

Jubilate School
 54 Mercury Street
 Crowthorne
 Midrand, 1684

Tel: 011-023-7020
 Fax: 086-505-2296
 Email: bursar@jubilate.co.za



APPLICATION FOR A FIRST ADMISSION

A. FOR OFFICE USE ONLY

Grade	
Year	
Admission fee	
Paid (Yes / No)	
Birth certificate of learner	
Immunisation card	
School report	
Transfer card	
Proof of residential address	
ID of enrolling parent	
Account number	

Please note:

- Completion of this form does not guarantee admission.
- This form must be completed in full by the applicant's parent/s or legal guardian
- A parent as defined in the S.A. Schools Act, No. 84 of 1996 is:
 - a) The parent or guardian of a learner;
 - b) The person legally entitled to custody of a learner; or
 - c) The person who undertakes to fulfil the obligations of the person referred to in paragraph (a) and (b) towards the learner's education at school.

NB: The enrolling parent is responsible for the payment of School Fees.

B. PARTICULARS OF LEARNER

Surname	
First Name	
Known as	
Date of Birth	
Identity Number	
Gender (Male/Female)	
Citizenship	
Religion	
Home Language	
Residential address of learner	
Learner living with both parents/mother/father/other If other, please give details	
Immigrant: Yes / No If Yes, state date of entry into RSA	
If not South African, state Residence Permit Number	
Last school attended	Telephone number:
Present grade	
Has the child ever been refused admission to or been expelled from another school? Yes / No	
If Yes, please state name of school	

MEDICAL PARTICULARS OF CHILD

Indicate in the relevant space against which of the following he/she has been immunised.
(Please tick the correct box)

Diphtheria Tetanus Typhoid Whooping Cough Tuberculosis Poliomyelitis Hepatitis B

Name any other diseases against which he/she has been immunised:

Indicate any allergy and / or disability:

Has the child suffered any HEARING LOSS?

Has the child experienced any difficulty with SIGHT?

Is there any family history of LEARNING DIFFICULTIES?

Has the child had any of the following assessments: If YES, please attach copy / ies of the report /s.

Psychological Occupational Therapy Speech Assessment Hearing Tests

Paediatric Assessments Other

Medical Aid details if appropriate: Scheme Name: _____ Membership number: _____

Doctor's Name: _____ Telephone number: _____

CONTACT DETAILS IN CASE OF EMERGENCY:

Name of contact person: _____ Telephone number: _____

Relationship to child: _____

C. PARTICULARS OF PARENTS/S / LEGAL GUARDIAN

Marital Status: (Please tick one) Married / Widowed / Never Married / Divorced / Living apart

Mr / Mrs / Miss / Ms

Date of Birth: _____

Surname: _____

Identity number: _____

First Name: _____

Citizenship: _____

Relationship to learner: _____

Email address: _____

Residential Address: (Street and postal code) _____

Postal address and code: _____

Area Code: _____

Cell phone number: _____

Number of years at above address: _____

Home telephone number: _____

Occupation: _____

Name of employer: _____

Business address: _____

Business telephone number: _____

Business fax number: _____

DETAILS OF SPOUSE (Mr / Mrs / Ms)

Date of Birth: _____

Marital Status: (Please tick one) Married / Widowed / Never Married / Divorced / Living apart

Surname: _____

Identity Number: _____

First Name: _____

Citizenship: _____

Relationship to learner: _____

Email address: _____

Residential Address: (Street and postal code) _____

Postal address and code: _____

Number of years at above address: _____

Cellphone number: _____

Occupation: _____

Name of employer: _____

Business address: _____

Business telephone number: _____

Business fax number: _____

FAMILY'S RELIGIOUS AFFILIATION

RELIGION: _____

NAME OF CHURCH: _____

FAMILY AFFILIATION WITH JUBILATE SCHOOL

Has the child a brother/sister in the school now? Yes No In which Grade? _____

Has the child ever had a brother/sister in the school now? Yes No When did he/she leave? _____

IN THE CASE OF A DIVORCE please state the name of the person who has legal custody of the child:

Are there restraints, visitation rights, etc? Please provide details or attach appropriate supporting documentation.

RESPONSIBILITY FOR SCHOOL FEE ACCOUNT (please complete this section in full)

N.B. Please note that the *enrolling parent* is responsible for the School Fee Account, irrespective of any court order or agreement between the parents.

