



RYVA ACADEMY OF LEARNING

58a Black Street
New Park
Kimberley
8301

Provisionally accredited by Umalusi, Council for Quality Assurance
in General and Further Education and Training.
Accreditation No: 19 SCH01 00668 PA
EMIS No: 30011220

Cell: 066 556 9189
083 310 9222

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ENROLMENT APPLICATION FORM

PLEASE FULLY COMPLETE ALL THE INFORMATION ON THIS FORM – PRINT IN BLOCK LETTERS.

ALL CONTACT NUMBERS AND EMAIL ADDRESSES ARE TO BE CORRECTLY FILLED IN, AND IN WORKING ORDER, SO THAT THE SCHOOL IS ABLE TO REACH YOU IN CASE OF AN EMERGENCY.

LEARNER ADMISSION

Learner admission is at the sole discretion of the school and is subject to the provision of the following:

1. A copy of the learner's birth certificate.
2. A copy of mother AND father's identity documents (& Guardian's identity document, if applicable)
NO DRIVER'S LICENCES WILL BE ACCEPTED.
3. Proof of guardian status (if applicable).
4. A copy of the learner's vaccination record or clinic card.
5. A copy of the learner's latest school progress report.
6. A transfer letter from previous school.
7. Signing of the code of conduct by parent/s or guardian and all learners.
8. Signing of the payment declaration, indemnity, terms and conditions, and conduct commitment.
9. An admissions test & evaluation of the learner by an educator for school readiness (if applicable).
10. An interview with the parents and learner (if applicable).
11. The verification of financial information provided below (which consists of three months' bank Statements), if required.
12. THE PAYMENT OF A NON-REFUNDABLE REGISTRATION FEE OF R2000 FOR EACH LEARNER.
13. The receipt of an acceptance letter/email to the parent/guardian, from the school.

PREVIOUS SCHOOL DETAILS

Highest grade passed		Is this grade being repeated ?	
Grade applied for		Promoted or progressed to this grade ?	
Name of previous school (or pre-primary school)			
Full details of previous school	Street number & name:		
	City:	Postal code:	
	Province:		
	Telephone number:		

CHILD'S DETAILS			
First names		Date of birth (Day-Month-Year)	DD / MM / YYYY
Surname		Male of female	
ID Number		Religion	
Home telephone number		Home language	
Deceased parent	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> None		
Race	<input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed Race		
Home street address	Street number and name:		
	City:	Postal code:	
Medical aid name		Medical aid option	
Child's writing	<input type="checkbox"/> Right handed <input type="checkbox"/> Left handed	Medical aid number	
Blood group	<input type="checkbox"/> A+ <input type="checkbox"/> AB+ <input type="checkbox"/> B+ <input type="checkbox"/> O+ <input type="checkbox"/> A- <input type="checkbox"/> AB- <input type="checkbox"/> B- <input type="checkbox"/> O-		
Child lives with	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian		

FATHER'S DETAILS			
First names		Surname	
Cell number		ID Number	
Home street address	Street number and name:		
	City:	Postal code:	
Email address			
Employer name		Occupation	
Work street address	Street number and name:		
	City:	Postal code:	
Marital status		Work telephone number	

GENERAL CORRESPONDENCE			
Correspondence to be addressed to ?	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian		
Title and full first names		Surname	
Cell number		ID Number	
Email address			

<u>MOTHER'S DETAILS</u>			
First names		Surname	
Cell number		ID Number	
Home street address	Street number and name:		
	City:	Postal code:	
Email address			
Employer name		Occupation	
Work street address	Street number and name:		
	City:	Postal code:	
Marital status		Work telephone number	

<u>STEP MOTHER'S / STEP FATHER'S / GUADIAN'S DETAILS</u>			
First names		Surname	
Cell number		ID Number	
Relationship to child			
Home street address	Street number and name:		
	City:	Postal code:	
Email address			
Employer name		Occupation	
Work street address	Street number and name:		
	City:	Postal code:	
Marital status		Work telephone number	
Are you the legal guardian of the child ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<u>SCHOOL REPORTS</u>			
School reports to be addressed to ?	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
Title and full first names		Surname	
Cell number		ID Number	
Email address			

