



Excelsior Academic College

Private Co-educational English medium Cambridge School
situated on the East Rand

Tell: 011-896-5403 | Email: preschool@excelsiorac.co.za | Web: www.excelsiorac.co.za

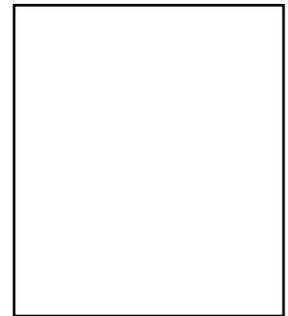


PRE-PRIMARY APPLICATION FORM 2019

Specialists in Full time, Distance & Adult Education

TABLE OF CONTENT:

SECTION A:	APPLICATION PROCESS AND REQUIREMENTS
SECTION B:	AGREEMENT
SECTION C:	INTRODUCTION
SECTION D:	DETAILS OF APPLICANT
SECTION E:	MEDICAL AID DETAILS OF APPLICANT
SECTION F:	DETAILS OF PARENT 1 / LEGAL GUARDIAN 1 (Compulsory)
SECTION G:	DETAILS OF PARENT 2 / LEGAL GUARDIAN 2 (Compulsory)
SECTION H:	CONTACT DETAILS OF RELATIVE/FRIEND/NEXT OF KIN (Compulsory)
SECTION I:	DETAILS OF PERSON PAYING FEES (Compulsory)
SECTION J:	TERMS AND CONDITIONS & FEES AND PAYMENT AGREEMENT
SECTION K:	FEES 2019
SECTION L:	FEE CALCULATOR
SECTION M:	DECLARATION BY PARENT/ LEGAL GUARDIAN
SECTION N:	CORRESPONDENCE FORM



A. APPLICATION PROCESS & REQUIREMENTS

1. Complete all the required information fields.
2. Attach the following documentation to this Application Form as stipulated:
 - 2.1 A certified copy of applicants Identification Document/ Birth Certificate.
 - 2.2 A certified copy of applicants' parent/s/Guardian Identification document.
 - 2.3 1x Full colour ID photos of the applicant. *(To be attached when original application is handed/posted to the office)*
 - 2.4 Copy of the applicants' medical aid card.
 - 2.5 Most recent school report (First time enrolments).
 - 2.5 A non-refundable application fee of R 600.00 (Please attach proof of payment to this application form).

**** No applications will be processed without proof of payment.**

HOW DID YOU HEAR ABOUT EXCELSIOR ACADEMIC COLLEGE?

- WEBSITE
 SOCIAL MEDIA
 WORD OF MOUTH
 CAMBRIDGE WEBSITE
 OTHER

If Other, Please Specify: _____



If Social Media, Please Specify: _____

Cambridge International School

B. AGREEMENT

This agreement, including all the sections from section "A" through to section "M", is

ENTERED INTO BETWEEN:

EXCELSIOR ACADEMIC COLLEGE (hereinafter referred to as EAC)

Registration number: 2008/000456/23

And the following parties

Print Full Name & Surname of Parent 1 and/or Legal Guardian 1:

Identification Number:

Print Full Name & Surname of Parent 2 and/or Legal Guardian 2:

Identification Number:

Residing at the following physical address:

Street Address: _____

Area: _____

Suburb: _____

Area code: _____

Postal address: _____

Name & Surname of Parent 1/ Legal Guardian 1:

Signature:

Date signed:

Name & Surname of Parent 2/ Legal Guardian 2:

Signature:

Date signed:

Print Full Name and Surname of Witness:

Signature:

Date signed:

FOR OFFICE USE ONLY:

Date application received:

Date Proof of payment received:

Student number:

Signature on behalf of EAC:

Position in Organisation:

Date signed:

