



CASTLE BRIDGE SCHOOL

Today's learners, tomorrow's leaders

Application Form Primary School

2024

NECESSARY SUPPORTING DOCUMENTS

<input type="checkbox"/>	-Certified Copy of Birth Certificate and/ or Study permit.	
<input type="checkbox"/>	-Copy of Clinic card to ensure all vaccinations are up to date and/or have been done.	ID PHOTO
<input type="checkbox"/>	-Certified Copy of ID document if learner is 16 years and older (compulsory).	
<input type="checkbox"/>	-Certified Copy of latest school report.	
<input type="checkbox"/>	-Character reference from Principal and/or pastor/ minister in respect of applicant.	
<input type="checkbox"/>	-Certified Copy of ID document of both parents.	
<input type="checkbox"/>	-Proof of Residence (Utilities bill, bank statement, rental agreement, etc).	
<input type="checkbox"/>	-Proof of Employment (Salary Advice, Letter from employer).	
<input type="checkbox"/>	-Copy of Medical Aid card if applicable.	
<input type="checkbox"/>	-Application fee R150	

FOR OFFICE USE

<p>1. DATE: _____</p> <p>2. ACCEPTED: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. ACCEPTANCE NUMBER: _____</p> <p>4. GRADE ACCEPTED FOR: _____</p>	<p>4. REASON FOR REJECTION:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>5. DOCUMENTATION RECEIVED:</p> <p>BIRTH CERTIFICATE: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PROGRESS REPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>TRANSFER LETTER: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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LEARNER'S PERSONAL DETAILS

Grade Applied For: _____	Highest Grade Passed _____	Year When Grade was passed _____	Accession No: _____	
SURNAME _____	FULL NAMES AS ON BIRTH CERTIFICATE/ ID DOCUMENT _____			
PREFERRED NAME _____	IDENTITY NUMBER _____			
DATE OF BIRTH _____ YYYY MM DD	AGE _____	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
HOME & OTHER SPOKEN LANGUAGES	HOME _____	OTHER _____		
NUMBER OF CHILDREN IN FAMILY _____	POSITION OF CHILD IN FAMILY _____			
NATIONALITY _____	COUNTRY OF ORIGIN _____	DATE OF IMMIGRATION _____		
RACE	RESIDING WITH:			
ASIAN	AFRICAN	COLOURED	INDIAN	WHITE
RELIGION _____	<input type="checkbox"/> PARENTS <input type="checkbox"/> GUARDIAN			
DECEASED PARENTS	M	F	BOTH	

LEARNER'S MEDICAL INFORMATION

LEARNER WITH SPECIAL NEEDS?

YES	NO
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PARENT OR GUARDIAN MUST SPECIFY ANY SPECIAL EDUCATIONAL NEEDS i.e, epilepsy, use of wheelchair etc.

BLOOD TYPE

O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN
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HAS THE LEARNER RECEIVED ALL THE NECESSARY IMMUNISATIONS? IF NO PLEASE STATE REASON.

YES	NO
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REASON

HAS THE LEARNER EVER SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X.

<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	ENTERIC FEVER	<input type="checkbox"/>	MEASLES	<input type="checkbox"/>	SCARLET FEVER
<input type="checkbox"/>	CHICKEN POX	<input type="checkbox"/>	GERMAN MEASLES	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	TICKBITE FEVER
<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	HEPATITIS	<input type="checkbox"/>	POLIO	<input type="checkbox"/>	TYPHOID FEVER
<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	MALARIA	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	WHOOPING COUGH

ALLERGIES?

YES	NO
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SPECIAL PROBLEMS REQUIRING COUNSELLING

DEXTERITY OF LEARNER

RIGHT HANDED

LEFT HANDED

AMBIDEXTROUS

MEDICAL AID NUMBER

MEDICAL AID NAME

MEDICAL AID MAIN MEMBER

NAME

DOCTOR'S TELEPHONE NUMBER

DOCTOR'S ADDRESS

MEDICAL CONDITIONS KNOWN TO DR.

