



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road

Rooihuiskraal

Centurion

Tel: 060 809 6818

Email info@veritasschoolgroup.com

Veritas Academics School

INFORMATION PACK



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Veritas Academics School

Welcome to Veritas Academics.

As a school, we are committed to providing an excellent academic education. The school maintains manageable class sizes and constantly strives to keep pace with advances in technology to equip our students for the 21st century.

Veritas Academics has qualified staff who are committed to providing the necessary support, motivation, and expertise to ensure that our students will be equipped to become productive South African citizens.

Education takes place in a secure environment and within a framework of discipline and care.

I encourage all parents and students to involve themselves as much as possible in school life because the more you put in, the more you will get out.

Yours sincerely,

D Aravantinos

Managing Director



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1. VISION AND MISSION STATEMENT

a. VISION

Veritas Academics will be recognized as the leading South African school, providing a caring, superior, education responsive to the needs of the individual and the community, embracing diversity, building on tradition, and recognizing national and global developments.

b. MISSION STATEMENT

'Family' is of utmost importance to all at Veritas Academics and our core values are, to be respectful, honourable, compassionate, collaborative, resilient, and responsible.

The school seeks to provide as many opportunities as possible to:

1. Recognize and develop individual potential.
2. Prepare children for life beyond school and a changing world.
3. Provide an environment that is happy and informal, yet professional.
4. Be supportive, caring, and encouraging.
5. Use the world's best teaching, study, and learning methods.
6. Invest in our staff members, who are our key resources.
7. Offer a curriculum that incorporates personal growth, life, and study skills, which are all linked.
8. Keeping up with the latest technology.
9. Promote and enhance individual self-esteem.
10. Promote teamwork.
11. Teach traditional values, respect, and courtesy in a modern world.

2. LEARNERS OBJECTIVES

Values of self-discipline, tolerance, honesty, courtesy, and mutual respect will be promoted, guiding them into responsible adults.

3. STATIONERY

Students must provide their own stationery (pens, pencils, rulers, calculators, etc.) The school will take no responsibility for damage, loss, or theft of student's personal items.

4. TERMS

The school operates a four-term curricular year, and reports will be handed out for each term on the last day of school.

The goal of education is not to increase the amount of knowledge but to create the possibilities for a child to invent and discover, to create men who are capable of doing new things.

- Jean Piaget



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5. ENTRANCE CRITERIA OF THE SCHOOL

The race, colour, or creed of a student or parent shall not prejudice a learner from being admitted to the school.

- a. Admission is dependent on the availability of accommodation.
- b. Parents wishing to admit their children to the school must accept that the school reflects basic human rights and values.
- c. English is the medium of instruction and therefore learners must be able to benefit from instruction in this medium.
- d. Afrikaans is recognized and taught as the second official language.
- e. Acceptance is subject to an affordability assessment.

6. ACADEMIC PROGRAM

The school offers academic support lessons to assist students who may be struggling with certain subjects. Students who require assistance are encouraged to approach their teacher to schedule individual support lessons.

7. THERAPISTS

Veritas Academics has an inhouse counsellor available to our students at no additional cost. The school has access to Speech Therapy and an Educational Psychologist; sessions can be arranged to commence on the school grounds. This is at an additional cost and does not form part of the normal school fees.

8. ACTIVITIES

Extra mural activities included in school fees are Chess and Scouts. The school also offers dance, martial arts and robotics on the premises for an additional cost and does not form part of the normal school fees. Swimming lessons are available off-site through an external company.

9. SCHOOL OUTINGS

These are arranged during the year, and parents will be informed ahead of time as to the cost and the specific outing.

10. PARENT'S EVENING

Parents' evenings are arranged at the beginning of each term to allow parents to meet their children's educators and discuss their progress. Parents are welcome to arrange earlier meetings to discuss problems or queries connected with learners or the school.

11. AWARDS EVENING

This is held once a year in the last term.



