John Wesley School

(A Ministry of the Pinetown Methodist Church)

30 Bamboo Lane
(P.O. Box 2407)
Pinetown, 3600
Kwazulu Natal
SOUTH AFRICA

Telefax: (031) 7015603
E-mail: prin@jwesleyptn.co.za
Website: www.jwesleyptn.co.za
059-799-NPO

APPLICATION FORMS FOR:

NAME OF CHILD: _____

ADMISSIONS YEAR: 2027

GRADE _____

2021

FAMILY HISTORY

How many children in the family? …….

Position of Child in family (eg first, second etc) …….

With whom is the child living? (eg Mother & Father, Father, Mother, Granny etc) ……..

PARTICULARS OF BROTHERS / SISTERS *(who have the same mother & father as learner*) WHO PRESENTLY ATTEND JOHN WESLEY SCHOOL.

SURNAME	FIRST NAMES	BOY / GIRL	GRADE	SPORT HOUSE
PREVIOUS LEARNERS AT JOHN WESLEY SCHOOL **PLEASE state last grade and which Sports House they were in**				

HEALTH

DOES THE CHILD HAVE ANY ALLERGIES OR OTHER ILLNESSES? (Yes / No)

If Yes, What? .....

HAS THE CHILD HAD ANY OF THE FOLLOWING INFECTIOUS DISEASES? Please tick where applicable:

Measles	
Chicken Pox	
Whooping Cough	
Scarlet Fever	
Tuberculosis (Tb)	

Hepatitis A	
Hepatitis B	
German Measles	
Diphtheria	

HAS THE CHILD BEEN IMMUNISED AGAINST THE FOLLOWING INFECTIOUS DISEASES?
Please tick where applicable:

Diphtheria, Whooping Cough And Tetanus	
Tuberculosis (Tb)	

Measles, Mumps, Rubella (MMR)	
Polio	

BARRIERS TO LEARNING AND OTHER MEDICALLY ASSESSED SPECIAL NEEDS

Please indicate with a tick √ if your child experiences any of the following barriers to learning, whether due to neurological barriers, hearing impairments, visual barriers, physical barriers, behavioural or emotional barriers or any other medically assessed special need.

BARRIERS TO LEARNING	**TICK √ ONLY THOSE APPLICABLE**
Asthma	
Attention Deficit Disorder	
Autistic Spectrum Disorder	
Behavioural Disorder / Conduct Disorder	
Cognitive / Intellectual Disability	
Epilepsy	
Hard of Hearing	
Partial sighted / Low Vision (wears glasses)	
Physical Disability	
Poor Co-ordination	
Poor Muscle Development	
Sick often	
Specific Learning Disability	
Speech Impairment (e.g. stutter)	
Psychiatric Disorder	

Please state below if your child is currently taking any medication, what medication he/she is taking, as well as if there is any other barrier to learning of which we should be aware.

PLEASE PRINT CLEARLY: PERSONAL DETAILS OF LEARNER:

SURNAME : ……

FIRST NAMES : ……

DATE OF BIRTH : ……/……./……..

SEX : Male / Female

AGE …….....

HOME LANGUAGE : ……

NATIONALITY (eg South African, Zimbabwean) ……

HOME ADDRESS : ……
……**CODE**……

HOME TELEPHONE NUMBER : (……)……

POSTAL ADDRESS : (if different to Home) ……

……**CODE**……

PLEASE MARK RELEVANT ANSWER WITH A TICK:

1. Did your child attend a PRE-**PRIMARY** school? **Yes** ☐ **No** ☐

   Was this a **REGISTERED** PRE-**PRIMARY** school (FORMAL PROGRAMME)
   OR A PLAY-**SCHOOL / CRECHE** (INFORMAL) **Formal** ☐ **Informal** ☐

2. Was your child at a school in ANOTHER *PROVINCE* **LAST** YEAR? **Yes** ☐ **No** ☐

   If YES, which Province? ……..