PARENTS/GUARDIAN INFORMATION (TO BE COMPLETED BY BOTH PARENTS OF LEARNER)

PREVIOUS SCHOOL INFORMATION

NAME OF PREVIOUS SCHOOL _____

PREVIOUS SCHOOL ADDRESS _____

CODE _____ PROVINCE _____ COUNTRY _____

CONTACT DETAILS _____

FATHER/ STEPFATHER/ LEGAL GUARDIAN

TITLE _____ INITIALS _____ SURNAME _____ FIRST NAMES _____

MARITAL STATUS

MARRIED	DIVORCED	WIDOWED	SINGLE
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HOME LANGUAGE

ENGLISH	XHOSA	ZULU	SOTHO	TSWANA	VENDA	AFRIKAANS	TSONGA	SWATI	NDEBELE	PEDI	OTHER
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RACE

ASIAN	AFRICAN	COLOURED	INDIAN	WHITE	OTHER
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ID. NUMBER

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STREET ADDRESS

CITY / SUBURB

CODE

OCCUPATION

EMPLOYER

ACCOUNT PAYER

YES	NO
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SALARY DATE

CELL NUMBER

DETAILS OF ACCOUNT HOLDER

SURNAME	FULL NAMES AS IN ID DOCUMENT								
DESIGNATION	MR	MRS	MS	MISS	DR	REV	PROF	OTHER	
IDENTITY NUMBER									
RELATIONSHIP	MARITAL STATUS								
OCCUPATION	EMPLOYER								
RESIDENTIAL ADDRESS	WORK ADDRESS	POSTAL ADDRESS							
CODE	CODE	CODE							
TEL HOME CODE	TEL WORK CODE	CELL							
EMAIL ADDRESS									
PARENTAL STATUS	LEARNER LIVING WITH PARENTS	LEARNER'S LEGAL GUARDIAN	ACCESS RIGHT TO LEARNER	ACCESS RIGHTS IN EMERGENCY					
DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL									
1. NAME	GR	2. NAME	GR						
3. NAME	GR	4. NAME	GR						
PAYMENT OPTION	PLEASE NOTE: PAYMENTS ARE DUE 5th OF EVERY MONTH.	INTEREST ON UNPAID FEES BEGIN ON THE 6th OF THE MONTH.	MONTHLY STOP ORDER	ANNUALLY IN ADVANCE BY ELECTRONIC FUNDS TRANSFER OR CASH DEPOSIT AT THE BANK					

DECLARATION OF ACCOUNT HOLDER

We, the undersigned, _____, hereby certify that the information given by the Account Holder in this Application for Admission is complete and accurate.

We accept joint and several liability to Castle Bridge School for the due and punctual payment of the once-off, non-refundable enrolment fee, school fees and any other amounts which may become due and payable to the School or in respect of participation in or attendance of any extracurricular activity.

We accept the Financial Terms and Conditions of which a copy has been kept.

SIGNATURE OF ACCOUNT HOLDER		DATE	
SIGNATURE OF 2nd PARENT/ A PARENT/ LEGAL GUARDIAN		DATE	
SIGNATURE OF AN AUTHORISED SCHOOL REPRESENTATIVE		DATE	

FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

- 1.1. The person responsible for the Account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) here with assumes liability for the account, alternatively binds him/herself as co-debtor and surety for payment of all fees to school.
- 1.2. The legal guardian, as described in the Application, binds him/herself as surety and co-debtor for the payment of all fees by the Account Holder or any other payments that may arise from this Agreement.

2. TERMS OF PAYMENT

- 2.1. Fees are determined at the beginning of the year and Parents are informed in writing of all amounts due and monthly payments are made in accordance with the applicable fee structure of the School.
- 2.2. The Account Holder shall immediately inform the School if he/she has not received an invoice at the start of the academic year.
- 2.3. Fees are payable monthly in advance by means of EFT or bank deposit on or before the 7th day of each month. Application and registration fees are non-refundable.
- 2.4. The School reserves the right to charge interest of 20% on all accounts that are in arrears by 30 days or longer.
- 2.5. **The School reserves the right to not re-admit any learner whose account was not properly managed.**
- 2.6. **In case of medical emergency, parents give consent to the school to take the child to the nearest hospital or doctor.**
- 2.7. **Fees for Grade R to 6 will be paid in a 11 month period. Fees for the 12 month will be divided through the 11 months.**

3. BREACH OF CONTRACT

In the event where the undersigned surety, Account Holder or Legal Guardian commits a breach of contract in respect of any of the terms of this Agreement, the School may in its sole discretion:

- 3.1. Refuse the learner entry to the school's premises until the account has been settled; or
- 3.2. Claim damages from the Account Holder and/ or the surety and legal guardian; or
- 3.3. Take whatever legal steps that may be necessary.

4. GENERAL

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill or exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given. Should your child be accepted to the School a further agreement will need to be signed that more fully set out the school rules, terms and conditions, code of conduct, financial terms, conditions of admission and school policies among others.

5. JURISDICTION

This Agreement is subject to South African Law

6. CREDIT INFORMATION

The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

7. DOMICILIUM

The parties choose as their domicilia citandi at executandi the addresses set out in the Application.

8. LEGAL FEES

In the event where the school takes legal action against the Account Holder, he/ she will be liable for all fees on an attorney client scale, collection costs and commission, interest and tracking fees.