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12. SAFETY AND SECURITY

Students should not bring irreplaceable or expensive personal property to school. It is advisable to label all property that is regularly brought to school. This should be done with permanent ink. The school will not take responsibility for any loss or damage to any personal property.

13. ATTENDANCE

Should a student not be able to attend school due to illness, please inform the office. It is advisable that students stay at home should they be ill. If a student is absent during a test or examination a valid doctor's note must be supplied.

14. COLLECTION

Please inform the office if your child is going to be collected by a third party. No student will be permitted to leave unless the office has been informed accordingly.

15. TUCKSHOP

The school has a cash-free system called "Lunch card". The Tuckshop runs daily and is stocked with a variety of products.

16. REGISTRATION

There is a once-off non-refundable registration fee payable upon registration of a student. Please collect a detailed price list and term dates from the school.

17. SCHOOL FEES

Fees are payable annually or **12** x monthly instalments in advance. Matric fees are payable over **10** x months. All fees are to be paid on or before the 1st of each month. Late payments will incur admin penalty and will be added to your account.

Annual payments will receive a discount if paid upfront before the 1st January.

NO CASH PAYMENTS will be accepted for school fees. When paying into our bank account, please ensure that your child's name is included as a reference with your payment otherwise it cannot be allocated.

18. NOTICE TO LEAVE

One full term's notice must be given in writing to the Office, and the necessary fees must be paid in full.



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FEE STRUCTURE 2027

Grade	Annual payment paid by 1st Jan 2027	Monthly payment	Repayment Term
Pre-School (3-6 yrs)	R54 720.00	R4 800.00	12 months
Grade 1 - 3	R72 960.00	R6 400.00	12 months
Grade 4 – 7	R74 670.00	R6 550.00	12 months
Grade 8 - 11	R75 354.00	R6 610.00	12 months
Grade 12 (Matric)	R77 862.00	R8 196.00	10 months

*** Sibling discount of 5% will be apply for second, third and fourth child**

A once-off non-refundable enrolment fee will be invoiced upon enrolment.

Grade	Fee
Pre-School (3-6 yrs)	R2 000.00
Grade 1 – Grade 12	R4 000.00

The above school fees include the following at no additional cost:

- Breakfast
- Cooked Lunch
- Afternoon Snack
- Academic aftercare
- Holiday Care
- Textbooks (provided by the school)
- School tablet (provided for GR7 - GR12)
- Extra Lessons
- Chess Club
- Scouts

Excludes: Stationery, Stationery pack and Toiletries

The Stationery requirements and Toiletries list will be sent out during the course of Term 4, to allow parents to plan accordingly.



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SCHOOL BANKING DETAILS

Name: Veritas Academics (Pty)Ltd

Bank: Nedbank

Branch code: 16214500

Account No: 1211741273

Ref: **Child's name and surname**

Email proof of payment to: accounts@veritasschoolgroup.com



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2027 Term Dates

TERM 1

Wednesday, 13 January – Friday, 19 March

Holiday Care: Monday 23 March – Thursday 5 April

Public Holidays

- 1 January (New Year's Day)
- 21 March (Human Rights Day)
- 22 March (Public Holiday)
- 26 March (Good Friday)
- 29 March (Family Day)

TERM 2

Tuesday 6 April – Friday, 25 June

Holiday Care: Monday 28 June – Friday, 16 July

Public Holidays

- 26 April (Special School Holiday)
- 1 May (Workers' Day)
- 16 June (Youth Day)

TERM 3

Tuesday, 20 July – Wednesday, 22 September

Holiday Care: Monday 27 September – Tuesday 5 October

Public Holidays

- 9 August (National Women's Day)
- 24 September (Heritage Day)

TERM 4

Tuesday, 5 October - Friday, 10 December

No Holiday Care

Public Holidays

- 16 December (Day of Reconciliation)
- 25 December (Christmas Day)
- 26 December (Day of Goodwill)
- 27 December (Public Holiday)



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School Menu

Monday

Macaroni & Cheese

Tuesday

Burgers

Wednesday

Toasted Chicken Mayo Sandwiches

Thursday

Curry and Rice

Friday

Hot Dogs



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ADMISSION DATA FORM

Thank you for your interest in Veritas Academics.