C. INTRODUCTION

1. FOREWORD (About Cambridge & Excelsior Academic College)

- 1.1 Excelsior Academic College is a Co-Educational English Private School offering Pre-primary, Grade 1 and 2, Grade 8-12, Post Matric programs as well as Home Schooling and Distance education programs.
- 1.2 The Excelsior Academic College Primary School will be integrated slowly into the College by adding a grade each year.
- 1.3 Situated in the heart of the East Rand only 10km drive from OR Tambo International airport and 31km from Johannesburg.
- 1.4 The College embraces the principle of high standard education.
- 1.5 Equipping students to take responsibility for their studies and providing them with the resources and tools to do so.
- 1.6 Teaching them communication skills, outside the box thinking and encouraging their ideas.
- 1.7 EAC is a registered Cambridge Assessment International Education Centre – Centre Number: ZA267, offering Checkpoint, IGCSE, AS and A level qualifications.
- 1.8 Cambridge Assessment International Education is the world’s largest provider of International qualifications.
- 1.9 Cambridge Assessment International Education courses are offered by over 10 000 institutions in over 160 countries worldwide.
- 1.10 Candidate ages range from 5-70.
- 1.11 We offer a broad range of internationally recognised qualifications which have been designed to develop successful students worldwide.
- 1.12 EAC offers practical workshops for our students, to help them prepare for their examinations (more information about our workshops in our 2019 Education Prospectus).
- 1.13 EAC will supply you with the appropriate study materials for your chosen subjects.
- 1.14 EAC offers tutor support and help, to get you through the course materials.
- 1.15 Cambridge Assessment International Education’s qualifications are widely recognised by the world’s best universities and employers, giving students better options in their education career.
- 1.16 Cambridge Assessment International Education prepares school students for life, helping them develop an informed curiosity and lasting passion for learning.
- 1.17 Cambridge Assessment International Education programmes and qualifications to help learners reach their potential and become confident, responsible, reflective, innovative and engaged.
- 1.18 Cambridge Assessment International Education is the only provider of international qualifications that is wholly owned by a world-leading university – The University of Cambridge.
- 1.19 Cambridge runs around 1000 training events every year, supporting teachers around the world to develop the skills and knowledge they need to help their students succeed.
- 1.20 The Cambridge programmes and qualifications reflect the latest educational research and are well supported with teaching and learning resources to help learners progress from one stage to the next.
- 1.21 Cambridge programmes set a global standard for international education. They are created by subject experts, rooted in academic rigour and provide a strong platform for progression.
- 1.22 Cambridge programmes challenge students to reach their full potential. Students can choose the subjects they love, and study them in depth – so they develop the understanding and skills they need for success at school, university and work.
- 1.23 Cambridge programmes develop not only deep understanding of content but also higher order thinking skills, preparing students for the next stage of education and world of work.
- 1.24 We believe excellent education is based on excellent teaching. We encourage a culture of lifelong learning, providing professional development to help our teachers improve their performance and practice.

2. COMMENCEMENT

- 2.1 It is divided into the following phases:

The Foundation Phase

Appropriate and relevant internationally, Cambridge Primary has been designed to be culturally sensitive. It includes top-quality teaching and assessment resources appropriate for teaching and learning in local and international schools. The children are taught the Cambridge International Curriculum with special focus on English, Afrikaans, Mathematics and ICT. The curriculum is integrated with the National curriculum.

- 2.2 In these fundamental years the teachers develop “whole-brain” with focus on perceptual, practical, auditory and fine and gross motor skills in both play and learning activities, in the classroom as well as the playground.
- 2.3 If the applicant enrolls late, it up to him/her to make sure he/she catches up all the work.
- 2.4 The learners enjoy the hands-on learning experiences resulting in confidence and enthusiasm for learning. The learners will have a positive and enquiring attitude towards learning.

SCHOOL HOURS:

Monday – Friday: 08h00-13h00

Classroom hours: 07h00-13h30

3. RESOURCES

There are also loads of useful online resources which include, Textbooks, Study guides Tutorial videos, past papers, revision tips. Study checklists and so much more... Please visit the website for more information on the resources www.cambridgestudents.org.uk.

4. PAYMENT

- 4.1 The applicant or his/her parent/legal guardian shall pay the programme fees in the amount and accordance with the payment plan fully hereto, as set out in section “J”.
- 4.2 The applicant agrees to furnish EAC with their banking details and furthermore agrees that their account be debited on the agreed upon date.

5. PREMATURE WITHDRAWAL

Should the applicant voluntarily withdraw before the end of the programme he/she will remain liable for the payment of the fees as stipulated under section “J”.

6. EXPULSION/ TERMINATION OF PROGRAMME

Should EAC decide to expel you or terminate your contract with cause, you will remain liable for the payment of the fees as stipulated under section “J”.

7. DAMAGES

Should the applicant cause damage to any of EAC property due to wrongful or unlawful conduct, he/she or his/her parents/legal guardian will be liable to EAC for full payment of those damage/loss and payment will have to be made on demand.

