AUSTIN ACADEMY

APPLICATION FORM

11 George Road,
Cnr George & Austin Road,
Glen Austin, Midrand
Contact: 0687967800
Email: austinacademy9@gmail.com

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1. Child Details

- Full Name & Surname: _____
- Date of Birth: _____
- Age: _____
- Gender: ☐ Male ☐ Female
- Home Language: _____
- ID / Birth Certificate No: _____

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2. Parent / Guardian Details

Mother / Guardian 1

- Full Name: _____
- ID Number: _____
- Contact Number: _____
- Email Address: _____
- Occupation: _____
- Physical Address: _____

Father / Guardian 2

- Full Name: _____
- ID Number: _____
- Contact Number: _____
- Email Address: _____
- Occupation: _____
- Physical Address: _____

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3. Emergency Contact (other than parents)

- Name: _____
- Relationship to Child: _____
- Contact Number: _____

4. Person Responsible for Payment of Fees

- Full Name: _____
- ID Number: _____
- Contact Number: _____
- Email Address: _____
- Relationship to Child: _____
- Physical Address: _____
- Employer (if applicable): _____
- Work Contact Number: _____

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5. Medical Information

- Medical Aid Name: _____
- Medical Aid Number: _____
- Doctor's Name: _____
- Doctor's Contact: _____

Does your child have any of the following?

- Allergies: ☐ Yes ☐ No (If yes, specify) _____
- Chronic illness: ☐ Yes ☐ No _____
- Special needs: ☐ Yes ☐ No _____

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6. School Details

- Previous School (if any): _____
- Reason for leaving: _____

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7. Consent & Declaration

I, _____ (Parent/Guardian), hereby declare that the information provided is true and correct.

I give permission for my child to -

- Receive basic first aid in case of emergency
- Participate in school activities
- Be photographed for school purposes

Signature: _____ Date: _____

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8. Documents Required (attach copies)

☐ Child Birth Certificate ☐ Parent ID Copies ☐ Immunisation Card ☐ Proof of Address

☐ Medical Aid Card (if applicable)

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9. Fee Structure & Payment Policy

Registration / Admission Fees

- Registration Fee: **R500 (Non-Refundable)**

Monthly Fees

- 2 Years to Grade R (Full Day): **R2500 per month**

Discounts

- Second Child: **5% Discount**
- Third Child: **10% Discount**

Only Aftercare / Tuition

- **R550 per montth**

Public Holidays/Weekends

- Single Child: **R200 per day**
- Siblings Discount: **R350 per day**

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10. School Hours

- Full day: **06:30 AM – 5:30PM**

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11. Late Collection Policy

- After 6 PM: **R50 per every 15 minutes**

Note: Late fees must be paid in cash and cannot be added to school fees.

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12. Access & Security

- The main gate is open from **06:30 AM to 08:00 AM**.
- After 08:00 AM, access is through security at the gate.

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13. Collection of Children

- Only authorised persons may collect the child.
- Written permission (WhatsApp, email, or note) must be provided if:
    - Someone else will collect the child
    - Collection is outside normal times

14. Termly Stationery List

- Water based Wet Wipes – 3
- Toilet Paper Rolls – 7
- Facial Tissue – 2
- Vaseline Original/Parent choice – 1(450ML)
- Sun Screen Lotion – 1(500ML)
- Hand Wash Liquid – 2(500ML)
- Blanket
- 1x Rim A4 paper

15. Terms & Conditions

- The first month's school fees are payable **in advance** upon submission of this application form.
- School fees are payable **monthly for 12 (twelve) months in advance**.
- Accepted payment methods: **EFT** or **Debit Order**.
- School fees must be paid **on or before the 3rd of each month**.
- A **10% discount** on the total annual amount will be granted if fees are paid **in full by the end of February**.
- **Non-payment of fees:** The school accountant will follow up with the parent/guardian by the 3rd of the month.
- **Termination of enrolment:** A **full calendar month's written notice** must be given no later than the last day of the preceding month.
- The applicant and learner agree to abide by **all current and future rules, regulations, policies, and procedures** as determined by the Director and/or Principal of Austin Academy.
- All rules and policies are subject to **periodic review and updates** by school management.
- Parents must inform the school of any changes in contact or medical details.

16. Banking Details

- **Bank Name: Standard Bank**
- **Account Number: 10270514935**
- **Branch Code: 051001**

Reference: Child's Full Name & Surname

Parent Agreement

I, _____ (Parent/Guardian), confirm that I have read, understood, and agree to all terms, conditions, fee structures, and payment policies of Austin Academy Pre-School.

Signature: _____ Date: _____

OFFICE USE ONLY

- Application Received Date: _____
- Admission Approved: ☐ Yes ☐ No
- Start Date: _____
- Class: _____

Signature (Principal): _____