



SIYAFUNDZA PRIVATE SCHOOL

Mailing Address: P. O. Box 90 Luyengo M205
Physical Address: Makhubu Residential Area
Email Address: info@siyafundza.ac.sz

Phone: +268 25274 534
Cell: +268 78081 234



APPLICATION FOR ENROLMENT AND ADMISSION

FOR OFFICE USE ONLY

Date Received

____/____/____

Expected Date of Enrolment

____/____/____

Reference No.

Application Fee Paid (E200.00)

Yes/No

Passport
Size Photo 2

Copies:

Birth Certificate

Clinic Card

Report Card

Passport Photo

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STUDENT INFORMATION

Students Full Name	
Preferred Name	
Date of Birth	ID No.:
Nationality	
First Language	
Home Address (If different from parents)	
Full Name of Legal Guardian	
Relationship with Student	
Has the student previously been admitted at Siyafundza? If Yes state year and Grade	

FAMILY INFORMATION

Father/Guardian	Mother/ Guardian
Mr. <input type="checkbox"/> Other.	Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Other
Full Name	Full Name
Nationality	Nationality
Occupation/Profession	Occupation/Profession
Company Name	Company Name
Company Address	Company Address
Residential Address	Residential Address
Mobile Phone	Mobile Phone
Whatsapp Number	Whatsapp Number
Home Phone	Home Phone
Work Phone	Work Phone
Email Address	Email Address
First Language	First Language
Other Languages	Other Languages

ALTERNATIVE EMERGENCY CONTACT

Contact 1	Contact 2
Full Name	Full Name
Relationship with Student	Relationship with Student
Mobile Phone	Mobile Phone
Email Address	Email Address

SIBLINGS ENROLLED IN THE SCHOOL

Name	Admin No	Grade

PAYMENT INFORMATION

Payment of Tuition Fees	<input type="checkbox"/> Annual	<input type="checkbox"/> Term	<input type="checkbox"/> Monthly
Payment by	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both <input type="checkbox"/> Company
Company Information (if Company will pay tuition)		Parents information (if Parent will pay tuition)	
Company Name		Parent Name	
Postal Address		Postal Address	
Attention to			
Work Tel:		Mobile Phone	
		Home Phone	

MEDICAL RECORD

Does your child have any medical condition(s) or chronic illness which require medication, restriction of activity, or which may affect his/her normal day at school? If Yes please state below	
Does your child have any allergies?	Yes/ No
Is your child taking any kind of medication?	Yes/ No
Is your child taking any medication specifically for emotional or behavioural problems?	Yes/ No
Family Doctor / Preferred Hospital	

Parental Consent

We confirm our consent for the School to administer approved over-the-counter medications to our child/children for symptom relief of minor illnesses. Yes/ No

.....
Signature (Parent)

...../...../.....
Date

.....
Name of Parent



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CONTRACT OF AGREEMENT OF ENROLMENT AND ADMISSION

NAME OF LEARNER _____ GRADE TO ENTER _____

Education is the best gift you can give your child. Together let us build a solid educational foundation for your child. It is guaranteed that together we can make a difference and ensure that the one put in our care has a bright and successful future. "We are learning" - **Siyafundza**

It is hereby agreed as follows:

The undersigned Parent(s) and/or Guardian(s) (herein collectively referred to as "Parent(s)") acknowledges and agrees that this Admission Contract is a legally binding contract between Siyafundza Private School (hereafter referred to as "the School") and such Parent(s) and admission will be subject to the terms and conditions of this agreement and acknowledgement that the Parent(s) fully understands these terms and conditions. The Parent further binds himself/herself to the School and hereby undertakes to pay by due date all school fees as may be stipulated by the School from time to time, as well as any other amounts due in terms hereof.

TERMS AND CONDITIONS OF ENROLMENT AND ADMISSION

1. Payment of Fees

All fees and other charges are payable to the School account in accordance with the Schedule of Fees, which is an integral part hereof. The school reserves the right to amend the Schedule of Fees from time to time and reference to the Schedule of Fees herein is the reference of the most up-to-date Schedule of Fees.

The School reserves the right to cancel the enrolment of any Applicant or not accept a student into the School if Tuition Fees are not paid by the applicable payment date specified in the Schedule of Fees. Term fees must be paid up by beginning of the next School Term against School Bank Account (Standard Bank, Account No.: 911 000 3868616, Matsapha Branch) rendered by the School. In the event of accounts being unpaid, a pupil may be refused permission to return to the classroom. Monthly accounts must be paid by the 7th day of each month. Annual accounts must be paid up by the 15th February of each year to qualify for the discount. Once fees are paid there is no refund in case a child is withdrawn or expelled. There will be refunds of overpayment of stipulated fees. In the event that a pupil has been refused permission to return to the classroom or has been suspended from the school due to non-payment of any fees such suspension shall not be rescinded unless the existing amount due has been paid as advised in writing by the Administration Office or the Director. In the event that fees are not paid the school shall be entitled to instruct its attorneys to attend to the collection of any overdue accounts and the applicant who has applied or who signs the overleaf shall be held accountable for all legal fees incurred.

2. Withdrawal and Refunds of Fees

A withdrawal notification must be sent to the school not less than 30 school days prior to the Students last day of school. In the event of a pupil not returning to school for 14 school days without notice the school has a right to fill his/her place with another applicant. The Parent shall have no claim against the school thereafter.

3. Liability Waiver

The undersigned Parent(s) acknowledges and agrees that the School is not liable in respect of any injury that may occur to the Student whilst attending the School or participating in School organised activities, except to the extent that such injury arises from the gross negligence of the School. The School is not liable for any loss or damage to a student's personal belongings.

The applicant understands and accepts that the Student will participate in extra-mural activities of the School. The Applicant further gives permission for the student to be transported by the School or by parents acting on behalf of the School to and from any venues necessary for extra-mural activities.

4. Parent Declaration

By signing the Admission Contract we, the undersigned Parents agree that we have read and understood and agree to be bound by the obligations in the Contract and by any subsequent amendment(s) as notified by the School from time to time. We also:

- Confirm that we are in receipt of the Schedule of Fees and agree that we will adhere to the terms and conditions in such Schedule of Fees;
- Will ensure that our child/children will comply with the School rules. We acknowledge and agree that in the case of non-compliance with the school rules, the School reserves the right to suspend or expel the Applicant as a student at the school and that in the event, the School may decide at its discretion, not to provide any refund or reduction in fees already paid or which are payable to the school;
- Agree that in the event of illness, accident or emergency and if either undersigned Parent or Emergency Contact cannot be contacted, we hereby authorise the School to initiate the medical process in the best interest of the child/children and undertake to pay all costs incurred by the School in doing so;
- Agree that in the event of the School requiring parental approval, it is sufficient to obtain the approval of one Parent;
- Agree to take an active part in supporting the education of our child/children through our attendance to Parent-Teacher Meetings.
- Agree that images taken of our child/children during enrolment or any time thereafter may be used for promotional purposes;
- Agree to allow our child/children to participate in all of the School's compulsory activities, including both residential, day trips and visits.

Student's Full Name:	
Parent's Name:	Parent's Name:
Parent Signature:	Parents Signature:
Date:	Date:

On behalf of School	Director / Principal	Date:
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