8. INDEMNITY

Whilst every effort will be made to ensure the safety and wellbeing of the applicant and their possessions, his/her parent/legal guardian will indemnify EAC, all personnel and students should any prejudice, loss of property, damages, illness, injury or death occur to the participant during any activity example, games, sporting, cultural, educational trips, tours, camps and excursions as well as during the day on the school grounds from whatsoever cause arising. This indemnity includes cost from damage, loss of property and/or any medical conditions or hospitalization, unless such loss is caused by the negligence, willfulness or deliberate act of the school or one or more of its employees.

9. SCHOOL EXCURSIONS AND CAMPS

EAC offers optional excursions, educational tours and camps and fun outings for their students every year. These encourage teambuilding and socializing with other students.

10. VIDEO AND PHOTOGRAPHIC MATERIAL

The applicant and his/her parent/legal guardian/s hereby consent to the use by EAC for promotional purposes of sound recordings, video and photographic material of the applicant. No claims can be made towards EAC or any of its employees arising from the use of such material.

All signatures below testify and acknowledges that the applicant and his/her parents/legal guardian/s has read all the terms and Information above, - as set out in section “C”, clause 1-12, of this application form – understand all the terms above and accepts all the terms and information above.

Signature of Parent 1/ Legal Guardian 1:

Date signed:

Signature of Parent 2/ Legal Guardian 2:

Date signed:

Print Full Name and Surname of Witness:

Signature:

Date signed:

D. DETAILS OF APPLICANT

SURNAME: _____ INITIAL: _____

FIRST NAMES: _____ TITLE: _____

PREFERED NAME: _____ SEX: _____

ID NUMBER: _____

HOME LANGUAGE: _____

(Please note that all course material will be provided in English)

NATIONALITY: _____

COUNTRY OF CITIZENSHIP: _____

If you are a Non-South African, please provide the following documentation with your application form:

STUDY PERMIT RESIDENT PERMIT OTHER (Please specify) _____

PERMIT/STUDY/PASSPORT/OTHER (Please specify) NUMBER _____

PHYSICAL ADDRESS: _____

_____ AREA CODE: _____

POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

HEALTH:

WHAT TIME DOES HE/SHE GO TO BED? _____ DOES HE/SHE GO TO BED WITHOUT A FUSS: YES / NO

EXPLAIN THE BEDTIME ROUTINE: _____

DOES HE/SHE WAKE UP DURING THE NIGHT? YES / NO

WHY DOES HE/SHE WAKE UP? _____

HOW DO YOU HANDLE THE SITUATION? _____

FEEDING ROUTINES:

Difficulties experienced in feeding were/are with:	Infancy:	At present:
Sucking		
Swallowing		
Reflux / persistent vomiting		
Chewing		
Milk allergy		
Hypersensitivity to some foods		
Gluten intolerance		

OTHER: _____

DESCRIBE YOUR CHILD'S APPETITE: _____

PHYSICAL DEVELOPMENT:

HANDEDNESS: (LEFT OR RIGHT)

MOTHER:	FATHER:	CHILD:
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SPEECH DEVELOPMENT:

Speech and language developed normally	
Speech and language developed in a delayed / deviant way	
Speech developed normally and then became deviant	
Speech is intelligible	

DESCRIPTION OF SPEECH AND LANGUAGE DEVELOPMENT AT PRESENT: _____

SENSORY MOTOR INTEGRATION:

DOES YOUR CHILD:

Dislike being touched or cuddled? YES / NO

Dislike walking barefoot? YES / NO

Dislike specific texture of clothing? eg. Labels? YES / NO Specify: _____

Seems clumsy, accident-prone, often fall or walk into things, spill fluid? YES / NO Specify: _____

Avoid balancing activities? i.e. does your child seem anxious when climbing steps, playing on jungle gyms, slides, riding a bicycle etc.? YES / NO Specify:

Ride a bicycle confidently without balancing wheels? YES / NO Age at commencement: _____

Enjoys fine motor activities? (Colouring in, cutting out, construction games, etc.) YES / NO Specify: _____

Complete tasks in allocated times? YES / NO

Keeps himself/herself busy playing constructively? YES / NO

PERCEPTION:

What does your child play in his/her spare time?

