child to abide by the rules at all times.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***This application must be accompanied by a non-refundable application fee of R540.***

# DECLARATION BY PARENT(S) / GUARDIAN(S)

AND

## (CONTRACT BETWEEN PARENT(S) / GUARDIAN(S) AND HARRISTON SCHOOL)

Whereas my child(ren) / ward(s):

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

1. \_\_\_\_\_ (Full name(s) and surname)

2. \_\_\_\_\_ (Full name(s) and surname)

3. \_\_\_\_\_ (Full name(s) and surname)

4. \_\_\_\_\_ (Full name(s) 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 PARENT(S)/GUARDIAN(S) 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 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.
5. That we undertake to pay interest at an agreed rate of 2.5% per month on accounts which have fallen into arrears.
6. 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.
7. 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.

8. 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.
9. 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.
10. I/We 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.
11. I/We hereby declare that we understand and acknowledge that Harriston School has CCTV cameras and acknowledge that our child/children will, at some point, be videoed as CCTV surveillance exists in various parts/areas of the school.
12. I/We understand that photographs may be taken of our children in class or if they are involved in school activities. These photographs may be used on the school's social media platforms and/or in the school newsletter.
13. I/We hereby declare that I/we sign this Declaration and indemnity of our own free will and with full knowledge of the contents thereof.
14. We declare that our residential address is \_\_\_\_\_ which address I/we choose as the domicilium citandi et executandi.

Signed at \_\_\_\_\_ (place) on the \_\_\_\_\_ (day) of \_\_\_\_\_ 20\_\_\_\_ (year)

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: \_\_\_\_\_