This form must be completed by parents/legal guardians who wish to enroll their children at Veritas Academics.

Child's Name and Surname _____ Date _____

SUPPORTING DOCUMENTATION SUMMARY

- Learner's latest school report
- Specialist reports (Occupational Therapist reports / Speech Therapist / Educational Psychologist reports, etc)
- Certified copy of the learners unabridged birth certificate
- Certified copies of both parents/legal guardians ID documents
- Proof of residential address of both parents
- Copy of the child's immunization card
- Copy of Medical Aid Card (both sides)

Important Notice:

A non-refundable registration fee will be due and payable on receipt of your child's acceptance to Veritas Academics.

Important note: Any incomplete application forms will not be accepted. All information must be submitted along with the documents listed above.

Please ensure both parents/guardian's initial each page of the Admission Data Form.

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Email info@veritasschoolgroup.com**SECTION A – STUDENT DETAILS**

CURRENT GRADE					
CURRENT SCHOOL					
SURNAME					
FIRST NAMES					
DATE OF BIRTH					
ID/PASSPORT NO					
GENDER	MALE			FEMALE	
ETHNIC GROUP	BLACK	COLOURED	WHITE	INDIAN	OTHER
HOME LANGUAGE					
LEARNER RESIDES WITH	BOTH PARENTS	MOTHER	FATHER	LEGAL GUARDIAN	OTHER
DEXTERITY OF STUDENT	LEFT-HANDED		RIGHT-HANDED		
HAS THE STUDENT PREVIOUSLY NOT BEEN PROMOTED IN A GRADE			YES	NO	
IF YES, WHICH GRADE?					

SPORTING INVOLVEMENT:**CULTURAL INVOLVEMENT:**

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NAME AND SURNAME:	GRADE

CONTACT IN CASE OF EMERGENCY

SURNAME	
FIRST NAME	
TELEPHONE NUMBER	
DOCTORS NAME	
DOCTORS TEL NUMBER	
NAME OF MEDICAL AID	
MEDICAL AID NUMBER	
MAIN MEMEBER	

ALLERGIES / MEDICAL PROBLEMS



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ADDITIONAL STUDENT INFORMATION

The Gauteng Department of Education requires the following additional information.

Please complete the relevant sections below:

Child's Name and Surname _____ Grade _____

Neurological & Physical (difficulties please TICK the relevant column)		Yes	No
ADD			
ADHD			
Dyslexia			
Cerebral Palsy			
Hard of Hearing			
Severe Visual problems			
Color blind			
Epilepsy			
Physically disabled			
Specific learning disability Please specify:			

Academic Difficulties:	Yes	No
Reading		
Math's		
English Language		



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PARENT 1 INFORMATION

MARITAL STATUS	Married		Remarried		Divorced	Single	Widowed	Separated
	ANC	COP	ANC	COP				
RELATIONSHIP TO STUDENT	Legal Parent		Legal Guardian		Grand Parent	Step Parent	Foster Parent	Other
TITLE	Mr.		Mrs.		Miss		Other	
SURNAME								
NAME								
ID/PASSPORT NO								
PERMANENT HOME ADDRESS (Domicile)	Unit No:				Complex Name:			
					Suburb:			
	City/town:						Code:	
POSTAL ADDRESS								
							Code:	
HOME TEL NO:								
CELL NUMBER:								
OCCUPATION:								
EMPLOYER/ COMPANY NAME								
EMPLOYER ADDRESS								
WORK TEL NO:								
EMAIL WORK								
EMAIL HOME								

Parent/Guardian 1 Signature: _____ Date: _____



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PARENT 2 / SPOUSE INFORMATION