Indoors: _____

Outdoors: _____

How much time does your child spend watching TV? _____

What is his/her favorite program? _____

What sort of games / activities does he/she avoid? And Specify _____

RELATIONSHIP WITH FRIENDS:

Does your child socialize well with peers? YES / NO

Does your child have any friends? YES / NO

Does he/she follow or take the lead? _____

Does he/she often fight with friends? YES / NO if yes, please specify why: _____

DESCRIBE YOUR CHILD'S CONFIDENCE AND SELF-ESTEEM: _____

PROBLEMS EXPERIENCED AT SCHOOL: _____

PLEASE TICK THE RELEVANT BOX AND GIVE A BRIEF EXPLANATION:

	Tick:	Explanation
Attention span:		
Hyperactivity / Inattentiveness		
Impulsivity		
Lack of perseverance		
Unwilling to venture		
Under achievement		
Moodiness		
Poor socialization		
Behavior		

DISCIPLINE

How often does your child need to be reprimanded? _____

State general misbehavior: _____

How is your child reprimanded? _____

What type of punishment is most effective? _____

Are parents consistent with regards to discipline? _____

Describe your child's attitude towards tasks given to him/her in the everyday situation (clean shoes, make beds etc.) _____

INDEPENDENCE

Is your child able to undertake the following activities independently?

Get Dressed: YES / NO Tie shoelaces: YES / NO

Get undressed: YES / NO Eat with knife and fork: YES / NO

Fasten shoes: YES / NO

Does the child separate from parents for long periods of time? If not, give details: _____

Has the child been separated from parents for a long period of time? (i.e. hospitalization etc.?) _____

If yes, why? _____

CURRENT MEDICATION

Name: _____ Dosage: _____ Duration: _____

Reason for administration: _____

Name: _____ Dosage: _____ Duration: _____

Reason for administration: _____

CHILDHOOD ILLNESS AND PROBLEMS (please tick the relevant blocks and state the ages)

Illness:	Tick:	Age:	Illness:	Tick:	Age:
Measles			Chicken pox		
German measles			Mumps		
Group			Convulsions		
Constant cold			High temperature		
Developmental delays			Ear infections		

Injuries? (Please explain) _____

Operations? (Please explain) _____

Hospitalisation? (Please explain) _____

	Age	Name of practitioner	Tell nr	Treatment
Medical				
Neurologist				
EEG				
Psychological				
Speech therapy				
Occupational therapy				
Other				

VISION

Have the child's eyes been tested yet? YES / NO By whom: _____

Results of the test _____

Date _____ Date of the follow up visit _____

HEARING

Has a hearing test been administered? YES / NO By whom: _____

Results of the test _____

Date _____ Date of the follow up visit _____

Do you think your child's hearing is normal? YES / NO Has your child had ear infections? YES / NO
 Has your child had grommets? YES / NO Is your child currently on antibiotics? YES / NO
 Other: (Please specify) _____

E. MEDICAL AID DETAILS OF APPLICANT

DO YOU HAVE ANY ILLNESS/ ALLERGIES THAT WE SHOULD BE AWARE OF? YES (Please attach detail) NO

MEDICAL AID NAME: _____

TYPE OF SCHEME: _____ MEDICAL AID NR: _____

NAME AND SURNAME OF MAIN MEMBER: _____

NAME AND SURNAME OF APPLICANT: _____
 (AS ON MEDICAL AID CARD)

DEPENDANT NUMBER OF APPLICANT: _____

MEDICAL AID CONTACT NUMBER: _____

FAMILY DOCTOR CONTACT NUMBER: _____

F. DETAILS OF PARENT 1 / LEGAL GUARDIAN 1 (Compulsory)

RELATIONSHIP TO APPLICANT

FATHER MOTHER LEGAL GUARDIAN

TITLE:

MR MRS OTHER: _____

SURNAME: _____ INITIAL: _____

FIRST NAMES: _____ TITLE: _____

RELATIONSHIP WITH APPLICANT: _____

ID NUMBER: _____

NATIONALITY: _____

COUNTRY OF CITIZENSHIP: _____

PHYSICAL ADDRESS: _____

_____ AREA CODE: _____

POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

HOME NUMBER: _____ WORK TELL NUMBER: _____

EMPLOYER: _____
(If self-employed – please specify details of what you do)