3. Was your child **at** ANOTHER ***SCHOOL*** IN THIS PROVINCE LAST YEAR? **Yes** ☐ **No** ☐

4. How will your child come to school**? (**WALK, CAR, BUS, TAXI)

   ……

5. Who will fetch your child from school? (Whose car, bus, taxi?)

   ……

FATHER / (GUARDIAN)	(PLEASE INDICATE IF DECEASED)
SURNAME :	
FIRST NAMES :	
MARITAL STATUS :	
I D NUMBER :	
E-MAIL :	
HOME ADDRESS :	
	CODE :
HOME TELEPHONE NUMBER :	**CELL NO** :
POSTAL ADDRESS : (if different to Home)	
	CODE :
OCCUPATION :	
COMPANY NAME :	
BUSINESS ADDRESS :	
BUSINESS TELEPHONE NO :	**FAX NO :**

MOTHER / (GUARDIAN)	(PLEASE INDICATE IF DECEASED)
SURNAME :	
FIRST NAMES :	
MARITAL STATUS :	
I D NUMBER :	
E-MAIL :	
HOME ADDRESS :	
	CODE :
HOME TELEPHONE NUMBER :	**CELL NO** :
POSTAL ADDRESS : (if different to Home)	
	CODE :
OCCUPATION :	
COMPANY NAME :	
BUSINESS ADDRESS :	
BUSINESS TELEPHONE NO :	**FAX NO**

NATIONAL CREDIT ACT

In order to comply with the **National Credit Act 34 of 2005,** please read and sign the following undertaking.

National Credit Act 34 of 2005

11.1 The School may hold and process by computer or otherwise any information obtained about the Parent/s as a result of their liability for school fees.

The School may conduct a credit enquiry and/or a credit information search about the Parent/s with a Credit Information Bureau, persons acting as their agents and/or other credit grantors.

The School may transmit details of how the Parent/s have performed in meeting their obligations in terms of their terms of their school fee obligations and share such information with other credit grantors for the purposes of making any credit risk management related decisions.

11.2 If the Parent/s fail to meet their school fee obligations, the School may record the Parent/s non-performance with a credit information bureau. Any information conveyed to a Credit Information Bureau will be available to other credit grantors and used in making credit risk management related decisions.

11.3 The School may:

11.3.1 Monitor the Parent/s payment behaviour by researching the Parent/s record at one or more Credit Information Bureau.

11.3.2 Record and transmit details of how the Parent/s have performed in terms of their school fee obligations reflecting how they have conducted themselves in meeting these obligations.

11.4 The Parent/s acknowledges and agrees that any information regarding their credit worthiness defaults in payment to the School and details of how they have paid their School Fee obligations with the School may be disclosed to any other creditor of the applicant or School and/or to one or more Credit Information Bureau.

SIGNED AT ……THIS ……..…. DAY OF ……20……

……..	…….
(Signed by father/guardian responsible for fees)	**(PLEASE PRINT YOUR FULL NAME)**
……..	…….
(Signed by mother/guardian responsible for fees)	**(PLEASE PRINT YOUR FULL NAME)**
WITNESS TO THE ABOVE SIGNATURE (Must be 2 people other than the ones responsible for fees)	1. …… 2. ……..

TERMS OF PAYMENT (2027)

I, ……/…….....both Parents/Legal Guardians/Responsible Persons
(First name and surname of both persons responsible for fee payment)

Identity Number Father…….. Identity Number Mother……

Relationship to child ……/……of…..…….. hereby
(Learner's first name and surname)
accept **responsibility and liability** for the payment of **all school fees** on behalf of my child to **John Wesley School**.