I choose as my Domicilium Citandi Et Executandi:

Physical Address:

D. SCHOOL FEES

- School fees, essential to the existence of the school, are without exception, **compulsory**.
- Jubilate is a private school; the school's obligation to provide tuition is subject to learner's parents / guardians meeting their financial obligations to the school.
- The amount of the School Fee is determined by the Directors, and is directly related to the costs of running and maintaining the school. These fees are payable **in advance**, by the third day of the month, on a monthly basis, over a 12 month period. Regular statements will be sent to you via email. The school has the right to refuse attendance at the school by learners whose parents/guardians have defaulted with payment of school fees without entering into an agreement with the school in respect of any unpaid fees beforehand.
- Any deviation in the method of payment must be mutually agreed upon with the Bursar, in writing.
- One term's notice is required for termination of contract, in writing in advance, to the Principal.
- In the event of a pupil being removed from the school before the completion of a full term, notice in writing, shall be given to the Principal. Should such notice not be received before the commencement of the learner's last term at school, then the fees for the following term may, at the discretion of the Directors become payable in lieu of notice.
- Should a learner leave the school before the end of a term, **no** refund of any part of the fees will be considered.
- In the event of a learner being unable to attend the school as a result of illness or incapacity for any length of time, **no** refund of any part of the fees will be considered for any reason whatsoever.
- The **enrolling parent** acknowledges the right of the Directors to take legal action against him / her for any non-payment of School Fees (Section 41 of Act 84, 1996).
- Jubilate School reserves the right to levy interest at an amount of 15,5% per annum on outstanding fees.
- In cases of divorce, both parents are morally and legally responsible for the payment of School Fees.
- A copy of the Divorce Agreement and Maintenance Order must be submitted.
- **Furthermore:** The Credit Grantor may perform a search on the applicant's credit profile with one or more of the Registered Credit Bureau when assessing the Applicant's application for credit; monitor the credit applicant's payment behaviour by researching their profile at one or more of the Credit Bureau; use the new information and data obtained from the Credit Bureau in respect of the applicant's future applications; record the existence of the applicant's account with the Credit Bureau; record and transmit details of how the applicant has performed, and how the account is conducted by the applicant in meeting their obligations on this account.

Please note: Information supplied in this application may be used for credit and reference checks prior to the application being approved. Additional administration costs may be levied should follow up phone calls or letters be required for late or outstanding fees.

E. TERMS AND CONDITIONS OF ACCEPTANCE

1. DIRECTORS

This being a Private School, the Directors are empowered with the authority to make decisions affecting the operation of the school. Parents are represented by the Directors, and their decisions are therefore binding upon your child.

2. SCHOOL RULES AND REGULATIONS

A Code of Conduct for learners, which includes the School Rules and Regulations, is determined by the Directors, and all pupils are obliged to adhere to these.

3. SCHOOL FEES

The School Fees are determined by the Directors annually, and communicated to all parents.

DECLARATION by enrolling parents / guardians

I/We undertake:

- a) to furnish original, authentic documents as required;
- b) to inform the school **in writing** of any change of address;
- c) to inform the school **in writing** of any case of infectious illness in my/our household;
- d) to ensure that my/our child/ward attends school regularly, and to give reasons **in writing** should my/our child/ward be absent;
- e) to ensure that my/our child/ward complies with the Code of Conduct and Regulations of the School, including daily attendance and wearing of full and correct school uniform;
- f) to respect the tradition and character of the school and encourage my/our child/ward to do the same;
- g) to ensure that my/our child/ward attends organised school activities;
- h) to contribute to the School Fees in terms of Sections 39 and 40 of the South African School's Act No. 84 of 1996;
- i) to pay all costs incurred for damage done or losses incurred by my/our child/ward to school property.

- I/We further agree that the Principal or his/her designates may act in loco parentis in the event of an injury or accident in which my/our child/ward may be involved.
- I/We understand that the Registration Fee is a non-refundable fee on acceptance.
- I/We understand that in the instance of withdrawal after acceptance and payment of registration Fee, the school reserves the right to levy a penalty of 10% of payment received.
- I/We understand that every learner attending the school shall be expected to participate in physical education and other organised school activities, unless the parent/legal guardian of the child/ward has lodged with the Principal, an objection **in writing**, to his/her doing so.
- I/We the undersigned, hereby give consent for my/our child/ward referred to in Section B of this document, to participate in the school's extra-curricular activities, including educational visits and tours and expeditions of a historical and geographical interest.
- I, the undersigned, declare that the information supplied in this document is, to the best of my knowledge, true and correct. I further acknowledge that I have read and understood the Terms and Conditions of Acceptance as set out herein, and that the above learner's enrolment at Jubilate School is subject to my acceptance thereof.