ADDRESS: _____

_____ POSTAL CODE: _____

POSITION HELD/
 OCCUPATION: _____ TELL NUMBER: _____

EMAIL ADDRESS: _____ ALTERNATIVE CONTACT NR: _____

G. DETAILS OF PARENT 2 / LEGAL GUARDIAN 2 (Compulsory)

RELATIONSHIP TO APPLICANT

FATHER MOTHER LEGAL GUARDIAN

TITLE:

MR MRS OTHER: _____

SURNAME: _____ INITIAL: _____

FIRST NAMES: _____ TITLE: _____

RELATIONSHIP WITH APPLICANT: _____

ID NUMBER: _____

NATIONALITY: _____

COUNTRY OF CITIZENSHIP: _____

PHYSICAL ADDRESS: _____

_____ AREA CODE: _____

POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

HOME NUMBER: _____ WORK TELL NUMBER: _____

EMPLOYER: _____
(If self-employed – please specify details of what you do)

ADDRESS: _____

_____ POSTAL CODE: _____

POSITION HELD/
 OCCUPATION: _____ TELL NUMBER: _____

EMAIL ADDRESS: _____ ALTERNATIVE CONTACT NR: _____

H. CONTACT DETAILS OF RELATIVE/FRIEND/NEXT OF KIN

SURNAME: _____ INITIAL: _____

FIRST NAMES: _____ TITLE: _____

RELATIONSHIP WITH APPLICANT: _____

ID NUMBER: _____

PHYSICAL ADDRESS: _____

_____ AREA CODE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

HOME NUMBER: _____ WORK TELL NUMBER: _____

I. DETAILS OF PERSON PAYING FEES (Compulsory)

RELATIONSHIP TO APPLICANT

FATHER MOTHER LEGAL GUARDIAN

TITLE:

MR MRS OTHER: _____

SURNAME: _____ INITIAL: _____

FIRST NAMES: _____ TITLE: _____

RELATIONSHIP WITH APPLICANT: _____

ID NUMBER: _____

NATIONALITY: _____

COUNTRY OF CITIZENSHIP: _____

PHYSICAL ADDRESS: _____

 _____ AREA CODE: _____

POSTAL ADDRESS: _____

 _____ POSTAL CODE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

HOME NUMBER: _____ WORK TELL NUMBER: _____

EMPLOYER: _____

ADDRESS: _____
 _____ POSTAL CODE: _____

POSITION HELD/
 OCCUPATION: _____ TELL NUMBER: _____
(If self-employed – please specify details of what you do)

EMAIL ADDRESS: _____ ALTERNATIVE CONTACT NR: _____

J. TERMS AND CONDITIONS & FEES AND PAYMENT AGREEMENT

1. After application has been approved by management of EAC, a once off, non-refundable, non-transferrable deposit of **R 3750.00** will be payable to the college. This payment does not form part of annual school fees. (First time applicants only).
2. Payments are to be made strictly as stipulated and agreed upon below.
3. Any deviation of payment without prior arrangement or notice may result in cancellation of the Applicants' programme and will be liable to a notice period and/or full balance of account up until end period of the contract agreed to.
4. If at any period from date of commencement to the end of the contact period the applicant decides to quit, is expelled or cannot continue as a student for whatsoever reason, a 3 Months' notice period will be payable. – A notice letter must be typed, signed and sent to the College.
5. Interest will be charged at Prime rate if outstanding fees are carried over into the following year.
6. Payments not made and overdue will result in the applicant being suspended.
7. Payments may be made in advance.
8. WE OFFER 4 PAYMENT OPTIONS:
 - 8.1 **OPTION 1** - FULL PAYMENT as per our standard 2019 fees list -excluding applicable/authorised discounts- UPFRONT – An additional 5% discount will be given off your total cost of course AND is payable before or on **31 January 2019**.
 - 8.2 **OPTION 2** – BI ANNUAL PAYMENT of total fees (as per our standard 2019 fees list), -excluding applicable/authorised discounts-, as per fees and fee calculator stipulated in section "K & L", UPFRONT remainder fees thereafter payable over TWO (2) Months (**31st January 2019 & 05th June 2019**) in equal installments.
 - 8.3 **OPTION 3** – QUARTERLY PAYMENT of total fees payable (as per our standard 2019 fees list), -excluding applicable/authorised discounts-, as per fees and fee calculator stipulated in section "K & L", UPFRONT remainder fees thereafter payable over FOUR (4) Months (**31st January 2019, 05th April 2019, 05th July 2019 & 05th October 2019**) in equal installments.
 - 8.4 **OPTION 4** – MONTHLY PAYMENT of total fees payable (as per our standard 2019 fees list) – excluding applicable/authorized discounts-, as per fees and fee calculator stipulated in section "K & L", UPFRONT remainder fees thereafter payable over TEN (10) Months (**From January 2019 to October 2019 before or on the 05th of every calendar month**) in equal installments.
9. When joining the College in any other month of the year your payment period will be extended to November 2019.
10. No interest is charged during the payment period.
11. Examination, photostatting, lab and workshop fees are not included in the annual fees.

