

DOBS2016/01/

Office Use Client Only		Office Use History Makers	
Registration Fee		Golf Shirt	
Parent ID		Payment Terms	
Learner ID/Birth Cert.		Cancellation Policy	
Latest Report		Attendance Policy	
Debit order completed		Learner Activities	



2016 APPLICATION FOR ADMISSION

How did you find out about our school? (Indicate selection with 'x')

Street light posters	Big Billboard	Referred by friend or family	Social Media (Specify)
Presentation at school	Newspaper	Flyer	Internet (Specify)

If referred to us by a friend please complete below:

Full Name: _____ Contact: _____

Have you been registered at History Makers before? No Yes

If yes, which year: _____

1. LEARNER DETAILS

SURNAME	
FIRST NAMES	
PREFERED NAME / NICKNAME	
ID NUMBER / DATE OF BIRTH	
GENDER	
HOME LANGUAGE	
GRADE APPLYING FOR	
RELIGIOUS AFFILIATION	

HOME ADDRESS	
CELL NO	
HOME TELEPHONE	
EMAIL ADDRESS	
NAME OF FULLTIME SCHOOL	
LOCATION OF FULL TIME SCHOOL	

Do you have a sibling/family in the school? yes no

If yes their full names: _____

GRADE 4 – 9 PACKAGES

Subject	Premier <input type="checkbox"/>	Compact <input type="checkbox"/>	Lite <input type="checkbox"/>
Mathematics	X	X	X
English	X	X	
Natural Science	X		
*Optional language	Afrikaans		

GRADE 10 – 12 PACKAGES (Mathematics/Maths Literacy is compulsory)

(Choose a package by Indicating selection with 'x')

Premier 3 Subjects	Compact 2 Subjects	Lite 1 Subject
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sciences		Commerce	
Mathematics	<input type="checkbox"/>	Mathematics	<input type="checkbox"/>
Maths Lit	<input type="checkbox"/>	Maths Lit	<input type="checkbox"/>
Physics	<input type="checkbox"/>	Accounting	<input type="checkbox"/>
Life Science	<input type="checkbox"/>	B Studies	<input type="checkbox"/>
	<input type="checkbox"/>	Economics	<input type="checkbox"/>
*Optional language		Afrikaans	<input type="checkbox"/>

CLEARLY INDICATE CURRENT LEARNER CHALLENGES

PARENTS /GAURDIAN DETAILS *(Please complete this form fully, do not leave open spaces)*

PERSONAL DETAILS	
TITLE	
SURNAME	
FIRST NAMES	
ID NUMBERS	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
HOME TELEPHONE NO	
CELL NO	
EMAIL ADDRESS	
PREFERED METHOD OF COMMUNICATION e.g. SMS	
OCCUPATION	
EMPLOYER'S DETAILS/ SELF EMPLOYMENT DETAILS	
EMPLOYER/BUSINESS NAME	
OFFICE TELEPHONE NO	
EMAIL ADDRESS	
FAX NUMBER	
EMPLOYER /BUSINESS PHYSICAL ADDRESS	

TWO NEXT OF KIN DETAILS (Not in the same address)

NAME AND SURNAME		NAME AND SURNAME	
CONTACT NUMBER		CONTACT NUMBER	
WORK TELEPHONE		WORK TELEPHONE	
RELATIONSHIP		RELATIONSHIP	
ADDRESS		ADDRESS	

NOTIFIABLE DISEASE/ SICKNESS

Does your child/ learner suffer from any diseases or sicknesses?

If yes, please indicate:

In case of any complications, do you (the parent/ guardian) give the school (History Makers) permission to give your child standard pain killers? Yes No

To ensure the fastest possible action in event of an emergency please fill in the details below.

Contact name & no.

(1) _____

(2) _____

Name and number of medical aid as well as the name to which the medical aid is registered to

I fully understand and except that the staff of History Makers will do their best to ensure the safety and effective teaching to all and therefore hold blameless History Makers; its staff and all other persons and organizations associated with the school against any claims whatsoever that may arise in connection with any loss, injury, death or damage to person or property of my child.

I _____ (parent/ legal guardian) of

_____ understand and accept the conditions that are on this registration form

Signed at (place) _____ on the (date) _____ day of (month) _____ 2016

Parent/ guardian signature

PAYMENT TERMS AND CONDITIONS

1. Tuition fee is for all academic subject stipulated earlier including leadership skills.
2. On registration day a once off registration fee of **R500 is non-refundable** payable plus 1st month's tuition fee.
3. Tuition fee is paid in advanced (e.g. Payment for March is paid in February)
4. There are **two payment options** available **advance payment system (5& 10 months)** and **monthly installments** payable by **debit order system** (non-negotiable) on specified dates.
5. All school fees are payable in advanced by the 7th of the month.
6. A **penalty of R100** will be levied on **all late payments** made after the 7th of the month.
7. A **penalty of R150** will be levied against **all debit orders** that are **returned unpaid**.
8. Recurring penalties will results in the account changing into a "high risk" status.
9. History Makers will attempt to collect all monies owed to the school, **however failure to collect will lead to account handed over to attorneys.**
10. If payment is not received as elected below or any single installments by the due date, the whole amount that's outstanding will become immediately due and payable.
11. I authorize the school to do credit bureaux searches on me/us and in the event of any school fees due by me/us nor being paid, I/We authorized the school to inform any relevant credit bureau and have my/our name listed with them.
12. I/We chose the address specified as our residential address/es under personal details as my/our chosen legal domicile for service of all legal notices and processes until I advise the school in writing of my/our new address.
13. It is agreed that should I/we default on payments, the school has the right to terminate this agreement and exclude our child/children at the end of the term at which such notice was given.

