



# Impact Independent High School



APPLICATION FOR ENROLMENT YEAR: 2021

Note: This form must be completed in full – please sign in full where indicated. All changes, as well as at the bottom of every page and where indicated to be initialled.  
Completion of this form does not necessarily mean that the learner has been accepted into the school.

<b>Grade applied for</b>		<b>Highest grade passed</b>		<b>Year</b>	

### LEARNER DETAILS:

Surname:		Initials	
First name:		Known as:	
Other names:			
Date of birth: D/M/Year		Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Race:		ID/ passport number	
Country of residence:		Citizenship	
If SA, indicate province of residence:		If not SA, a study permit needs to be provided	
Physical address:	Home telephone no:		
	Emergency no: (Mom)		
	Emergency no: (Dad)		
	Emergency no: (Other)		
Town/City:		Cell no: (Learner)	
Code:		Email Address: (Learner)	
Home Language:		Mode of transport:	
Deceased parent:	N/A: <input type="checkbox"/>	Mother: <input type="checkbox"/>	Father: <input type="checkbox"/> Both: <input type="checkbox"/>

### PREVIOUS SCHOOL

Name of school:			
Address and Province:			
Telephone no.		Email address:	

### SIBLINGS

Number of other Learners at the school:			
Name and grades of siblings		Grade	
		Grade	
		Grade	
Position in family: (1 <sup>st</sup> , 2 <sup>nd</sup> )			

### MEDICAL INFORMATION (LEARNER):

Medical aid:		Medical Aid no:	
Name of main member:		Name and telephone No. of Doctor:	
Medical condition(s):			
If no medical fund membership exists; permission granted to school to transport learner per ambulance to nearest provincial hospital in case of emergency (If parents not contactable). Any cost incurred in the treatment of the emergency will be the parent/guardian /ward/sponsor's liability:			Parent initial:
Allergies:		Operations:	

### FOR ADMINISTRATION PURPOSES ONLY

Accepted/ Not Accepted

Yes	No
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Application form received	
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Interview with Principal	
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Yes	No
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Entrance exam (if applicable)	
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Yes	No
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Registration Fee	
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Date:	
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Early Bird	
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Date:	
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Textbook Fee	
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Date:	
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Sponsor ID/ Passport (person liable for account)	
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Parent ID/Passport	
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Learner ID/ Birth Certificate	
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Learner most recent report card	
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Report card of last promotion	
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Fees letter signed	
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Proof of residence	
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Transfer card previous school	
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Vaccination Card (if relevant)	
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Father Initial \_\_\_\_\_ Mother Initial \_\_\_\_\_

Medical info that the school should know (history):																
Indicate if learner has had any of the following illnesses (list other illnesses below):																
German Measles:	Measles:		Mumps:			Chicken pox:		Malaria:								
Rheumatic fever:	Asthma:		Diabetes:			Yellow Jaundice:		Scarlet Fever:								
Dexterity of learner:	Right-handed			Left-handed:			Ambidextrous:									
<b>PARENT/GUARDIAN/WARD/SPONSOR INFORMATION (A):</b>																
Title:		Initials:		Surname:		First names:										
Home language:				Gender:	Male:		Female:		Race:							
ID/passport no.:														Responsible for payment:	Yes	No
Residential street address:																
Postal address:									Code:							
Suburb:				City:				Code:								
Occupation:						Employer:										
Cell No:				Home Tel No:				Work Tel No:								
Email address:																
Marital status:				Relationship to learner:				Learner resides with this parent:	Yes	No						
<b>PARENT/GUARDIAN/WARD/SPONSOR INFORMATION (B)</b>																
Title:		Initials:		Surname:		First names:										
Home language:				Gender:	Male:		Female:		Race:							
ID/passport no.:														Responsible for payment:	Yes	No
Residential street address:																
Postal address:									Code:							
Suburb:				City:				Code:								
Occupation:						Employer:										
Cell No:				Home Tel No:				Work Tel No:								
Email address:																
Marital status:				Relationship to learner:				Learner resides with this parent:	Yes	No						
If Divorced: List parents that may have access to the learner:																
<b>ADDITIONAL CONTACT PERSON (C) : Closest Relative not living with the student</b>																
Title:		Initials:		Surname:		First names:										
Home language:				Gender:	Male:		Female:		Race:							
ID/passport no.:														Responsible for payment:	Yes	No
Residential street address:																
Postal address:									Code:							
Suburb:				City:				Code:								
Occupation:						Employer:										
Cell No:				Home Tel No:				Work Tel No:								
Email address:																
Marital status:				Relationship to learner:				Learner resides with this parent:	Yes	No						