MARITAL STATUS	Married		Remarried		Divorced	Single	Widowed	Separated
	ANC	COP	ANC	COP				
RELATIONSHIP TO STUDENT	Legal Parent		Legal Guardian		Grand Parent	Step Parent	Foster Parent	Other
TITLE	Mr.		Mrs.		Miss		Other	
SURNAME								
NAME								
ID/PASSPORT NO								
PERMANENT HOME ADDRESS (Domicile)	Unit No:				Complex Name:			
					Suburb:			
	City/town:						Code:	
POSTAL ADDRESS								
							Code:	
HOME TEL NO:								
CELL NUMBER:								
OCCUPATION:								
EMPLOYER/ COMPANY NAME								
EMPLOYER ADDRESS								
WORK TEL NO:								
EMAIL WORK								
EMAIL HOME								

Parent/Guardian 2 Signature: _____ Date: _____



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COLLECTION OF CHILD

Person(s) responsible for collecting children from school:

Name	Relationship	Cell Number	Work number

Emergency contacts other than parents:

Name	Relationship	Cell Number	Work number

Details of person permitted to collect child, other than the parent/s:

Name	Relationship	Cell Number	Work number

****** PLEASE NOTE ******

- Children will **NOT** be allowed to leave the school premises with **ANY** other person/s unless the school has been notified in advance by the parent/s in writing.
- **Transport Services:** It is the parent's responsibility to notify the school **AND** their relevant transport service of any changes to their child's drop-off/ collection arrangement.

Parents'/Legal Guardians' Initials	
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UNDERTAKING BY PARENT / LEGAL GUARDIAN

1. I/We hereby apply to have the child whose name appears on this form registered as a learner at Veritas Academics and confirm that he/she complies with the basic criteria.
2. I/We hereby certify that I/we have legal custody and/or Legal guardianship in respect of the afore-named learner.
3. I/We undertake to adhere to the school rules and disciplinary code and to the various alterations in the rules and disciplinary code that may be made from time to time.
4. I/We understand and confirm that the Principal or any other person duly authorized will act in *loco parentis* in any matter and at any time during I/we have entrusted my/our child to the care of the school.
5. I/We understand that while every reasonable effort will be made to prevent losses or damage to students' clothing and equipment, the school cannot be held liable for such.
6. I/We undertake to reimburse the school for any damage to property that may be caused by my/our child.
7. I/We undertake to give a full terms notice in writing of any intention to remove my/our child from the school and return any books and/or equipment belonging to the school that my/our child may have.
8. I/We agree that my/our child will attend school daily and will only be absent for medical reasons.
9. I/We undertake to inform the school of our child's absence and declare that I/we are prepared to produce a medical doctor's certificate if and when required.
10. I/We understand that the school reserves the right to verify all information supplied to it via this application. In the event of fraudulent documents submitted the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
11. I/We accept the responsibility for my child's transport to and from the school.
12. I/We hereby consent to receive communication from Veritas Academics via various communication channels to ensure that I/we receive information on school-related activities, events, news, and other important school notices.
13. I/We hereby provide consent to the school to collect, store, and process names, contact details, and information relating to me/us and my/our child, and to such information being made available to staff or responsible persons engaged or authorized by the school for school-related purposes.
14. I/We hereby consent to the school collecting, storing, and processing information about me/us and any third party or parent/legal guardian (regardless of marital status) who is/are responsible for the payment of all amounts owing on my/our child's school fee account.
15. I/We hereby give consent to Veritas Academics to use photos of my child for advertising purposes and any social media that the school has.
16. This commitment in its entirety will be held valid from the day on which it is signed by the parent/legal guardian to the day on which the learner officially leaves the school.
17. I/We acknowledge to notify the school in writing of any personal information change.
18. Veritas Academics reserves the right to terminate this contract should the need arise.
19. I/We with this understand that I/We as the parent/guardian will be liable for any legal costs if myself / or my child is responsible for the school having to seek legal advice.

Parents'/Legal Guardians' Initials	
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SPECIAL REQUIREMENTS

Dietary:	
Religious:	
Medication:	
Other:	

HEALTH INFORMATION

Please specify if your child has suffered from any of the following:

Measles	Y	N	Rheumatic Fever	Y	N
Mumps	Y	N	Scarlet Fever	Y	N
Diphtheria	Y	N	Whooping Cough	Y	N
Chickenpox	Y	N	Asthma	Y	N

Does your child suffer from allergies?

