

9 Panorama Road
Rooihuiskraal
Centurion

VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

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ADMISSION DATA FORM

Thank you for your interest in Veritas Academics School.

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

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 School.



ADMISSION DATA FORM – VERITAS ACADEMICS SCHOOL

SECTION A – LEARNERS 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

SPORTING INVOLVEMENT:
CULTURAL INVOLVEMENT:



SIBLINGS ALREADY ATTENDING VERITAS ACADEMICS SCHOOL

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



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	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



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.
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 School 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 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.

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

SIGNATURE PARENT 1/
LEGAL GUARDIAN

SIGNATURE PARENT 2/

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 1st day of each month / term, should payment exceed the 5th of the month, a 25% late payment penalty will be calculated and added to your account.
4. 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.
5. I/We acknowledge that the school's request as per Clause 4 is a reasonable request and does not constitute victimization.
6. Registration fees are non-refundable.
7. 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.
8. 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.
9. 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.

Person responsible for account	
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 School**, 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/

DATE