We/I understand that **ALL FEES** are **payable in advance** and are due by the **first of every month, beginning on FIRST JANUARY** and ending with the **FINAL PAYMENT** on **FIRST NOVEMBER.**

Does the child receive a Social Grant? YES OR NO

I UNDERTAKE TO PAY THE FEES IN THE FOLLOWING MANNER :

1. ☐ in **ONE (1)** payment, payable **in advance** for the year **to be paid by the first day of the new school year.**

2. ☐ in **ELEVEN (11)** payments, payable **in advance** per month **to be paid by the FIRST DAY** of **EVERY MONTH** from the **1ST JANUARY to 1ST NOVEMBER.**

(*PLEASE TICK WHICHEVER OF THE ABOVE IS APPLICABLE)*

If I receive my salary on the **15th** of a month, the first instalment for the new-year is to be made on **15th DECEMBER** and every **15th** day thereafter to prevent my account going into arrears and my child being de-registered **15th December - 15th October (11 payments).**

INITIAL:_____

If my child is registered for **AFTERCARE, I acknowledge that the annual Aftercare fee is linked** to the annual school fees and is payable over **11 months** and is due by the **first day** of **each month,** *irrespective* of the **learner's non-attendance at Aftercare during school holidays**. **INITIAL:**_____

I further acknowledge that, **should I fail to make payment of any one amount** due in terms of this document, John Wesley School will have the right to **EXCLUDE** my child forthwith from attending school.

INITIAL:_____

If my fees are **40 days** overdue **I will be handed over for Debt Collection and my child will be de-registered.**

INITIAL:_____

If John Wesley School institutes legal proceedings against me for the non-payment of any outstanding amounts, I shall be liable for **ALL LEGAL COSTS** incurred by the John Wesley School on the Attorney and own client scale, including collection commission and tracing fees. **INITIAL:**_____

We, the parents/legal guardians/responsible persons do consent to and authorise John Wesley School to contact, request and obtain information from a **registered credit bureau** relevant to an assessment of the behaviour, profile, payment patterns, indebtedness, whereabouts and credit worthiness of the parents/legal guardians/responsible persons. We, the parents/legal guardians/responsible persons further consent to John Wesley School furnishing information concerning the behaviour, profile, payment patterns, indebtedness, whereabouts and credit worthiness of the parents/legal guardians/responsible persons to a **registered credit bureau**. **INITIAL:**_____

I ACKNOWLEDGE THAT SHOULD I WISH TO **REMOVE** *MY CHILD FROM THE SCHOOL, I AM OBLIGED TO GIVE* **ONE FULL MONTH'S NOTICE, IN WRITING,** to John Wesley School and that should I fail to do so, **I will be liable to pay** John Wesley School **a sum equal to ONE FULL MONTH'S FEES** in lieu of such notice.

SIGNED AT ……THIS …….. DAY OF ……20……

……..	……
(Signed by father/guardian responsible for fees)	**(PLEASE PRINT YOUR FULL NAME)**
……..	……
(Signed by mother/guardian responsible for fees)	**(PLEASE PRINT YOUR FULL NAME)**
WITNESS TO THE ABOVE SIGNATURE/S	1. …….
(Must be 2 people other than the ones responsible for fees)	2. ……

CONSENT AND INDEMNITY FORM

I, ……
(FULL NAME OF PARENT / LEGAL GUARDIAN)

IDENTITY NUMBER : ……..

HOME ADDRESS : ……..

…… CODE ……

The parent / legal guardian of ……..
(FULL NAME OF CHILD / WARD)

Born on …….. (DAY, MONTH AND YEAR OF BIRTH)

hereby give my consent for my child / ward to take part in any and all activities of the school, whether conducted on the school premises or extra-mural, but not limited to games, athletics, tours and excursions of general, vocational, educational, historical or scientific interest.

I fully understand and accept that all such activities shall be undertaken at my child's / ward's own risk and I undertake, on behalf of myself, my spouse, my executors and my aforesaid child / ward to indemnify, hold harmless and absolve John Wesley School, its Board of Governors, its Management, the Principal and the Staff against and from any and all claims whatsoever which may arise in connection with any loss or damage to the person of my aforesaid child/ ward in the course of such activities.

DATED AT : ……THIS ……DAY OF ……20……..

……..
(SIGNATURE OF PARENT/LEGAL GUARDIAN)

WITNESSES : 1. ……

2. ……

(PLEASE GET ANY OTHER 2 PEOPLE TO SIGN AS WITNESSES TO YOUR SIGNATURE)