PERSON(S) RESPONSIBLE FOR THE PAYMENT OF FEES AND RECEIVING ACCOUNTS

Accounts to be addressed to ?	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
Title and full first names		Surname	
Cell number		ID Number	
Home street address	Street number and name:		
	City:	Postal code:	
Email address			
Employer name		Occupation	
Work street address	Street number and name:		
	City:	Postal code:	
Date of the month on which you receive your monthly wages / salary ?		Work telephone number	

DECLARATION BY PERSON(S) RESPONSIBLE FOR THE PAYMENT OF FEES

I/we, the undersigned:

- 1 - Acknowledge that monthly school fees are payable strictly in advance and may not be in arrears.
- 2 - That advance payments are to be received by the school by the first working day of the month to avoid late payment penalties and that a R200.00 penalty will be added to each late payment.
- 3 - That fees are payable by direct bank deposit or stop order into the school's bank account, or in the form of cash paid at the school for which a receipt will be issued.
- 4 - Acknowledge that fees are payable for 11 months each year (January to November) and are still payable in full during absence due to holidays, illness or any other reason.
- 5 - Hereby assume liability for the account, or I / we bind myself / ourselves as co-debtor(s) and surety for payments of all school fees.
- 6 - Confirm that this agreement is binding despite changes to my / our marital status, or any terms of settlement which may arise from a divorce agreement.
- 7 - Agree that in the event of me / our failing to pay the school fees by the due date, I / we will be liable for all attorney / debt collector and own-client charges incurred by RyVa Academy of Learning to recover such fees, which costs shall include collection and agents / tracing fees.
- 8 - Agree to give one full calendar month's notice in writing if I / we intend to remove our child from RyVa Academy of Learning (This will include one month's school fees).
- 9 - Agree that no transfer letter or progress report will be issued to any parent unless all outstanding tuition fees are paid in full.
- 10 - Agree to withhold our child from attending school if I / we have not paid the monthly fees on time and understand that all reports and other information and documents may be withheld until such fees are fully paid.
- 11 - Give consent by my / our signature(s) below, for the school to perform all credit vetting procedures including the disclosure and exchange of personal and financial information with and to a credit bureau or financial institution, in accordance with the National Credit Act 34 of 2005.
- 12 - Acknowledge that RyVa Academy of Learning reserves the right to apply the following procedures should my / our monthly school fees fall into arrears:
 - 12.1 - Three (3) days after the due date of payment receipt (1st of the month): Issue a cellular text notification;
 - 12.2 - Five (5) days after the due date of payment receipt: Issue a final cellular text warning of arrears;
 - 12.3 - Seven (7) days after the due date of payment receipt: Request the learner to be kept at home until full payment is received;
 - 12.4 - Fifteen (15) days after the due date of payment receipt: Hand the account over to attorneys/debt collectors for further debt collection and legal proceedings.

I have read, understood and undertake to abide by these rules and regulations in respect of fees and payments:

Full names and surname		Signature	
Full names and surname		Signature	

EMERGENCY CONTACT NUMBERS OF A RELATIVE (NOT Father or Mother) / MEDICAL INFORMATION

Title and full first names		Surname	
Cell number		ID Number	
Home street address	Street number and name:		
	City:	Postal code:	
Email address			
Work street address	Street number and name:		
	City:	Postal code:	
Relationship to child ?		Work telephone number	
Family doctor's name		Doctor's telephone number	
Doctor's street address	Street number and name:		
	City:	Postal code:	

ILLNESS, MEDICAL CONDITION AND SPECIAL PROBLEMS (Including counselling)

- 1 - The school does not administer prescribed medication to any learner. You, as the parent or guardian, have to ensure that your child receives the required medication as and when required.
- 2 - We may require the learner to be withdrawn from the school in the event that they require special medical care or attention that may not be available, or that may be refused by parents, or if we consider the learner to be not well enough to attend the school.
- 3 - Parents / Guardians are obliged to inform the school of any food, medicine, activity or any other circumstances that may cause their child to have an allergic reaction or allergy. Parents / guardians must provide full details in writing of the type and severity of the reaction and must continue to inform the school in writing of any changes in the condition, when they become aware of this.

