Growth Academy Private School

Address 9 Murray road

Kuils River

Contact details - 0822888362

Growth Academy Private School

Learner Application Form

2027

Learner Name and Surname: _____

Learners Grade: _____

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Child Name and Surname:……

Child date of birth :……

Child grade: ……..

Child Address: ……

MOTHER/ GUARDIAN DETAILS

Married Divorced Single Widowed

Mothers full name ……

ID Number: ……..

Postal code: ……..

Physical Address: ……..

……..

Cell number: ……..

Work Number: ……..

Email Address:……..

Occupation : ……

Employer name: ……..

FATHER/GUARDIAN'S DETAILS

Married Divorced Single Widowed

Mothers full name ……

ID Number: ……..

Postal code: ……..

Physical Address: ……..

……..

Cell number: ……..

Work Number: ……..

Email Address:…….

Occupation : ……

Employer name: ……..

Persons Responsible for Fees: Mother + Father or Guardian
……

With whom does the learner live:
.....

SECTION A NEXT OF KIN (May not be your Spouse):

HUSBAND WIFE Full Name: ……. ……

Cell Number: ……. ……..

MEDICAL INFORMATION: Health Problems/Allergies:
……..

Medical Aid Name: ……

Medical Aid Number: ……

Medical Aid Principal Member: ……..

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SECTION B DECLARATION/UNDERTAKINGS BY APPLICANT and PARENTS/GUARDIANS 1. We have read and understood the statements and questions on this form. The information supplied by us, individually or together, is complete and true in every respect. If any of the supplied information is found to be incomplete, incorrect, untrue or misleading, the school may cancel any offer of a place and refuse to accept any future application in respect of the same applicant.

2. We undertake to accept and abide by the code of conduct of the school, and such rules and regulations as are put in place by the school or Governing Body from time to time. We accept further that the applicant will be under the disciplinary control of the school from the date on which he commences his/hers studies at the school, to the date on which he/she is withdrawn from or leaves the school. This includes, but is not limited to, random drug testing.

3. We accept that the school may:

3.1. Report to the same people on any matter concerning the progress, conduct, well-being or health of the applicant. 3.2. Take such steps as it deems reasonable in the event of the applicant coming ill, being injured, or for any reason requiring medical attention.

4. As parents or guardians we jointly and severally accept responsibility for such school fees as are payable in terms of the law. Should we fail to meet this legal responsibility and fall into arrears in terms of school fee payments, we accept that we will be liable for the arrears plus collection commission and all costs of recovery, including fees charged by attorneys on the scale as between attorney and client.

5. The address for the service of any formal notice in relation to this application may be served at the physical address listed on the Application Form.

6. We accept liability for any damage to the school or school property caused by the applicant, howsoever it may occur.

7. We accept that the school may use photographs of our son/daughter for the purpose of marketing if required.

8. We indemnify the school against any claim whatsoever which may arise as a result of the applicants attendance at school or any school activity, acknowledging the applicants participation in any sporting or other activity at or through the school.

9. We confirm that we have:

9.1. Been made aware that school fees are payable in full;

10...Agreed that a further interview with the financial official may be required before acceptance is made final.

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This done and signed at …… on this ……. day of …….. 20…….

SIGNATURES: 1. Signature and Name of Parent/Guardian:

.....

Signature and Name of Witness:

.....

2. Signature and Name of Parent/Guardian:

.....

Signature and Name of Witness:

.....

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UNIFORM IS COMPULSORY TO BUY AT SCHOOL

Uniform	Size	Price
Dress	5-6	R450-00
Tracksuit	5-6	R550-00
Shorts	5-6	R180-00
Jersey	6/7	R280-00
Uniform	Size	Price
Dress	7-8	R480-00
Tracksuit	7-8	R650
Shorts	7-8	R200-00

Payments may be made by means of:

1. Direct deposit/ Internet payment (EFT)

2. Debit Order

The School's Banking Details, for all fees, are as follows:

Account Type: FNB

Current Bank: Business Account

Branch Code: 250555

Account Number: 62904841609

Reference: Please use the LEARNER'S Name as the Reference and email or WhatsApp to school number.

a) 1st day of each month, or

b) 15th day of each month, or

c) 25th day of each month.

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School fees structure

Registration fees 2026 R500-00 (non - refundable)

Grade R	R1800-00 PM
Grade 1	R2200-00 PM
Grade 2	R2250-00 PM
Aftercare	R1000-00 PM

Stationary pack is compulsory to buy at school

R1500 for full stationary for the year.

Compulsory to send one ream of paper per term.

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Dated..... (“The Agreement”).

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our abovementioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on ..... and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly, bimonthly, three monthly, six monthly, annually, weekly, bi-weekly (delete that which is not applicable).

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Payment instructions due in December may be debited against my account on ……..

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

This number must be added to this form in Section E before the issuing of any payment instruction. B. Mandate I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. 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.

D. Assignment I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

E. Agreement Reference Number ……. SHOULD A DEBIT ORDER BE RETURNED FROM THE BANK FOR TWO (2) CONSECUTIVE MONTHS AS UNPAID, THE SCHOOL WILL DEEM IT TO BE CANCELLED AND THE ACCOUNT WILL BE IN DEFAULT

Signed at ……..

On this…….. day of…….. 20…