

## PHAROS APPLICATION FOR ADMISSION

YEAR APPLIED FOR \_\_\_\_\_

GRADE APPLIED FOR \_\_\_\_\_

### IMPORTANT

This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are attached.

When applying for more than 1 learner, Section 1, 2 and 3 must be completed for each child.

### (Office use) NECESSARY SUPPORTING DOCUMENTS, COMPLETED SECTIONS & FORMS

- |                                                                                 |                                                                                 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Transfer Document once available                       | <input type="checkbox"/> Copy of Parents'/Legal Guardian's ID Documents         |
| <input type="checkbox"/> Copy of Learner's FINAL Progress Report once available | <input type="checkbox"/> Completed Aftercare Application if applicable          |
| <input type="checkbox"/> Copy of Learner's latest Progress Report               | <input type="checkbox"/> Completed & Signed Debit Order Form                    |
| <input type="checkbox"/> Copy of Learner's Birth Certificate / ID Document      | <input type="checkbox"/> Sections 1 – 14 Completed and signed.                  |
| <input type="checkbox"/> Copy of Learner's Vaccination Records if available     | <input type="checkbox"/> Copy of Learner's Residence / Study Permit, if foreign |

Interview Date \_\_\_\_\_

Notes \_\_\_\_\_

TWO RECENT COLOUR  
PHOTOS OF LEARNER  
(ID Size)

Approved \_\_\_\_\_

Date \_\_\_\_\_

Commencement \_\_\_\_\_

Date

Grade \_\_\_\_\_

Family Code \_\_\_\_\_

Credit Reference \_\_\_\_\_

Siblings at the school 1 \_\_\_\_\_

2 \_\_\_\_\_

## SECTION 1 : LEARNER'S PERSONAL DETAILS

SURNAME	FULL NAMES AS ON BIRTH CERTIFICATE / ID DOCUMENT																								
	<table><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></table>																								
PREFERRED NAME	IDENTITY NUMBER																								
DATE OF BIRTH	AGE	GENDER	<table><tr><td>Male</td><td>Female</td></tr></table>										Male	Female											
Male	Female																								
HOME & OTHER SPOKEN LANGUAGE/S	HOME OTHER																								
LANGUAGE/S OF LEARNING & TEACHING	FIRST SECOND																								
NUMBER OF CHILDREN IN FAMILY						POSITION OF CHILD IN FAMILY																			
NATIONALITY				COUNTRY OF ORIGIN				DATE OF IMMIGRATION																	
RACE (For Department of Education statistical purposes only)																									
ASIAN			AFRICAN			COLOURED			INDIAN			WHITE			OTHER										
RELIGION						RESIDENCE			PARENTS			GUARDIANS			OTHER										
TRANSPORT TO/FROM SCHOOL						CAR			MOTORBIKE			BUS			TAXI			BICYCLE			WALK				
LEARNER'S CELL PHONE NUMBER																									

## SECTION 2 : LEARNER'S EDUCATIONAL DETAILS

CURRENT SCHOOL	PREVIOUS SCHOOL			
ADDRESS	ADDRESS			
TEL NO	TEL NO			
PRINCIPAL	PRINCIPAL			
LAST GRADE PASSED	YEAR	GRADE/S REPEATED		
HAS ADMISSION TO ANY SCHOOL/S EVER BEEN REFUSED? IF YES, PLEASE STATE REASON.				
<table><tr><td>YES</td><td>NO</td></tr></table>			YES	NO
YES	NO			

REASONS

ACADEMIC ACHIEVEMENTS	EXTRACURRICULAR ACHIEVEMENTS	OTHER ACHIEVEMENTS

### SECTION 3 : LEARNER'S MEDICAL DETAILS

FAMILY DOCTOR \_\_\_\_\_ TEL NO \_\_\_\_\_

MEDICAL AID \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

HAS THE LEARNER RECEIVED ALL THE NECESSARY IMMUNISATIONS? \_\_\_\_\_ YES / NO

IF NO, PLEASE STATE REASON. \_\_\_\_\_

DOES THE LEARNER SUFFER FROM ANY ALLERGIES? \_\_\_\_\_ YES / NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

DOES THE LEARNER HAVE ANY SPECIAL MEDICAL NEEDS? \_\_\_\_\_ YES / NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

DOES OR HAS THE LEARNER SUFFERED FROM ANY OTHER ILLNESESS OR DISABILITIES? \_\_\_\_\_ YES / NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

IS THE LEARNER RECEIVING MEDICAL TREATMENT FOR ANY CONDITION? \_\_\_\_\_ YES / NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

IS OR HAS THE LEARNER SUFFERED FROM OR RECEIVED TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET? YES / NO

IF YES, PLEASE GIVE DETAILS. \_\_\_\_\_

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETIALS. \_\_\_\_\_

#### **MEDICAL CONSENT**

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE THE TIME TO REFER TO THE LEARNER'S RECORDS. THE SCHOOL THEREFOR 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

