



BLUE RIDGE LEARNING CENTRE

PRIVATE SCHOOL

APPLICATION FOR ADMISSION

REQUIRED SUPPORTING DOCUMENTS, COMPLETED SECTIONS & FORMS

☐	CEMIS Transfer Document once available	☐	Copy of Learner's Residence
☐	Copy of Learner's Birth Certificate or ID Document	☐	
☐	Copy of Parents' / Legal Guardians' ID Documents	☐	Completed & Signed Debit Order Instruction
☐	Copy of Learner's latest Report or Academic	☐	Copy of Learner's Vaccination Records

TWO RECENT
COLOUR PHOTOS
OF LEARNER
(ID SIZE)

NB: Submit completed forms to info@blueridgehub.co.za

FOR OFFICE USE

APPROVED:	REF NUMBER:
DATE:	
COMMENCEMENT:	SIBLINGS AT THE SCHOOL
DATE:	1.
GRADE:	2.

LEARNER'S PERSONAL DETAILS

SURNAME	FULL NAMES AS IN ID DOCUMENT															
PREFERRED NAME																
IDENTITY NUMBER	<table><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>															
DATE OF BIRTH	AGE	GENDER	<table><tbody><tr><td>MALE</td><td>FEMALE</td></tr></tbody></table>	MALE	FEMALE											
MALE	FEMALE															
SPOKEN LANGUAGES	HOME	OTHERS														
NATIONALITY	RACE	RELIGION														
MEANS OF TRANSPORT TO SCHOOL	LEARNER'S CELL NUMBER															
LAST GRADE PASSED	YEAR	GRADES/REPEATED														
HAS ADMISSION TO ANY OTHER SCHOOL/S EVER BEEN REFUSED? IF YES, PLEASE STATE REASON.	<table><tbody><tr><td>YES</td><td></td><td>NO</td><td></td></tr></tbody></table>			YES		NO										
YES		NO														

REASON _____

ACADEMIC ACHIEVEMENTS		EXTRACURRICULAR ACHIEVEMENTS		OTHER ACHIEVEMENTS

LEARNER'S MEDICAL DETAILS

FAMILY DOCTOR

NAME _____

NUMBER _____

ADDRESS _____

MEDICAL AID

NAME _____

NUMBER _____

OPTIONS _____

HAS THE LEARNER RECEIVED ALL THE NECESSARY IMMUNISATIONS? IF NO,

YES	NO
-----	----

PLEASE STATE REASON. _____

HAS THE LEARNER SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X

☐ ASTHMA	☐ ENTERIC FEVER	☐ MEASLES	☐ SCARLET FEVER
☐ CHICKEN	☐ GERMAN MEASLES	☐ MUMPS	☐ TICKBITE FEVER
☐ DIABETES	☐ HEPATITIS	☐ MEASLES POLIO	☐ TYPHOID FEVER
☐ DIPHTHERIA	☐ MALARIA	☐ RHEUMATIC FEVER	☐ WHOOPING COUGH

DOES THE LEARNER SUFFER FROM ANY ALLERGIES? IF YES,

YES		NO	
-----	--	----	--

PLEASE GIVE DETAILS. _____

DOES THE LEARNER HAVE ANY SPECIAL MEDICAL NEEDS? IF YES,

YES		NO	
-----	--	----	--

PLEASE GIVE DETAILS. _____

DOES OR HAS THE LEARNER SUFFERED FROM ANY OTHER ILLNESSES OR DISABILITIES? IF YES,

YES		NO	
-----	--	----	--

PLEASE GIVE DETAILS. _____

LEARNER'S MEDICAL DETAILS - CONSENT

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE LEARNER'S RECORDS. THE SCHOOL THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I, BEING THE PARENT / LEGAL GUARDIAN OF _____
HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY TREATMENT AS MAY BE NECESSARY.

SIGNATURE OF PARENT / LEGAL GUARDIAN _____

DETAILS OF MOTHER/FATHER / STEPMOTHER/ FATHER / LEGAL GUARDIAN

SURNAME			
FULL NAMES			
REALATIONSHIP			
CELL NUMBER		WORK NUMBER	

DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

SURNAME			
FULL NAMES			
REALATIONSHIP			
CELL NUMBER		WORK NUMBER	
EMAIL ADDRESS			

DECLARATION OF PARENTS / LEGAL GUARDIANS

We the undersigned,_, hereby certify that the information given by us in this Application for Admission is complete and accurate. We also agree to the conditions as set out herein.

We accept that the school is based on Christian principles and undertake that this will not be undermined.

We understand that the prescribed number of learners per class may be exceeded through the placing of a current learner that has to repeat a grade.

This Application for Admission will be reconsidered in the case where important relevant information, which should be brought to the school's attention, is withheld.

We have read the Code of Conduct, Substance Abuse Policy and Dress Code and will accept an offer of placement for our child at the school according to the conditions laid down therein.

NB: The signatures of both parents and / or legal guardians are required where applicable.