Please state any information regarding your child's health & diet, or any problems which may require attention:

Allergies: _____

Chronic medication: _____

Any operations: _____

Other information: _____

INDEMNITY

- 1 - While it is recognised that the school will take every precaution to ensure the safety and well-being of my child, I / we, the undersigned being the parent(s) / guardian of the aforementioned child, hereby indemnify the school, its owner(s), school governing body, employees, agents or parents against any claims which may arise in consequence of the passing of, or any injury sustained, or damage suffered by myself, my family or my child during the course of our / their participation in any education, games, sports, field trips, excursions, or any other activities arranged by the school, from whatsoever cause arising, including any negligence or fault of whatsoever nature attributable to the school, its owner(s), school governing body, employees, agents or parents; or which may arise as a result of the use of photos / images of my child on the school's website and other social media platforms.
- 2 - In the event of my child being injured, or in the event of illness, I / we hereby authorise the school, its owner(s), school governing body, employees, agents or parents to administer basic first aid treatment when necessary, and / or to procure such medical treatment / surgery as may be deemed necessary, hereby authorising them on my / our behalf, to sign inter alia a consent to surgical and other procedures with the understanding that the school, its owner(s), employees or agents will endeavour to contact and inform the parents / legal guardian prior to such consent being signed.
- 3 - I / we hereby indemnify the school, its owner(s), school governing body, employees, agents or parents from all medical and hospital costs occasioned hereby, including any travel arrangement costs for the aforementioned child to be returned home if away from the school.

Title and full first names		Surname	
Cell number		ID Number	
Home street address	Street number and name:		
	City:	Postal code:	
Email address			
Work street address	Street number and name:		
	City:	Postal code:	
Relationship to child ?		Work telephone number	
Signature			

GENERAL TERMS AND CONDITIONS

- 1 - RyVa Academy of Learning is an English medium registered independent institution which does not receive assistance in the form of subsidies from the state and as such, the school is wholly dependent on school fees and possible fundraising for its continued operation and existence. Therefore, school fees accounts may not be in arrears.
- 2 - The school reserves the right to adjust levies, fees & penalties from time to time with written notice, to meet income requirements.
- 3 - RyVa Academy of Learning reserves the right to request the parent(s) / guardian to keep their child at home if school fees are in arrears, and to withhold reports and other information or documents of such learners until such time as the fees are paid up to date.
- 4 - In the event that the undersigned surety / responsible person(s) or guardian commits a breach of contract of any of the terms and conditions of this agreement, the school may at its sole discretion refuse the learner entry to the school's premises and withhold all assessment reports until the breach has been remedied, or claim damages from the responsible persons and / or the sureties and guardian and / or take whatever legal steps that may be necessary.
- 5 - All learners are to be collected from the school by 17h00 latest each school day. A late collection penalty of R150.00 per half-hour will be added to the school fees account for late collection after 17h00.
- 6 - PLEASE NOTE: You will be required to re-register your child annually on documentation provided by the school. Should you not return these documents by the due date, your child will not be processed into the new academic year.
- 7 - If the school has reasonable cause to believe that your child is suffering from, or has suffered from any contagious disease / infection, and that there is a danger that other learners / teachers may contract such a disease / infection, you may be asked to withdraw your child from school until well again. We accept no responsibility for any learners contracting contagious diseases / infections.
- 8 - While every reasonable effort will be made by the school's staff to ensure your child's belongings are not lost or damaged, we cannot be held responsible for the loss or damage to learner's property. It is the parent's / guardian(s) responsibility to name and clearly label all items and clothing, and to ensure that their child has all their belongings when collected daily from the school.
- 9 - By signing this enrolment application, you provide the school with your consent to electronically or manually collect and store information contained herein, for the purposes of reporting to the Northern Cape Department of Education, or to your doctor in emergencies, and other parties when legally required to do so. You furthermore give permission for the school to upload and use photos/images of your child on the school website, social media platforms or other presentations, for the purposes of celebrating achievements, requesting sponsorships / donations, or publicising school events as deemed appropriate.