9. CANCELLATION

- 9.1. The Account Holder undertakes to give 30 calendar days written notice of termination of the enrolment of a learner, failing which the liability will be incurred for the full amount of the following term's fees.
- 9.2. The School shall be entitled to terminate the enrolment of any learner under the following circumstances:
Summarily, and with immediate effect, if the learner is guilty of an offence which, in the sole opinion of the School, renders his/ her continued enrolment at the School impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the school, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such learner.
- 9.3. In the event of emigration, the School requires 1 full term's written notice in advance.

SIGNATURE OF ACCOUNT HOLDER

DATE

GENERAL INDEMNITY

1. The School and the CBS Board of Directors undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all learners, educators and visitors to the School.
2. Due to the nature of the matter, the School and CBS Board of Directors do not accept any responsibility for accidents that may take place in the class, on the class terrain or on the sports fields.
3. Each parent is therefore requested to complete this form as proof that you accept the position of the School and the CBS Board of Directors as set out above as well as the risks involved therewith.
4. I, _____, being the parent/ legal guardian of _____, who is enrolled as such and accepted by the School, subject to the terms set out herein, indemnify the school and the CBS Board of Directors for any losses or damages in general, however may occur, that I as parent/ legal guardian of the above learner may suffer as a result of any occurrence whereby the learner may be involved, whether as the causing or suffering party, whilst participating in any school activity, except if such loss or damage arises as a consequence of the gross negligence or willful misconduct of the School or the CBS Board of Directors or any person acting for or controlled by the School or the CBS Board of Directors.
5. In particular, I authorise that the aforesaid learner may be involved in all excursions undertaken by his/ her group or class during school days as as part of his/ her learning experience and, where applicable, I agree that he/ she may utilise the transport arranged by the School for such excursions. I also indemnify the School and the CBS Board of Directors for any damages or losses that I as parent/ legal guardian of the above learner may suffer under such circumstances and voluntarily accepts the risks associated therewith, except if such loss or damage arises as a consequence of the gross negligence or willful misconduct of the School or the CBS Board of Directors or any person acting for or controlled by the School or the CBS Board of Directors.

PERMISSION TO USE PHOTOGRAPHS

I understand and acknowledge that, from time to time, photographs are taken of the School's learners, and that, insofar as these photographs are placed in the possession or control of the School, these photographs might be used by the School in the electronic and/ or printed media, including, but not limited to, the School website, social media, newspaper advertisements and articles, magazine advertisements and articles, brochures, flyers, posters, billboards, banners, flippers and signage on buildings and vehicles. The School will at all times, insofar as the use and publication of photographs are placed in the control of the School, ensure that these photographs portray excellence and are used in good taste.

SURVEY - MARKETING

Where did you here about us?

Billboard
 Presentation
 Friend

Newspaper
 Brochure
 Web

Magazine
 Flyer

How satisfied were you with the service received pre-enrolment?

Very satisfied Satisfied Unsatisfied Very unsatisfied

Was the information received pre-enrolment:

Relevant Informative Sufficient

CONSENT FOR CREDIT CHECK

As part of the application for learner admission process, the School is required to obtain credit reports or other related information on the Account Holder as may be deemed necessary. The purpose of the credit report is to assess the Account Holder’s financial means and ability to satisfy the financial obligations as set out in the Learner Admission Contract.

You are thus required to complete the section below and return to the School’s financial department with your completed application form.

Yours faithfully,

R.G. Daniels
Principal



I/We the undersigned hereby authorise Castle Bridge School and/ or any of it’s associates to conduct credit inquiries and/ or obtain credit reports in respect of my/ our credit profile as may be necessary with the credit bureau of it’s choice.

Full Name/s: _____

ID No/s: _____

Signature/s: _____

Date: _____

FEES FOR 2024

It is the responsibility of the parent(s) or gaurdian(s) to ensure that Proof of payment is sent to the class teacher or email to: finance@castlebridgeschool.co.za

Application Fee	R150 till 30 October 2023
Reg Fee	R500 Per new learner
Late application	R200 from 31 October 2023

Structure of school fees per category for 2023:

Category - A: Grade R SCHOOL FEES	MONTHLY - FROM JANUARY - NOVEMBER 2024 1,650.00
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Category - B: Grade 1 - Grade 3 SCHOOL FEES	MONTHLY - FROM JANUARY - NOVEMBER 2024 1,950.00
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Category - C: Grade 4 - Grade 6 SCHOOL FEES	MONTHLY - FROM JANUARY - NOVEMBER 2024 1,950.00
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Account	-Castle Bridge School
Name of Bank	-Standard Bank
Account number	-041979516
Branch	-055534
Reference	-Initial, Surname & Grade