

NORTHERN ACADEMY - APPLICATION FORM

P.O. BOX 3282, POLOKWANE, 0700
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2013

**STUDENT NUMBER
 TO BE ALLOCATED BY ADMIN**

FEES TO BE PAID IN ADVANCE BEFORE OR ON THE 7TH OF EACH MONTH

STUDENT'S SURNAME																	
FULL NAMES																	
SEX Male/Female		GRADE APPLYING FOR		YEAR	2013	ID											
HOME LANGUAGE										BOARDER (B) DAY SCHOLAR (D)				B	D		
WHO IS RESPONSIBLE FOR THE STUDENT?																	
FATHER		MOTHER		FATHER & MOTHER					GUARDIAN								
PLEASE FILL IN THE PARTICULARS WHERE APPLICABLE																	
	FATHER				MOTHER				GUARDIAN								
SURNAME																	
NAME(S)																	
ID NO																	
OCCUPATION																	
EMPLOYER'S NAME																	
WORK TEL NO	CODE				CODE				CODE								
	NUMBER				NUMBER				NUMBER								
HOME TEL NO	CODE				CODE				CODE								
	NUMBER				NUMBER				NUMBER								
CELLULAR																	
HOME ADDRESS I choose my home address as my domicilium citandi et executandi																	
POSTAL ADDRESS																	
WORK ADDRESS																	
e-mail address																	

**PLEASE LET US KNOW IF ANY OF YOUR PARTICULARS CHANGE
 - ESPECIALLY YOUR CELL PHONE NUMBERS**

MEDICAL

MEDICAL AID			
MEDICAL AID NUMBER			
PLEASE TAKE NOTE: YOUR CHILD MUST HAVE HIS/HER <u>MEDICAL AID CARD WITH HIM/HER</u> TO BE ABLE TO UTILISE THE BENEFITS.			
SPECIAL POTENTIAL LIFE THREATENING MEDICAL CONDITION (eg asthma, heart condition).			
	DR UNDER WHOSE CARE THE PATIENT IS AND TO BE CONTACTED IN CASE OF EXTREME MEDICAL EMERGENCY	TELEPHONE	
		NUMBER	
ANY OTHER NON LIFE THREATENING MEDICAL CONDITION THAT YOU WOULD LIKE TO BRING TO OUR ATTENTION			
If something happens and we can't reach you, who else may we contact in an emergency?			
NAME OF PERSON		TEL. NO. OF PERSON	

THE following INFORMATION IS REQUESTED BY THE DEPARTMENT OF EDUCATION

Preferred language of instruction:	English		If not English, specify:			
Religion:	Christianity		Non-religious			
	African traditional		Judaism			
	Buddhism		Islam			
	Other: (specify):					
Citizenship:	South-African		Zimbabwean			
	Botswana		Other (specify):			
Country of residence:	South-Africa		Zimbabwean			
	Botswana		Other (specify):			
Province of residence:	Limpopo		Gauteng			
	Mpumalanga		Other (specify):			
Previous province where the student was in school (if applicable):	Limpopo		Gauteng			
	Mpumalanga		Other (specify):			
Race:	African		Coloured			
	White		Indian			
	Other (specify):					
Parents deceased:	Mother	yes	no	Father	yes	no

CONTRACT

STUDENT NUMBER	
STUDENT'S SURNAME	
FULL NAMES	

I, (full name and surname of person responsible for the payment of fees)

ID NUMBER:

Please attach COPY OF ID

1. Hereby agree to pay the monthly fees for **12 (twelve) months of the year**, from January up to and including December on or before the 7th of each month.
2. I am aware that the **fees are subject to reasonable change** as decided by the management.
3. I accept that my child **will not receive exam/test results** should I neglect to pay the necessary fees on the due date.
4. I also agree to pay a re-registration fee. This fee will not be refunded if I decide not to bring my child to this school.
5. I accept that **no fees will be refunded** should a child be removed from the school during a month or term, and that fees are payable during a child's absence from school due to illness, holidays, etc.
6. I acknowledge that **one full month's written notice** is required when my child is removed from the school or hostel, otherwise a month's fees will be payable in lieu of notice.
7. I also accept that if my child is in the hostel, that I **may not withdraw my child from the hostel in the last term to become a day scholar**.
8. I accept that the school reserves the right to transfer a student too young for a specific grade to the previous grade at the discretion of the teacher and the principal.
9. I accept that the school reserves the right of admission and readmission based on academic and disciplinary guidelines.
10. If it should be necessary to take legal action against me, I undertake to pay legal fees on an attorney and client scale as well as interest on any arrear amounts due to Northern Academy.

INDEMNITY

1. Northern Academy undertakes to protect and care for your child to the best of their ability.
2. Although every possible precaution will be taken, under no circumstances will we be held responsible for any accidents or injuries that may happen to your child or any loss that he/she/they may suffer whilst in our care, whether in transit, on our premises, or elsewhere.
3. I hereby indemnify Northern Academy and its employees and agents against all losses and claims for injuries or damages to any person or property whatsoever that may be caused by my child/children while he/she/they is/are under the care of Northern Academy.
4. I hereby declare that I have read and understood all of the above and accept all the terms and conditions therein.

SIGNATURE

FULL NAMES AND SURNAME

WITNESS

DATE