Please note that your child's name or other personal identifiable information will not be used on these platforms. You may at any time request in writing, the withdrawal of such footage from these platforms. The school will not sell or provide your information or photos / images to any unauthorised third parties.

- 10 - The school may require parents / guardian to withdraw or remove the child immediately from the school in the event that the school considers the learner to be disruptive or displaying inappropriate behaviour towards teachers, workers or other learners. The parent / guardian will be consulted if this is requested.
- 11 - Should the learner be withdrawn from the school due to, but limited to, unpaid school or other fees, disruptive or inappropriate behaviour, found to be suffering from any contagious disease / infection that endangers other learners, or is absent for any length of time for any reason, the monthly school fees payment commitment remains in place.
- 12 - RyVa Academy of Learning reserves the right to not enrol or re-enrol a learner in an academic year should any fees from a previous academic year be unpaid.
- 13 - RyVa Academy of Learning reserves the right to amend / update the enrolment form terms and conditions at any time.

I hereby certify that all the information recorded above and on the accompanying documents is true and correct in all respects and that I agree to abide by the understanding given in these sections:

Title and full first names		Surname	
Cell number		ID Number	
Relationship to child ?		Work telephone number	
Signature			

COMMITMENT BY PARENT / GUARDIAN AND LEARNER

- 1 - Parents undertake to explain the school rules and consequences to their children and to make sure that they understand it.
- 2 - The school will not tolerate any staff member or other learner being spoken to in an abusive or threatening manner by any parent, carer, or learner. Such behaviour may result in the termination of the learner's enrolment at the school.
- 3 - During sports, cultural and educational field trips and excursions, I authorise the school and / or its employees, agents to discipline my / our child as may be deemed advisable.

I, _____, parent / guardian of

(Full names and surname of parent / guardian)

_____,

(Full names and surname of child)

a learner at RyVa Academy of Learning, understand the rules, terms and conditions and their implications, and hereby commit to ensuring that my / our child and I / we:

- 1 - Abide by the Policies, Codes of Conduct and the Disciplinary System of the school.
- 2 - Behave in a courteous and considerate manner and respect other learners, all staff members and visitors to the school.
- 3 - Treat everyone with respect regardless of differences in culture, religion, ability, race, gender, age, sexual orientation or social class.
- 4 - Take responsibility of my child's learning by ensuring regular school attendance and by ensuring the completion of all assessments / tasks on time.
- 5 - Co-operate with the teachers and other school staff.
- 6 - Assist in making the school a safe place for everyone.
- 7 - Seek help if I / we need to.
- 8 - Let the school know if I feel my / our rights have been infringed, or if I / we experience any other difficulty.
- 9 - Notify the school of any change in my / our home and work street addresses and contact telephone numbers.**

Title and full first names		Surname	
Cell number		ID Number	
Relationship to child ?		Work telephone number	
Signature		Date	



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PLEASE NOTE THAT THIS IS A STOP ORDER FORM SIGNED BY YOUR BANK AND LOADED BY THEM.
This is not a debit order form arranged with the school for deducting from your bank account.

School Fees: R2 490 per child or R4 980 for two children, x 11 months (January to November).
All school fees are fully payable in advance BEFORE the 1st day of the month.

MONTHLY STOP ORDER PAYMENT FORM												
Please load the following client's account with this monthly stop order payment												
Parent's names & surname												
Address												
Child's / children's names & surname												
Bank name							Branch name					
Branch code												
Account number												

I authorise my bank to debit my account on the _____ day of each month from January to November with R2 490.00 per month, and to credit/pay:

School name	RyVa Academy of Learning	Bank name	Standard Bank
Branch name	Kimberley Branch	Branch number	Kimberley Branch
Account number	04 008 9924	Account type	Cheque / Current Account

This instruction is to remain in force until cancelled by me in writing and is given on the understanding that I have no claim against the Bank in the event of any of the above-mentioned payments not being paid by the due date, for any reason whatsoever.

Yours faithfully,

Account Holder's Signature

Date

Payment Reference (Name of Child)

Telephone Number

Dear RyVa Academy of Learning, our client's bank account has been loaded with this stop order payment:

BANK STAMP

PLEASE NOTE: This bank stamped stop order form must be returned to the school please.