Please note: Falsified information and/or documentation will result in the school revoking any agreement that allowed the learner concerned admission to the school.

NAME & SURNAME OF **ENROLLING** PARENT/GUARDIAN: _____

SIGNATURE OF **ENROLLING** PARENT/GUARDIAN: _____

ADDRESS: _____ DATE: _____

_____ ID Number: _____

SIGNED AT _____ THIS _____ OF _____, _____ .
(City) (Date) (Month) (Year)

WITNESS: NAME: _____ SIGNATURE: _____

ADDRESS: _____ DATE: _____

FOR OFFICIAL USE ONLY: RESULT OF APPLICATION: _____

DATE OF ADMISSION: _____

PRINCIPAL'S SIGNATURE: _____ **DATE:** _____

Jubilate School
54 Mercury Street
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Email: principal@jubilate.co.za

Social Media

What'sApp and Media Consent Guidelines

1. WhatsApp

All families become part of a WhatsApp group administered by the school, for the grade in which their child is registered. The main form of communication is via the d6 Communicator App: the WhatsApp group is a secondary option.

The class chat group is set up by the class teacher and is intended to get messages and information to the parent quickly and efficiently.

2. Media Consent

We would like to use photographs / images of children currently in our school as follows:

- Send photographs of learners to the Midrand Reporter (or other media), where appropriate, to celebrate achievements, whether academic, cultural or other
- Use photographs of learners in our brochures or advertising material for marketing purposes
- Use photographs / videos of learners on our school website
- Use photographs / videos of learners on the D6 School Communicator, to reflect learner involvement in various activities: whether academic, cultural or other

PLEASE COMPLETE THE SECTION BELOW AS PART OF YOUR APPLICATION FOR ENROLMENT

Name & surname of child: _____ Grade: _____

Media Consent (Please tick / circle appropriate block)

do / **do not** consent to photographs / videos of my child being used as advised above

WhatsApp Consent (please tick / circle appropriate block)

I **do** / **do not** consent for my cell number to be used as part of the WhatsApp class group.

Father's name: _____

Mother's name: _____

Father's signature: _____

Mother's signature: _____

Father cellphone: _____

Mother cellphone: _____

JUBILATE SCHOOL
INDEMNITY FORM (A)

I, the undersigned,

(Full name and Surnames of Parent / Guardian)

(Identity Number)

of (please fill in residential address)

(which address I choose as my Domicilium citandi et executandi)

in my capacity as parent and / or guardian of hereinafter referred to minor child,

(Full name and surname of child)
(Hereinafter referred to as the "CHILD")

do hereby declare to the Directors of JUBILATE SCHOOL, (hereinafter referred to as the "SCHOOL") that my child may attend the SCHOOL and may be on the property where the SCHOOL is holding classes, with effect from:

(hereinafter referred to as the "date of admission")

until discontinuing attendance, subject to the following:

1. I hereby accept and acknowledge, that I will not hold any teacher, or any other staff member employed by the SCHOOL, or the SCHOOL responsible, for any accidents or physical harm incurred on my CHILD during his / her stay on the SCHOOL premises, be it playground, sports field or in the buildings. Neither will the SCHOOL be liable for prosecution in such an unfortunate event.
2. I furthermore accept and acknowledge, that I cannot hold the SCHOOL or any teacher or any other member of staff employed by the SCHOOL, responsible for any damages or physical losses incurred on personal property while the CHILD is at SCHOOL.
3. I entrust my CHILD into the care of the SCHOOL and it's staff, entitling them to make the necessary decisions with regard to medical emergencies or otherwise.

All this I do, knowing that the SCHOOL and its staff will do it's best to ensure the safety and well being of my CHILD.