ALLERGIES	MEDICATION FOR ALLERGIES
1.	1.
2.	2.

In the event of an emergency, I hereby give permission to Veritas Academics to seek medical attention, including but not limited to, the nearest doctor facilities, for my child. I permit the administration of anesthetic in a case where parents cannot be reached. I will be responsible for all expenses incurred.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____



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DECLARATION

I hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Owner of the school or his designate, permission to check and confirm any of the details listed by me. I understand that should any of the information supplied by me be found to be false, action may be taken against me as per point 10, specified on page 8 of this document.

I further declare that I am the Parent/Legal Guardian of the child and am entitled to sign this document and shall be bound hereto both as Parent / Legal Guardian and in my personal capacity.

Parent/Guardian 1 Name & Surname: _____

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Name & Surname: _____

Parent/Guardian 2 Signature: _____ Date: _____



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SCHOOL FEES

1. School fees are due and payable annually, in advance, at the beginning of each school year.
2. To reduce the financial burden to the parents, School fees can be divided into TWELVE EQUAL installments or termly payments, commencing from January and ending December of each academic year.
3. Matric fees are divided into TEN EQUAL installments.
4. Monthly and termly payments are payable strictly by the 1st day of each month/term, should payment exceed the 5th of the month, a late payment and admin penalty will be calculated and added to your account.
5. I/We acknowledge that should the school fees not be up to date; the school reserves the right to request my/our child remain at home until all fees are up to date.
6. I/We acknowledge that the school's request as per Clause 5 is reasonable and does not constitute victimization.
7. Registration fees are non-refundable.
8. The school reserves the right to share the personal details of defaulting parents/ legal guardians with Veritas Academics appointed third-party debt collectors in an attempt to recover outstanding school fees.
9. The school reserves the right to list defaulting parent / legal guardian with the relevant credit bureau, in the event of any school fees due not being paid.
10. The school can claim all legal costs, including interest, attorney/client fees, and collection costs for the recovery of school fees, and will be for the account of the parent/legal guardian.

<u>Person responsible for account</u>	
Full Names:	
ID Number:	
Cell:	
Email Address:	
Residential Address:	

Parent 1 Name & Surname: _____

Parent 1 Signature: _____ Date: _____

Parent 2 Name & Surname: _____

Parent 2 Signature: _____ Date: _____



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CONSENT FOR CREDIT CHECK

I/We hereby consent that Veritas Academics (Pty)Ltd and/or it's authorized representative may obtain my credit record from any/all registered credit bureaus and any other registers which may contain any of my credit information.

Parent 1 Name & Surname: _____

Parent 1 Signature: _____ Date: _____

Parent 2 Name & Surname: _____

Parent 2 Signature: _____ Date: _____



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PERMISSION TO ADMINISTER TREATMENT

I, _____ the parent/legal guardian of _____ do hereby give the following permission for treatment:

Abrasions, cuts, blisters, minor burns, bites and stings

In the event of my/our child being stung, grazed, scratched, or injured themselves, I hereby:

Give permission

☐

Do **NOT** give permission

☐

for the staff of Veritas Academics, to administer an antiseptic ointment/cream to the wound, if it is deemed necessary.

Pain and Fever

In the event of my child unexpectedly being in pain (if the pain is persistent or results in injury), or has a fever on any particular day I hereby,

Give permission

☐

Do **NOT** give permission

☐

for the staff of Veritas Academics, to administer Panado, if it is necessary.

I indemnify **Veritas Academics**, its proprietors, facilitators, and any of its duly authorized representatives, employees, or guests from all/any claims that I or the child may have concerning side effects, allergic reactions, or incorrect treatments whatsoever from the above medicines and ointments.

Parent 1 Name & Surname: _____

Parent 1 Signature: _____ Date: _____

Parent 2 Name & Surname: _____

Parent 2 Signature: _____ Date: _____