12. Examination fees are subject to exchange rate.
13. Textbooks are not included in the annual fees.
14. NO CASH and/or CASH DEPOSITS ACCEPTED.
15. NO CHEQUE OR CHEQUE DEPOSITS ACCEPTED.
16. Bank charges applicable when making cash deposits.
17. Annual fees and examination fees are Non-Transferable, Non-Refundable and cannot be exchanged.
18. Payments are ONLY to be made into the following account:

BANK: ABSA
BRANCH CODE: 632 005
BRANCH: DUNSWART
ACCOUNT NUMBER: 407 028 326 6
TYPE OF ACCOUNT: CHEQUE
NAME OF ACCOUNT: EXCELSIOR ACADEMIC COLLEGE / H.A. DERRETT
REFERENCE: ACCOUNT NUMBER/STUDENT NUMBER & What you are paying for, ex. (1625 – School Tour), (1625 –

Annual Fees), (1625 – Textbooks), (1625 – Exams) etc.

*****Please set the College up on your banking that we receive an email automatically with a Proof of Payment every time you make a payment to the College. The Colleges' accountant is not on site and the administration office will not know to allocate a payment and/or if your payments are up to date if they do not receive a proof of payment directly from the person responsible for paying fees. If payment notifications are not received before or on the payment deadline to the office, we will assume that it is a late payment, and proceed with the late payment steps. Please be sure to email all payment information to finance@excelsiorac.co.za.**

19. Your payment reference should ALWAYS be the applicant's account/student number, in order for us to correctly allocate payments. See above for details.
20. Monthly payments must be made before or on the 5th of every calendar month.
21. Late payment will result in immediate suspension of student.
22. No exams are allowed to be written if school fees are not up to date – candidates will not be registered. Fees will be deducted for school fees first.
23. DISCOUNTS: Discounts will be given based on the following terms: (All discounts have to be authorised by the Management of Excelsior Academic College)
 - 23.1 No discount will be given to the first child enrolled at EAC.
 - 23.2 The second child will receive a 5% discount on their annual fees.
 - 23.3 The third/and additional children after will receive a 10% discount on their annual fees.
 - 23.4 Promotional discounts may be applicable and is subject to approval.
24. It is school policy that no pupil is permitted to go on any school tour (sport or cultural) or be considered for local or international exchange, unless the fee account is current or paid in full.
25. The school reserves the right to:
 - 25.1 Do a credit check on the parent and/or person responsible for the payment of fees.
 - 25.2 Not allow any additional charges such as exam fees or other school services to be charged to the account for a new term if tuition fees are in arrears.
 - 25.3 Deduct tuition fees before any exam and/or any other additional fees off the students' account.
 - 25.4 Withhold any and all correspondence ie. School reports, results etc. from the student if tuition fees are not paid up to date.
 - 25.5 Refuse entry to the student and/or require him/her to leave the school.
26. The parent / guardian / person responsible for paying fees agrees that any notice sent to the parent / guardian / person responsible for paying fees by prepaid registered post at the chosen postal address shall be deemed to have reached the parent / guardian / person responsible for paying fees within seven days after the date of dispatch, unless the contrary is proved.
27. The parent / guardian / person responsible for paying fees agrees that no variation of these terms and conditions shall be of any effect unless reduced to writing and signed by the parent / legal guardian / personal responsible for paying fees as well as the Principal and Management staff of EAC.
28. The parties hereby choose as their domicilim citandi et executandi for delivery of notices and processes arising out of this agreement, for the parent, the addresses set out on the face of this agreement, and for the school, 168 Trichardt Road, Parkrand, Boksburg, 1459.
29. The signatory to this agreement, regardless of any divorce agreements to which the school is not a party accepts full responsibility for all fees and charges due under this agreement.
30. Please inform the office should you qualify for a promotional discount!