Father Initial \_\_\_\_\_ Mother Initial \_\_\_\_\_

1. I agree: .

- a. That my child will be bound by the rules and regulations of the school;
- b. That all school fees will be paid in advance;
- c. That the registration/application fees are NON-REFUNDABLE; **Parent Initial:** \_\_\_\_\_
- d. An administration fee will be levied on all accounts not paid timeously
- e. All costs incurred for the collection of any outstanding fees will be, as parent, for my account;
- f. That notice of my intention to terminate my child's attendance at the school will be given in writing to the Principal, who will acknowledge receipt of the notice, at least **ONE FULL SCHOOL TERM** before such termination is to take place and that, failing this, I shall be required to pay fees for one term in lieu of such notice; **Parent Initial:** \_\_\_\_\_
- g. Should a learner leave the school within one week of starting, the learner's parents will be liable for one month's school fees only. Any learner that enrolled at the school longer than one week, must give a full-term notice should they want to leave the school; Should a learner's fees fall into arrears and an arrangement cannot be agreed upon between learner's parent and the school, the school reserves the right to ask such a learner to leave the school. After having left, the learner's parents will still be held liable for all outstanding fees as well as 3 (three) months school fees after date of leaving;
- h. All notifications of a learner leaving the school should be given in writing irrespective who the initiator of such notice is. The Principal stands in loco parentis to all learners. This is of great importance in the case of sudden illness. Any cost incurred in the

treatment of emergencies will be the liability of the parent/ sponsor/ guardian / ward. By signing this application for the admission of their children, parents empower the Principal to act on their behalf in all emergencies.

3. 2021 fees applicable R\_\_\_\_\_ (for grade\_\_\_\_\_)

Please note that 2021 fees will be finalised during the second half of the year. It is the expectation that fees will increase with approximate educational inflation. A letter with the final 2021 tuition fees and other ancillary fees will be provided to you when they have been determined by the school. **Parent Initial:** \_\_\_\_\_ Please indicate if fees will be paid annually, termly or monthly. All fees paid in advance: \_\_\_\_\_ **Parent Initial:** \_\_\_\_\_

- 4. As the parent(s)/guardian(s) of my child I/we accept that I/we retain a degree of responsibility for the education of the learner. The school may recommend that additional work needs to be done outside the hours of attendance, and it is the responsibility of the parent(s)/legal guardian(s) to ensure that it is done;
- 5. This submitted enrolment contract will continue for so long as both parties agree to continue as such (with annual fee adjustments as determined by the school) and may be terminated by either party by submitting in writing, the intention to terminate the contract. Should the learner be expelled, the parent(s)/guardian(s) will be liable for 3 (three) months school fees from the date of expulsion;
- 6. The school reserves the right to amend the Terms and Conditions from time to time;
- 7. Admission policy:
  - a. The learner and his/her parent/guardian must declare that they will co-operate towards achieving the objectives of the school, namely for the learner to develop to the maximum of their potential in an English medium educational environment;
  - b. Before admission the learner may be required to prove that he/she is competent in the medium of instruction. This will be determined during a face-to-face interview with the prospective learner or an admission test. The admission test may be extended, at the discretion of the Principal, to cover subject areas wider than the medium of instruction;
  - c. Proficiency in the subjects selected by the learner in the FET phase, may also be tested and may be a pre-requisite for admission into the FET phase;
  - d. All learners are on an initial term's (3 months) probation. If the school feels that the learner is not performing or does not fit in with the culture and ethos of the school, a meeting will be held with the parents. The school reserves the right to terminate the learner's enrolment at the end of the probation period;
  - e. The learner and the parent must accept that the ethos of the school will reflect the Christian-English culture. Full recognition will however be given to freedom of religion of the individual within the accepted norms of our community;
  - f. On application, acceptable official evidence of good behaviour and progress from previous schools/institutions may be requested and used in the final decision to accept the learner into the school;
  - g. The Principal reserves the right to exclude a learner on the grounds of unacceptable behaviour;
- 8. The parent/guardian accepts the financial commitments as laid down by the Directors of the school;
- 9. The parent/guardian and the learner accept that an educational institution can only operate effectively in a disciplined environment. It is essential that both the parents/guardians and the learner seeking membership familiarise themselves with the school's Code of Conduct and agree to abide by it all times. Any learner guilty of breaking the Code of Conduct, particularly where this breach hampers the learning environment of other learners, will either be suspended from lessons, or in serious cases, be excluded from the school in order to protect the interest of the student body;
- 10. I agree that photos of my child may be used for the school's social media and advertising campaigns and no compensation may be claimed for the use of such material;
- 11. Upon application for admittance, a non-refundable registration fee must be paid. This once-off payment does not form part of the tuition or ancillary fee.

Signed at: \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_

Signed: \_\_\_\_\_ (Mother) Name: \_\_\_\_\_

Signed: \_\_\_\_\_ (Father) Name: \_\_\_\_\_

Signed: \_\_\_\_\_ (for school) Name: \_\_\_\_\_

Father Initial \_\_\_\_\_ Mother Initial \_\_\_\_\_

I \_\_\_\_\_ (full names of Parent),

parent of \_\_\_\_\_, hereby consent in participating in the various activities (including class attendance, lecturing, sports activities, camps and educational outings) arranged, organised or offered by Impact Independent High School, and, where relevant, to him/her being transported to and from the said activities by means of transport made available by the school or its service providers for that purpose. .

