



FOR OFFICIAL USE ONLY

ASSESSMENT OVERSEEN BY:

NAME : _____

SIGNATURE : _____

Occupational Therapist Screening

Fee (Gr RRR, RR and R):

R250

Paid

YES

NO

*Harriston Early Learning Centre
Christian Faith Based School
P.O Box 1544, Harrismith, 9880
42 Bell Street, Harrismith, 9880
Tel: (058) 6232755
Email: reception@harriston.co.za*

This form and all supporting documents must be handed to the Harriston School Secretary (45 Mauritz Street). Forms will not be accepted by staff at the ELC.

APPLICATION FOR ADMISSION

DATE: _____

ACCOUNT NO. _____

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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	

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)	
Screening Report from an Occupational Therapist (Gr RRR, RR and R)			

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								Religion			
Application for admission to Grade				In (year)				Starting in (month)									
After-Care (including lunch)?												Yes	No				
ELC Class Ages – Please select the correct class, according to the age your child will be turning in the year of attendance.																	
Crèche – Under 2 years; 4R – Turning 3; 3R – Turning 4; 2R – Turning 5; R – Turning 6																	
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

• 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: _____