THUS DONE AND SIGNED AT _____ ON THIS _____ DAY OF

_____ 20___, IN THE PRESENCE OF THE UNDERSIGNED WITNESSES:

1. _____
WITNESS

2. _____
WITNESS

PARENT / GUARDIAN

JUBILATE SCHOOL
INDEMNITY FORM (B)

I, the undersigned,

(Full name and Surnames of Parent / Guardian)

(Identity Number)

of (please fill in residential address)

(which address I choose as my Domicilium citandi et executandi)

in my capacity as parent and / or guardian of hereinafter referred to minor child,

(Full name and surname of child)
(Hereinafter referred to as the "CHILD")

do hereby declare to the Directors of JUBILATE SCHOOL, (hereinafter referred to as the "SCHOOL") that my child may travel with the SCHOOL, be it as a class outing or as a school outing, with effect from:

(hereinafter referred to as the "date of admission")

to further his / her education at the SCHOOL and in general until discontinuing attendance, subject to the following:

1. I hereby accept and acknowledge, that I will not hold any teacher, or any other adult appointed by the SCHOOL, responsible for any accidents or physical harm, that could be incurred on my CHILD during or on such a SCHOOL outing. Neither will the SCHOOL be liable for prosecution in such an unfortunate event.
2. I furthermore acknowledge, that I cannot hold the SCHOOL or any teacher or another adult appointed by the SCHOOL responsible for any damages or losses incurred on personal property on such an outing.
3. I entrust my CHILD into the care of the SCHOOL and its staff, entitling them to make the necessary decisions with regard to medical emergencies or otherwise.

All this I do, knowing that the SCHOOL and its staff will do it's best to ensure the safety and well being of my CHILD.

THUS DONE AND SIGNED AT _____ ON THIS _____ DAY OF

_____ 20____, IN THE PRESENCE OF THE UNDERSIGNED WITNESSES:

1. _____
WITNESS

2. _____
WITNESS

PARENT / GUARDIAN

JUBILATE SCHOOL

APPLICATION FOR ADMISSION OF PUPIL

I, the undersigned,

(Full name of Surnames of Parent / Guardian)

(Identity Number)

of (please fill in residential address)

(which address I choose as my Domicilium citandi et executandi)

in my capacity as parent and / or guardian of

(Full name and surname of child)
(Hereinafter referred to as the "CHILD")

do hereby declare to the Directors of JUBILATE SCHOOL, Midrand, (hereinafter referred to as the "SCHOOL") that my CHILD may attend the SCHOOL and may be on the property where the SCHOOL is holding classes, with effect from:

(hereinafter referred to as the "date of admission")

until discontinuing attendance, subject to the following:

1. My paying to the SCHOOL in respect of my CHILD such fees as are determined by the Directors of JUBILATE SCHOOL, from time to time, which I accept and acknowledge are payable one month in advance for the 12 month period (Jan-Dec).

In the event that I fail to make prompt payments, the full outstanding SCHOOL fee for the term shall immediately become due and payable unless prior written arrangement has been entered into with the SCHOOL, and should the SCHOOL institute legal proceedings against myself to recover fees due by myself, I undertake to pay their legal costs on an attorney and client scale.

2. Admittance of my CHILD to the SCHOOL will be subject to my CHILD and myself acknowledging the rules and regulations of the school as determined by the Directors of JUBILATE SCHOOL from time to time, or by virtue of any authority given to the SCHOOL in terms of any Ordinances or Regulations. The SCHOOL regulations are available and open to inspection at the office of the Principal of the SCHOOL.

THUS DONE AND SIGNED AT _____ ON THIS _____ DAY OF

_____ 20___, IN THE PRESENCE OF THE UNDERSIGNED WITNESSES:

1. _____
WITNESS

2. _____
WITNESS

PARENT / GUARDIAN

FOR OFFICE PURPOSES: ACCOUNT NUMBER: _____

JUBILATE SCHOOL

CODE OF CONDUCT

DECLARATION

I, _____
(Full name and surname of Parent / Guardian)

Parent / guardian of

(Full names of child)

declare that I shall to the utmost of my ability; encourage my child to uphold the Code of Conduct for Jubilate School.

I furthermore agree to pay any expenses which may be incurred by my child as a result of damage to property.

I also accept the disciplinary measures that have been listed and will not hold it against the teachers, should it become necessary to implement them on my child.

Signed: _____

On the _____ day, of the month _____, 20__.

PLEASE COMPLETE AND RETURN THIS DOCUMENT TO THE SCHOOL AS AN INDICATION AND DECLARATION OF YOUR SUPPORT.

Updated: 01-2023 - Queries: bursar@jubilate.co.za