## SECTION 4 : DETAILS OF FATHER / STEPFATHER / LEGAL GUARDIAN

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 8

SURNAME _____				FULL NAMES AS IN ID DOCUMENT _____							
DESIGNATION	MR	MRS	MS	MISS	DR	REV	PROF	OTHER			
IDENTITY NUMBER											
RELATIONSHIP _____				MARITAL STATUS _____							
OCCUPATION _____				EMPLOYER _____							
RESIDENTIAL ADDRESS			WORK ADDRESS			POSTAL ADDRESS					
_____			_____			_____					
_____			_____			_____					
_____			_____			_____					
TEL H _____			TEL W _____			CELL _____					
EMAIL ADDRESS _____											
PARENTAL STATUS	LEARNER LIVING WITH PARENT/S		LEARNER'S LEGAL GUARDIAN		ACCESS RIGHTS TO LEARNER		ACCESS RIGHTS IN AN EMERGENCY ONLY				

## SECTION 5 : DETAILS OF MOTHER / STEPMOTHER / LEGAL GUARDIAN

COMPLETE ONLY IF **NOT** THE ACCOUNT HOLDER. REFER TO SECTION 8

SURNAME _____				FULL NAMES AS IN ID DOCUMENT _____							
DESIGNATION	MR	MRS	MS	MISS	DR	REV	PROF	OTHER			
IDENTITY NUMBER											
RELATIONSHIP _____				MARITAL STATUS _____							
OCCUPATION _____				EMPLOYER _____							
RESIDENTIAL ADDRESS			WORK ADDRESS			POSTAL ADDRESS					
_____			_____			_____					
_____			_____			_____					
_____			_____			_____					
TEL H _____			TEL W _____			CELL _____					
EMAIL ADDRESS _____											
PARENTAL STATUS	LEARNER LIVING WITH PARENT/S		LEARNER'S LEGAL GUARDIAN		ACCESS RIGHTS TO LEARNER		ACCESS RIGHTS IN AN EMERGENCY ONLY				

## SECTION 6 : DETAILS OF ANOTHER CONTACT IN CASE OF AN EMERGENCY

SURNAME \_\_\_\_\_ FULL NAMES \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
TEL H \_\_\_\_\_ TEL W \_\_\_\_\_ CELL \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

## SECTION 7 : 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 agree to our child receiving Christian Education.

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, or at the School's discretion.

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 and Dress Code and will accept an offer of placement for our child at the School in accordance with the terms and conditions as set out therein. These documents, as amended from time to time, are available on the official website of the School at [www.pharosschool.co.za](http://www.pharosschool.co.za).

**NB: The signature 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

## SECTION 8 : DETAILS OF ACCOUNT HOLDER

SURNAME	FULL NAMES AS IN ID DOCUMENT																							
DESIGNATION	<table><tr><td>MR</td><td>MRS</td><td></td><td>MS</td><td>MISS</td><td>DR</td><td>REV</td><td>PROF</td><td>OTHER</td><td></td><td></td><td></td></tr></table>												MR	MRS		MS	MISS	DR	REV	PROF	OTHER			
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OCCUPATION	EMPLOYER																							
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EMAIL ADDRESS																								

PARENTAL STATUS	LEARNER LIVING WITH PARENT/S	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHTS TO LEARNER	ACCESS RIGHTS IN AN EMERGENCY ONLY
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DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1. NAME	GR	2. NAME	GR
3. NAME	GR	4. NAME	GR

PAYMENT OPTION	MONTHLY DEBIT ORDER	ANNUALLY IN ADVANCE BY EFT OR CASH DEPOSIT
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## SECTION 9 : 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 Pharos School PTY Ltd for due and punctual payment of the once-off, non-refundable registration fee, annual re-enrolment fee, school 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 signature of both parents and / or legal guardians are required where applicable.**

SIGNATURE OF ACCOUNT HOLDER	DATE
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SIGNATURE OF 2 <sup>nd</sup> PARENT / A PARENT / LEGAL GUARDIAN	DATE
-----------------------------------------------------------------	------

## SECTION 10 : FINANCIAL TERMS AND CONDITIONS

### 1. ACCEPTANCE OF LIABILITY

- 1.1. The person responsible for the Account (hereafter called the Account Holder) as set out in the standard Application of Admission (hereafter called 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.
- 1.2. The 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

- 2.1. It is recorded that new annual fees are determined at the end of the year and that the Account Holder is informed of the result in writing
- 2.2. The Account Holder shall immediately inform the School if he / she has not received an invoice at the start of the academic year.
- 2.3. Fees for 12 (twelve) months are payable monthly in advance by means of debit order on or before the 2<sup>nd</sup> (second) day of each calendar month or annually in advance by 31 December, depending on the fee payment option exercised by the Account Holder in the Application.
- 2.4. The School reserves the right to charge interest up to the maximum interest rate allowed on all accounts that are in arrears by 30 (thirty) days or longer.
- 2.5. Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the School.
- 2.6. In the event where an existing account is / has not been managed in the proper manner, no further Applications will be considered.
- 2.7. In the event where an existing account is / has not been managed in the proper manner, no further Applications will be considered.
- 2.8. Payment of school fees by debit order is mandatory. In the event that there are insufficient funds in the nominated account to meet the debit order obligation, Pharos Schools PTY Ltd will raise an Administrative Fee of R150.00 to your account. The Account Holder agrees to complete the relevant Debit Order Mandate in this regard.
- 2.9. In the event of any parents not willing to sign the debit order form, EFT payments as an alternative method of payment will only be accepted under the following conditions:
  - 2.9.1. Payment consistently made before the 2nd of each month, as per 2.3 above
  - 2.9.2. Track record of account consistently in good standing.
  - 2.9.3. An administrative fee of R150.00 per week will be charged to your account if your fees are not paid by the 2nd of each month. This is to cover the huge administrative burden of following up on outstanding fees.

