



Strand Private Academy Application form

Affixed to this form, should be the following:

1. A copy of the child's birth certificate (unabridged).
2. A copy of the child's updated immunization certificate.
3. A copy of the mother's or/and father's ID.
4. A copy of the legal guardian's ID (if other than parent).
5. Please can you indicate if child can be on social media.
6. We Require payment history of your previous school.

Reception GR ☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐
Social Media ☐

- ❖ All documents MUST be provided upon submission of the application to the Academy.
- ❖ Details of learner MUST correspond fully with same reflected on his/her birth certificate as well as the details of parent(s) and the documents that are requested from the Academy.
- ❖ **Registration fee MUST be paid with application form.**

<u>APPLICANT'S INFORMATION</u>	
Full Name(s):	
Surname:	
Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Date of birth:	
SA ID number:	
Home Language:	
Residential Address:	
Postal Address:	
Name of last school attended:	
Reason for leaving:	
Any siblings with SPA:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Name and surname	
Date of birth:	
Name of Teacher:	
<u>LEARNER'S HEALTH</u>	
1. What is learner's general state of health? Poor <input type="checkbox"/> Good <input type="checkbox"/>	
Illness(es) that the learner had: MEASLES: <input type="checkbox"/> GERMAN MEASLES: <input type="checkbox"/> MUMPS: <input type="checkbox"/>	
WHOOPING COUGH: <input type="checkbox"/> CHICKEN POX: <input type="checkbox"/>	
State other serious illnesses which the child has/ had and specify any allergies:	

Name of Doctor:	
Doctor's contact:	
Medical Aid:	

<u>MOTHER'S INFORMATION</u>	
Full Name(s):	
Surname:	
Maiden Surname:	
Marital Status:	
Date of birth:	
ID number:	
Name of Company:	
Contact information:	Work:
	Cell:
	Alternative number:

<u>FATHER'S INFORMATION</u>	
Full Name(s):	
Surname:	
Marital Status:	
Date of birth:	
ID number:	
Name of Company:	
Contact information:	Work:
	Cell:
	Alternative number:

<u>GUARDIAN'S INFORMATION</u>	
Full Name(s):	
Surname:	
Date of birth:	
ID number:	
Name of Company:	
Contact information:	Work:
	Cell:
	Alternative:

<u>EMERGENCY CONTACT INFORMATION IF NOT PARENT / GUARDIAN</u>	
Full Name(s):	
Surname:	
Date of birth:	
ID number:	

<u>PAYMENT OF SCHOOL FEES</u>	
In terms of the South African School's Act (No.84 of 1996) both parents are responsible for the payment of school fees.	
Are you able to pay the full, compulsory fee: YES <input type="checkbox"/>	
Please see to the rules of payments regarding fees. (See Rule Book)	
Means of payment: ELECTRONIC BANKING <input type="checkbox"/> CASH <input type="checkbox"/>	
Proof of Payment to be sent to email address: strandprivateacademy@gmail.com or WhatsApp: 0798472060	
Full Name(s)	
Surname	
Date of birth	
ID number	

UNDERTAKING TO PAY STATUTORY OBLIGATION:

1. I (names in full) _____, parent(s)/guardian(s) of _____ has applied and received confirmation to be able to enrol the mentioned child as learner at Strand Private Academy School.
2. I hereby certify that I am the biological parents or that I have legal custody and legal guardianship in respect of the above-named learner.

3. **I take note and understand the following:**

- a) In terms of Section 39 of the South African Schools Act, parties are liable to pay compulsory school fees. This is a statutory obligation. In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
- b) The responsible parties will be liable for the timeous and full payment of school fees.
- c) The monthly instalments are to be paid on the last day of each month at the Office of Strand Private Academy School, or via Internet transfer by last day of each month.

The banking details are:

Strand Private Academy Foundation Phase School,

BANK: STANDARD BANK

BRANCH CODE: 051 001

ACCOUNT NUMBER: 101 441 16241.

- d) Biological/adoptive parents/guardians are jointly and severally liable for the payment of the school fees irrespective of their marital status.
- e) In the event of non-payment of school fees, an extra penalty fee of **R50.00** will be added to your account.
- f) All queries regarding school fees should be addressed in writing to the Secretary's Office.
- g) If you are one month in arrears, the full amount of school fees will become due and payable immediately at the second month. **If not, your child will be suspended until fees is paid in full.**
- h) In the event of the school having to take legal action for the recovery of school fees, all legal costs, including attorney/client fees and collection costs incurred by the school, will be charged to the parties' accounts.
- i) **PLEASE TAKE NOTE THAT YOU CANNOT WITHDRAW YOUR CHILD IN THE YEAR OF ADMISSION. YOUR CHILD MUST COMPLETE THE YEAR. IF YOU WITHDRAW YOUR CHILD, YOU ARE LIABLE TO PAY THE FULL OUTSTANDING SCHOOL FEES FOR THE YEAR. ONLY IF YOU HAVE A VALID REASON TO WITHDRAW YOUR CHILD WITH A LETTER.**

DETAILS OF PERSON(S) RESPONSIBLE FOR THE ACCOUNT (BOTH PARENTS/GUARDIANS):

Mother:

Title:		Surname:	
Full names:		I'D number:	
Home address:		Tel: (Home/Cell)	
Company name:		Occupation:	
Work address:		Tel: (Work)	
Relationship to learner:		Email address:	
Salary date:			
Signature:		Date:	

Father:

Title:		Surname:	
Full names:		I'D number:	
Home address:		Tel: (Home/Cell)	
Company name:		Occupation:	
Work address:		Tel: (Work)	
Relationship to learner:		Email address:	
Salary date:			
Signature:		Date:	

Guardian:

Title:		Surname:	
Full names:		I'D number:	
Home address:		Tel: (Home/Cell)	
Company name:		Occupation:	
Work address:		Tel: (Work)	
Relationship to learner:		Email address:	
Salary date:			
Signature:		Date:	

**PLEASE NOTE ONCE YOU SIGN THE FORM YOU BIND YOURSELF WITH THE RULE BOOK.
MEANING YOU READ AND UNDERSTOOD THE RULES.**

Signature (Parent / Guardian)

1. Mother: _____

2. Father: _____

3. Guardian: _____