I further agree to the condition that, while every precaution will be taken for the safety and welfare of my/his/her possessions, I will hold blameless and indemnify all persons, as well as the school as a company, its Directors, employees of the school and all other organisations associated with the activity, should any prejudice, loss, damage, illness or injury occur to him/her during the above activity. This includes an indemnity against recovery of costs resulting from damage, loss and/or medical conditions or hospitalisation, unless such loss is caused by the negligence, wilfulness or deliberate act of any of the above or one or more of its employees.

RELEVANT INFORMATION CONCERNING THE LEARNER'S CONDITIONS/CIRCUMSTANCES

Do you have any medical condition or allergy of which the staff need to be aware?

- YES
- NO

If yes, please provide details:

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Should medication/hospitalisation be necessary please indicate (if applicable):

- a) Name of your Medical Aid: \_\_\_\_\_ Medical Aid No: \_\_\_\_\_.
- b) Name of principal member of Medical Aid \_\_\_\_\_.
- c) Contact details of Medical Practitioner to be contacted for medical history if necessary:  
 Name : \_\_\_\_\_ Contact Number : \_\_\_\_\_.
- d) Emergency contact telephone number/s:  
 Name : \_\_\_\_\_  
 Contact Number ( home): \_\_\_\_\_  
 Contact Number (work): \_\_\_\_\_  
 Contact Number (cell) : \_\_\_\_\_.

Signature of Parent

\_\_\_\_\_.

Full name of witness and Signature

\_\_\_\_\_.

Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Father Initial \_\_\_\_\_ Mother Initial \_\_\_\_\_

STUDENT MOTIVATION FORM: (TO BE COMPLETED BY THE PARENT/LEARNER – WHERE APPLICABLE)

What are your goals regarding education?

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What is your favourite subject and why?

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What is your least favourite subject and why?

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Which occupational paths would you consider?

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What would you include in your definition of a perfect school?

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I think I will be adding value to the school through

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I think that the Impact school environment would suit me, because

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Tick the boxes next to the personality traits/interests you believe you have:

Eager to succeed:	Motivated:	Disciplined:	Stressed	Enjoy working as part of a team:
Hard-working:	Lazy:	Creative	Friendly:	Prefer working alone:
Like a challenge:	Dedicated:	Easily distracted:	Happy person:	Can work independently:
Serious:	Focussed:	Analytic:	Respectful:	Know what I want:
I like to read:	Fiction:	Non-fiction:	Magazines:	I do not like to read:
I like to:	Solve puzzles:	Watch movies:	Read books:	Play video games:
I learn best when I:	Read the work:	Write the work:	Listen to the work:	I am not sure:
When I study, I use:	Mind maps:	Summaries:	I learn directly from my workbooks and textbooks:	
When I do homework; I do:	The difficult work first:	The easy work first:	No specific order, I just start:	

Father Initial \_\_\_\_\_ Mother Initial \_\_\_\_\_



**A. Authority**

Given by: \_\_\_\_\_ (account holder)

To) \_\_\_\_\_ (beneficiary)

Account Holder Address: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch and Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account Current: Cheque / Savings / Transmission

Amount: \_\_\_\_\_ (variable) Date: \_\_\_\_\_ 20\_\_\_\_.

Abbreviated Name as Registered with the Bank: IIH0000000

Beneficiary's Address: \_\_\_\_\_

This signed Authority and Mandate refers to our contract dated ("the Agreement") \_\_\_\_\_ 20\_\_\_\_.

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned 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.

I select that payment must be instated on: 25  30/31  1  of the month (please mark with X)

The individual payment instructions so authorised to be issued must be issued and delivered monthly.

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. In the event that the debit order is returned by the bank, I authorize the school to add an additional R150.00 penalty on the following month's deduction.

Payment instructions due in December may be debited against my account on \_\_\_\_\_ annually (please indicate a specific date).

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.

Signed at \_\_\_\_\_ on this day \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
(Signature as used for operating on the account)

\_\_\_\_\_  
(Assisted By)

**E. Agreement Reference Number**

This Agreement reference number is: \_\_\_\_\_

Father Initial \_\_\_\_\_ Mother Initial \_\_\_\_\_

**Permission to provide TEAMS (Destiny Changers Education Group's Remote Teaching platform) log-in and e-mail account for learner:**

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
in grade \_\_\_\_\_, hereby give permission to the school to create a TEAM account and e-mail for my child, as part of the school's remote academic teaching, learning support and intervention programme.

I undertake to ensure that my child will abide by the rules of the programme and will regularly participate in the remote and on-line activities.

I undertake to assist my child in using the system and with the academic work – especially for learners in the lower grades (grade RRR – grade 5).

I recognise that, if my child abuses the system (both the structure of TEAMS or the notes provided or other learners on the platform), that the school reserves the right to remove my child from TEAMS and the Remote Teaching programme.

Parent/guardian 1 e-mail \_\_\_\_\_ Telephone number \_\_\_\_\_

Parent/guardian 2 e-mail \_\_\_\_\_ Telephone number \_\_\_\_\_

Learner e-mail (if applicable) \_\_\_\_\_ Telephone number \_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

\_\_\_\_\_

Name

\_\_\_\_\_

Name

Father Initial \_\_\_\_\_ Mother Initial \_\_\_\_\_