### 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 and withhold the learner's progress report 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. The Account holder, surety or legal guardian will be held responsible for all the legal fees and collection cost.

### 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, 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 exchanged of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

### 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, except for when termination notice is given during the last term of the academic year. **When termination notice is given at any time in the last term, the account holder will be responsible for school fees for the full remainder of the year, including fees for December, regardless whether the last day of school falls in December or not.**
- 9.2 **The Account Holder also undertakes to give written notice, before 31 October, if the learner will not be returning for the following academic year, failing which liability be incurred for the full amount of the 1<sup>st</sup> term of the following academic year's school fees.**
- 9.3 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 owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such learner.
- 9.4 In the event of emigration, which is a long process, the School requires 1 (one) full term's written notice in advance.

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE

## SECTION 11 : GENERAL INDEMNITY

- The School and the Pharos Schools PTY Ltd Board of Directors undertake to implement reasonable and generally acceptable measures with regards 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 Pharos Schools PTY Ltd Board of Directors do not accept any responsibility for accidents that may take place in the class, on the school terrain or on the sport fields.
- Each parent is therefore requested to complete this form as proof that you accept the position of the School and the Pharos Schools PTY Ltd 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 Pharos Schools PTY Ltd Board of Directors for the time being of Pharos Schools PTY Ltd (Reg Nr 2016/240946/07) 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, except if such loss or damage arises as a consequence of the gross negligence or willful conduct of the School or the Pharos Schools PTY Ltd Board of Directors or any person acting for or controlled by the School or the Pharos Schools PTY Ltd Board of Directors.
- 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 Pharos Schools PTY Ltd 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, except if such loss or damage arises as a consequence of the gross negligence or willful conduct of the School or the Pharos Schools PTY Ltd Board of Directors or any person acting for or controlled by the School or the Pharos Schools PTY Ltd Board of Directors.
- In the event of the aforesaid learner making use of any other bus or taxi 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 Pharos Schools PTY Ltd Board of Directors accepts any responsibility therefore.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

AS WITNESSES

1 \_\_\_\_\_

## SECTION 12 : PERMISSION TO USE PHOTOGRAPHS

I understand and acknowledge that, from time to time, photographs are taken of the School's learners, and that, insofar as these photographs are placed in possession or control of the School and / or Pharos Schools PTY Ltd, these photographs might be used by the School and / or Pharos Schools PTY Ltd in the electronic and / or printed media, including, but not limited to, the Pharos Schools Pty Ltd website, social media, advertisement and articles, brochures, flyers, posters, billboards, banners and signage on buildings and cars. The School and / or Pharos Schools PTY Ltd will at all times, insofar as the use and publication of photographs are placed in the control of the School and / or Pharos Schools PTY Ltd, ensure that these photographs portray excellence and are used in good taste.

\_\_\_\_\_  
SIGNATURE OF PARENT / LEGAL GUARDIAN

**Pharos Schools (Pty) Ltd Reg No: 2016/240946/07**  
page 8 of 9



### SECTION 13 : SURVEY – SERVICES / FACILITIES REQUIRED

SCHOOL TRANSPORT	YES	NO	From where?	
AFTERCARE	YES	NO		
HOLIDAY CARE	YES	NO		
MUSIC TUITION	YES	NO	Instrument/s?	

### SECTION 14 : SURVEY – MARKETING

WHERE DID YOU HEAR ABOUT US? PLEASE INDICATE WITH AN X							
<input type="checkbox"/>	BILLBOARD	<input type="checkbox"/>	NEWSPAPER	<input type="checkbox"/>	PRESENTATION	<input type="checkbox"/>	BROCHURE
<input type="checkbox"/>	FRIEND	<input type="checkbox"/>	WEB	<input type="checkbox"/>	OTHER / SPECIFY		
PLEASE INDICATE HOW SATISFIED YOU WERE WITH THE SERVICE RECEIVED PRE-ENROLMENT?							
<input type="checkbox"/>	VERY SATISFIED	<input type="checkbox"/>	SATISFIED	<input type="checkbox"/>	UNSATISFIED	<input type="checkbox"/>	VERY UNSATISFIED
WAS THE INFORMATION RECEIVED PRE-ENROLMENT:							
<input type="checkbox"/>	RELEVANT	<input type="checkbox"/>	INFORMATIVE	<input type="checkbox"/>	SUFFICIENT	<input type="checkbox"/>	NONE