K. FEES 2019

Grade 000 - 00

Total amount for the year	R 34 500.00
Paid annual (Before or on 31 January 2019) less 5%	R 32 775.00
Paid bi-annual (January; June) 2019	R 17 250.00
Paid quarterly (January; April; July; October) 2019	R 8 625.00
Paid monthly (Before or on the 5 th of every month January – October) 2019	R 3 450.00

Grade 0

Total amount for the year	R 38 500.00
Paid annual (Before or on 31 January 2019) less 5%	R 36 575.00
Paid bi-annual (January; June) 2019	R 19 250.00
Paid quarterly (January; April; July; October) 2019	R 9 625.00
Paid monthly (Before or on the 5 th of every month January – October) 2019	R 3 850.00

Once off annual fees: (Payable before or on 31 January 2019)

Application fee.....R 450.00	Photostatting fee.....R 700.00
Registration fee.....R 3 500.00	Arts & Crafts fee.....R 350.00

Fees include and is based on the following terms and conditions:

- Fees do not include excursions or school photos.
- Fees do not include textbooks, billed on registration.
- Fees are subject to change without prior notice.
- Fees do not include activities that are organized by private organisations in the afternoon or during school time.

L. FEE CALCULATOR

PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:

- OPTION 1:** FULL PAYMENT ONCE OFF BEFORE OR ON 31 JANUARY 2019 – 5% DISCOUNT ON TOTAL COST OF ANNUAL FEES.
- OPTION 2:** BI-ANNUAL PAYMENT – 2 PAYMENTS DURING THE YEAR, 1ST PAYMENT BEFORE OR ON 31 JANUARY 2019, 2ND PAYMENT BEFORE OR ON 05 JUNE 2019.
- OPTION 3:** QUARTERLY PAYMENT – 4 PAYMENTS DURING THE YEAR, 1ST PAYMENT BEFORE OR ON 31 JANUARY 2019, 2ND PAYMENT BEFORE OR ON 05 APRIL 2019, 3RD PAYMENT BEFORE OR ON 05 JULY 2019, 4TH PAYMENT BEFORE OR ON 05 OCTOBER 2019.
- OPTION 4:** MONTHLY PAYMENT – PAYMENT BEFORE OR ON EACH 05TH OF THE MONTH FROM JANUARY 2019 TO OCTOBER 2019.

PAYMENT OPTION 1:

TOTAL COST OF YEAR: _____

(Excluding application, registration, textbook, photostating and laboratory fees)

- 5% discount _____

Other discount: (if applicable) _____

= TOTAL PAYABLE: _____

DATE PAYABLE: **Before or on 31 January 2019.**

I, _____ PARENT/LEGAL GUARDIAN hereby agree to pay the amount of R _____ on (date) _____ in full.

Signature

PAYMENT OPTION 2:

TOTAL COST OF YEAR: _____

(Excluding application, registration, textbook, photostating and laboratory fees)

- Discount: (if applicable) _____

= TOTAL COST REMAINING: _____

Total cost remaining: _____ / 2

= _____ (Instalment amount)

DATE 1ST INSTALLMENT PAYABLE: **Before or on 31 January 2019.** DATE 2ND INSTALLMENT PAYABLE: **Before or on 05 June 2019.**

I, _____ PARENT/LEGAL GUARDIAN hereby agree to pay the amount of R _____ on every _____ (Day) of January 2019 and June 2019.

Signature

PAYMENT OPTION 3:

TOTAL COST OF YEAR: _____
(Excluding application, registration, textbook, photostating and laboratory fees)

- Discount: (if applicable) _____

= TOTAL COST REMAINING: _____

Total cost remaining: _____ / 4

= _____ (Instalment amount)

DATE 1ST INSTALLMENT PAYABLE: **Before or on 31 January 2019.** DATE 2ND INSTALLMENT PAYABLE: **Before or on 05 April 2019.**

DATE 3RD INSTALLMENT PAYABLE: **Before or on 05 July 2019.** DATE 4TH INSTALLMENT PAYABLE: **Before or on 05 October 2019.**

I, _____ PARENT/LEGAL GUARDIAN hereby agree to pay the amount of R _____ on every _____ (Day) of January 2019, April 2019, July 2019 and October 2019.

