



## VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road

Rooihuiskraal

Centurion

Tel: 060 809 6818

Email [info@veritasschoolgroup.com](mailto:info@veritasschoolgroup.com)

[accounts@veritasschoolgroup.com](mailto:accounts@veritasschoolgroup.com)

### ADMISSION DATA FORM

Thank you for your interest in Veritas Academics.

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

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

#### SUPPORTING DOCUMENTATION SUMMARY

- Learners latest school report
- 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 note: Any incomplete application forms will not be accepted. All information must be submitted along with the documents listed above.***

#### **Important Notice:**

A non-refundable registration fee of R4000 will be due and payable on receipt of your child's acceptance to Veritas Academics.



## ADMISSION DATA FORM – VERITAS ACADEMICS

### SECTION A – LEARNERS DETAILS

<b>CURRENT GRADE</b>					
<b>CURRENT SCHOOL</b>					
<b>SURNAME</b>					
<b>FIRST NAMES</b>					
<b>DATE OF BIRTH</b>					
<b>ID/PASSPORT NO</b>					
<b>GENDER</b>	MALE			FEMALE	
<b>ETHNIC GROUP</b>	BLACK	COLOURED	WHITE	INDIAN	OTHER
<b>HOME LANGUAGE</b>					
<b>LEARNER RESIDES WITH</b>	BOTH PARENTS	MOTHER	FATHER	LEGAL GUARDIAN	OTHER

<b>SPORTING INVOLVEMENT:</b>
<b>CULTURAL INVOLVEMENT:</b>



**SIBLINGS ALREADY ATTENDING VERITAS ACADEMICS SCHOOL**

<b>NAME AND SURNAME:</b>	<b>GRADE</b>

**CONTACT IN CASE OF EMERGENCY**

<b>SURNAME</b>	
<b>FIRST NAME</b>	
<b>TELEPHONE NUMBER</b>	
<b>DOCTORS NAME</b>	
<b>DOCTORS TEL NUMBER</b>	
<b>NAME OF MEDICAL AID</b>	
<b>MEDICAL AID NUMBER</b>	
<b>MAIN MEMEBER</b>	

<b>ALLERGIES / MEDICAL PROBLEMS</b>



### **ADDITIONAL LEARNER INFORMATION**

The Gauteng Department of Education requires the following additional information. Please complete the relevant sections below:

**Learner'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			
Colour blind			
Epilepsy			
Physically disabled			
Specific learning disability	Please specify:		

#### **Academic Difficulties:**

		Yes	No
Reading			
Maths			
English Language			



**PARENT 1 INFORMATION**

MARITAL STATUS	Married ANC COP	Remarried ANC COP	Divorced	Single	Widowed	Separated
RELATIONSHIP TO LEARNER	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						

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**PARENT 2 / SPOUSE INFORMATION**

MARITAL STATUS	Married		Remarried		Divorced	Single	Widowed	Separated
	ANC	COP	ANC	COP				
RELATIONSHIP TO LEARNER	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								

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**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
- **Transport Services:** It is the parents' 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 School 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 aforementioned 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 learners' 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 furthermore return any books and/or equipment belonging to the school which my/our child may have. Should I for any reason whatsoever remove my/our child from the school without providing the required notice, I/we agree that a full term's fees is payable to the school, in lieu of notice and will constitute a reasonable cancellation fee, taking into account the nature of the education services, capacity planning of the school and reasonable potential to fill the vacancy. Such amount will be due and payable on the 1<sup>st</sup> day of the terms which would have been the final term for my/our child had the required notice been given.
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 of the learner's transport to and from the school.
12. I/We hereby consent to receiving 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.

Parents'/Legal Guardians' Initials		
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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 authorised 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 medial 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 change of personal information.
18. Veritas Academics reserves the right to terminate this contract at any time, for any reason, provided that it gives you a full term's notice, in writing, of its decision to terminate this contract.
19. The school will be entitled to cancel this contract and terminate the enrolment of your child summarily and with immediate effect, if you or your child are in material breach of any of your obligations under this contract.
20. For purposes of this contract, a material breach is considered to exist where you or your child (as the case may be) fail to uphold the requirements of the School's Code of Conduct and/or School Rules and/or Policies of the School or act in such a way that you or your child become seriously and unreasonably uncooperative with the School and in the opinion of the Head, your or your child's behaviour negatively affects your child's or other children's progress at the School, the well-being of School staff, or brings the School into disrepute.

Parents'/Legal Guardians' Initials		
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### **SPECIAL REQUIREMENTS**

<b>Dietary:</b>	
<b>Religious:</b>	
<b>Medication:</b>	
<b>Other:</b>	

### **HEALTH INFORMATION**

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

Measles	<b>Y</b>	<b>N</b>	Rheumatic Fever	<b>Y</b>	<b>N</b>
Mumps	<b>Y</b>	<b>N</b>	Scarlet Fever	<b>Y</b>	<b>N</b>
Diphtheria	<b>Y</b>	<b>N</b>	Whooping Cough	<b>Y</b>	<b>N</b>
Chickenpox	<b>Y</b>	<b>N</b>	Asthma	<b>Y</b>	<b>N</b>

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 give permission for the administration of anaesthetic in a case where parents cannot be reached. I will be responsible for all expenses incurred.**

\_\_\_\_\_  
SIGNATURE PARENT 1/  
LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE PARENT 2/  
LEGAL GUARDIAN

\_\_\_\_\_  
DATE



**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 in 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.

\_\_\_\_\_  
SIGNATURE PARENT 1/  
LEGAL GUARDIAN

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE PARENT 2/  
LEGAL GUARDIAN

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE



## **SCHOOL FEES**

1. School fees are due and payable annually, in advance, at the beginning of each school year.
2. In order to reduce financial burden to the parents, School fees can be divided into TWELVE EQUAL instalments or termly payments, commencing from January and ending December of each academic year.
3. Monthly and termly payments are payable strictly by the 1<sup>st</sup> day of each month / term, should payment exceed the 5<sup>th</sup> of the month, a 25% late payment penalty will be calculated and added to your account, in line with the National Credit Act. .
4. I/We acknowledge that an administration fee of R250.00 will be added to my account for any reminder to pay the school fees after the 5<sup>th</sup> of every month.
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 a reasonable request and does not constitute victimization.
7. Registration fees are non-refundable.
8. The school reserves the right to share personal details of defaulting parents/ legal guardians with Veritas Academics School's 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.

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

\_\_\_\_\_  
SIGNATURE PARENT 1/  
LEGAL GUARDIAN

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE PARENT 2/  
LEGAL GUARDIAN

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE



**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 has injured themselves, I hereby:

Give permission Do **NOT**

give permission

for the staff of Veritas Academics School, 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 pain is persistent or result of injury), or has fever on any particular day I hereby,

Give permission

Do **NOT** give permission

for the staff of Veritas Academics School, to administer Panado syrup, if it is deemed necessary by the staff.

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

\_\_\_\_\_  
SIGNATURE PARENT 1/  
LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE PARENT 2/  
LEGAL GUARDIAN

\_\_\_\_\_  
DATE