FEE STRUCTURE 2016	PREMIER SERVICE (3 Subjects)		COMPACT SERVICE (2 Subjects)		LITE SERVICE (1 Subject)	
	Grade 4-9	Grade 10-12	Grade 4-9	Grade 10-12	Grade 4-9	Grade 10-12
Monthly Fee	R550	R600	R390	R450	R200	R230
Full Tuition Fees (10 months)	R5500	R6000	R3900	R4500	R2000	R2300
5 Months Advance (5% discount)	R2613	R2850	R1853	R2138	R950	R1093
Full Payment Advance (10% discount) paid by 28 th Feb 2016	R4950	R5400	R3510	R4050	R1800	R2070
Full Payment if 1 Month Tuition is Paid	R4455	R4860	R3159	R3645	R1620	R1863

T&C: All fees above excludes R500 registration fee

Our bank account details:

History Makers Foundation, Bank: First National Bank, Account No: 6222 588 2895, Cheque account, Code: 250-841, Westgate, Ref: Learner's name and surname& grade

Specify Payment Method (indicate selection with 'x')

Monthly Debit order	<input type="checkbox"/>	5 Months Advance	<input type="checkbox"/>	10 Months Advance	<input type="checkbox"/>
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CANCELLATION POLICY:

1. For cancellation of attendance a cancellation form must be submitted with a **60 days' notice, if the learner stops attending without official letter submitted, the learner will still be deemed as registered and will be fully liable for tuition fee incurred.** Lack of adherence to this **may lead to the account being handed over to the attorneys.**
2. **Payment is not based on attended days, a full monthly payment is payable even if other Saturdays or all were not attended.**
3. **When one (1) month's payment is outstanding the school reserves the right to refuse access to the learner, if payment is still outstanding.**
4. In case of a parent having challenges with payments, the situation must be reported before payment is due, so that a payment arrangements can be made.

ATTENDANCE POLICY:

1. All learners are strictly expected to attend all classes in accordance to our yearly program, if a learner is unable to attend it is the responsibility of the Parent to inform the school via SMS, telephone or a signed letter with Parent contacts.
2. The school will make every effort to inform the Parent via SMS if the learner misses **more than 2 sessions** in one month, however the Parent is **ultimately responsible** for their child's attendance.

I give History Makers permission to use the learner's photograph, name, comments and results for advertising purpose without compensation. Yes No

I, parent/guardian responsible for the school fees hereby confirm that I have read and understand the terms of this tuition contract and payment terms and conditions have been explained to me.

SIGNED BY (Name)AT.....ON THEDAY OF..... 2016

SIGNATURE.....

HISTORY MAKERS DEBIT ORDER INSTRUCTIONS

FROM: Full names & Surname of Account Holder _____

ID Nr: _____ Tel. No: _____

ADDRESS _____

Postal Code: _____

DATE: _____

TO: History Makers (Reg. 2001/046458/23)
No 18B Goldman Street, Florida Arcade Building, Office No.2
Tel No (011) 046 9951/2 Fax No: **086 604 8369** e-mail:info@historymakers.co.za

Dear Sir/Madam

MY AGREEMENT DATED: Please specify below by X

1 st	15 th	25 th
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The details of my/our bank account are as follows:

BANK _____

BRANCH NAME AND TOWN _____

BRANCH NUMBER/CODE

--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF ACCOUNT CURRENT (CHEQUE) / SAVINGS / TRANSMISSION (delete non-applicable types)

I / We hereby request "instruct" and authorize you to draw against my / our account with the above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) the sum of R _____ (amount in words)

on the _____ Day of each month commencing on _____ and ending on _____

All such withdrawals from my / our bank account by you shall be treated as though they had been signed by me / us personally.

When agreement date is on a weekend or holiday should we debit: before or after the holiday or weekend (indicate with X).

I / We understand that the withdrawals hereby authorized will be processed by computer through a system known as the _____, and I also understand that the details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I / We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me / us by giving you thirty days' notice in writing, sent in writing. I / we understand that I / we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my / our bank (whichever it is or will be).

ASSIGNMENT:

I / We acknowledge that the party hereby authorized to effect the drawing (s) against my / our account may not cede or assign any of its rights to any third party without my / our prior written consent. I / we may not delegate any of my / our obligations in terms of this contract authority to any third party without prior written consent of the authorized party.

Signed by _____ on the _____ day of _____

SIGNATURE

History Makers Business Consulting cc 2001/046458/23
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