Signature

PAYMENT OPTION 4:

TOTAL COST OF YEAR: _____
(Excluding application, registration, textbook, photostating and laboratory fees)

- Discount: (if applicable) _____

= TOTAL COST REMAINING: _____

Total cost remaining: _____ / 10

= _____ (Instalment amount)

DATE INSTALLMENT PAYABLE: **Before or on the 05th of every calendar month during January 2019 and October 2019.**

I, _____ PARENT/LEGAL GUARDIAN hereby agree to pay the amount of R _____ on every 5th (Day) the month from January 2019 to October 2019.

Signature

I, person responsible for paying fees _____ ID number: _____ hereby agrees that although I am entering the dates and amounts above, I will adhere to the payment options and payment structures of EAC.

M. DECLARATION BY PARENT/LEGAL GUARDIAN
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1. I the undersigned, declare that I, the Applicant (my son / my daughter) have filled in this form and that all the details are correct.
2. I, the undersigned, declare that I will be liable for prompt payment of fees to EXCELSIOR ACADEMIC COLLEGE as determined by EXCELSIOR ACADEMIC COLLEGE in the payment clause.
3. I, the undersigned understand that EXCELSIOR ACADEMIC COLLEGE has the right to cancel my registration at any time should it emerge that the information in this application form I have supplied is incorrect and false.
4. I, the undersigned, agree to pay any costs with regards to legal fees and attorneys should EXCELSIOR ACADEMIC COLLEGE have to enter into legal proceedings, if I fail to make payment on or before stipulated dates as per the payment structure.
5. I, the undersigned, grant EXCELSIOR ACADEMIC COLLEGE permission to claim outstanding amounts from my employer by way of salary deduction, should I fail to adhere to the payment structure and terms.
6. I, the undersigned, acknowledge that I have read and understand all the terms and conditions as well as the information as set throughout this application form. I furthermore agree that I will adhere to all the terms and conditions of this application form.
7. All provisions and the various clauses of this agreement are, notwithstanding the manner in which they have been grouped together or linked grammatically, severable from each other. Any provision or clause of this agreement which is or becomes unenforceable in any jurisdiction, whether due to voidness, invalidity, illegality, unlawfulness or for any other reason whatever, shall, in such jurisdiction only and only to the extent that it is so unenforceable, be treated as pro non scripto and the remaining provisions and clauses of this agreement shall remain of full force and effect. The parties declare that it is their intention that this agreement would be executed without such unenforceable provision if they were aware of such unenforceable provision if they were aware of such unenforceability at the time of execution hereof.
8. The parties to this agreement agree that this agreement may be signed in counterparts which, when signed, will be put together and read as one document.
9. INDEMNITY: The parties hereby indemnify Excelsior Academic College and holds Excelsior Academic College harmless from all claims by third parties in connection with loss of life, bodily or personal injury or property damage arising from or out of any occurrence in, upon, at or from the occupancy or use by the student of the said Premises or any part thereof or occasioned wholly or in part by any act or omission of Excelsior Academic College, its employees or agents. The parties shall not have any right, remedy or claim of any nature whatsoever and howsoever arising against Excelsior Academic College for any loss, damage (whether general, special or consequential) expenses or injury of any nature whatsoever or howsoever arising which may be suffered by the student, directly or indirectly, irrespective of whether or not such loss, damage, expense or injury shall have been caused through or as a result of the negligence (gross or otherwise) of Excelsior Academic College or any person for whose acts or omissions Excelsior Academic College is vicariously liable in law.
10. A certificate signed by a director, secretary, manager or accountant of Excelsior Academic College or Excelsior Academic College's agent shall be prima facie proof of the amount of any indebtedness owing by the parties to Excelsior Academic College at any time and also the fact that payments of the whole, or, as the case may be, any portion of that amount is due and payable to Excelsior Academic College.
11. By signing this contract, the applicant / parent and/or legal guardian agrees that they will adhere to the terms and conditions in the schools' policies and code of conduct. (The policies and code of conduct can be viewed during school hours upon request and or upon request of a copy).

Name & Surname of Parent 1/ Legal Guardian 1:

Identification Number/Passport Number, etc:

Signature

Date signed:

Name & Surname of Parent 1/ Legal Guardian 2:

Identification Number/Passport Number, etc:

Signature

Date signed:

Print Full Name and Surname of Witness:

Signature:

Date signed:

Date signed:

End of Pre-Primary Application Form 2019