SIGNATURE OF FATHER / STEPFATHER / LEGAL GUARDIAN

DATE

SIGNATURE OF MOTHER / STEPMOTHER / LEGAL GUARDIAN

DATE

DETAILS OF ACCOUNT HOLDER

SURNAME

FULL NAMES AS IN ID DOCUMENT

DISIGNATION

MR

MRS

MS

MISS

DR

REV

PROF

OTHER

IDENTITY NUMBER

RELATIONSHIP

MARITAL STATUS

RESEDENTIAL ADDRES

WORK ADDRESS

POSTAL ADDRESS

CELL NUMBER

WORK NUMBER

EMAIL ADDRESS

DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1. NAME

2. NAME

3. NAME

4. NAME

PAYMENT OPTION

MONTHLY DEBIT ORDER

ADVANCE ANNUAL PAYMENT

DECLARATION OF ACCOUNT HOLDER

We the undersigned,__, hereby certify that the information given by the Account Holder in this Application for Admission is complete and accurate.

We accept joint and several liability to Blue Ridge Learning Centre for the due and punctual payment of the once-off, non-refundable enrolment fee, school fees, hostel fees and any other amounts which may become due and payable to the School or in respect of participation in or attendance of any extracurricular activity.

We accept the Financial Terms and Conditions of which a copy has been kept.

NB: The signatures of the account holder and that of the 2nd parent / a parent / legal guardian are required if applicable.

SIGNATURE OF ACCOUNT HOLDER

DATE

SIGNATURE OF 2ND PARENT / A PARENT / LEGAL GUARDIAN

DATE

SIGNATURE OF AN AUTHORISED SCHOOL REPRESENTATIVE

DATE

FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

1.1The person responsible for the Account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the Account, alternatively binds him-/herself as co-debtor and surety for payment of all fees to the School.

1.2The legal guardian, as described in the Application, binds him-/herself as surety and co-debtor for the payment of all fees by the Account Holder or any other payments that may arise from this Agreement.

2. TERMS OF PAYMENT

2.1It is recorded that fees are determined at the beginning of the year and that the Account Holder is informed of the result in writing.

2.2The Account Holder shall immediately inform the School if he / she has not received an invoice at the start of the academic year.

2.3Fees for 12 (twelve) months are payable monthly in advance by means of debit order on or before the 2nd (second) day of each calendar month or annually in advance by 30 December, depending on the fee payment option exercised by the Account Holder in the Application.

2.4The School reserves the right to charge interest of 15% (fifteen percent) on all accounts that are in arrears by 30 (thirty) days or longer.

2.5Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the School.

2.6In the event where an existing account is / has not been managed in the proper manner, no further Applications will be considered.

3. BREACH OF CONTRACT

In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the School may in its sole discretion:

3.1 Refuse the learner entry to the School's premises until the breach has been remedied; or

3.2 Claim damages from the Account Holder and / or the surety and legal guardian; or

3.3 Take whatever legal steps that may be necessary.

4. GENERAL

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill or exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

5. JURISDICTION

This Agreement is subject to South African law.

6. CREDIT INFORMATION

The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the Credit Act of 2005.

7. DOMICILIUM

The parties choose as their domicilia citandi et executandi the addresses set out in the Application.

8. LEGAL FEES

In the event where the School takes legal action against the Account Holder, he / she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

9. CANCELLATION

9.1 The Account Holder undertakes to give 30 (thirty) calendar days written notice of termination of the enrolment of a learner, failing which the liability be incurred for the full amount of the following term's fees.

9.2 The School shall be entitled to terminate the enrolment of any learner under the following circumstances: Summarily, and with immediate effect, if the learner is guilty of an offence which, in the sole opinion of the School, renders his / her continued enrolment at the School impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such learner.

9.3 In the event of emigration, which is a long process, the School requires 1 (one) full term's written notice in advance.

GENERAL INDEMNITY

The School and the Blue Ridge Learning Centre Board of Directors undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all learners, educators and visitors to the School.

Due to the nature of the matter, the School and the Blue Ridge Learning Centre Board of Directors do not accept any responsibility for accidents that may take place in the class, on the school terrain or on the sports fields.

Each parent is therefore requested to complete this form as proof that you accept the position of the School and the Blue Ridge Learning Centre Board of Directors as set out above as well as the risks involved therewith.

I, _____, being the parent / legal guardian of _____ who is enrolled as such and accepted by the School, subject to the terms set out herein, indemnify the School and the Blue Ridge Learning Centre Board of Directors for the time being of the Blue Ridge Learning Centre for any losses or damages in general, however they may occur, that I as parent / legal guardian of the above learner may suffer as a result of any occurrence whereby the learner may be involved, whether as the causing or suffering party, whilst participating in any school activity.

In particular, I authorise that the aforesaid learner may be involved in all excursions undertaken by his / her group or class during school days as part of his / her learning experience and, where applicable, I agree that he / she may utilise the transport arranged by the School for such excursions. I also indemnify the School and the Blue Ridge Learning Centre Board of Directors for any damages or losses that I as parent / legal guardian of the above learner may suffer under such circumstances and voluntarily accepts the risks associated therewith.

In the event of the aforesaid learner making use of the bus service to and from the School, I acknowledge that I am aware that such service is operated by an independent contractor and that neither the School nor the Blue Ridge Learning Centre Board of Directors accepts any responsibility therefore. The Blue Ridge Learning Centre Board of Directors have, however, in awarding the right to operate the service, laid down certain conditions to ensure that the bus company complies with safety regulations and that the driver is sober and experienced with a proven and unblemished record.

SIGNED AT _____ ON THIS _____ DAY OF

_____, 20_____, AS WITNESSES:

1. _____

2. _____

PARENT / LEGAL GUARDIAN