

*All applications must be accompanied with the following documents*

|   |
|---|
| Learner's surname:                                      |
| Full names:   |
| First Name:   |
| Cellphone number:                                       |
| Boy:  |
| Girl:   |
| Date of birth:  |
| Home language:  |
| Race:   |
| Other Languages that learner knows:                     |
| ID number:  |
| Immigrant: YES / NO / CITIZENSHIP:                      |
| Previous school:  |
| Grade applying for:                                     |
| Names of learners who are/were in 3D Christian Academy: |
| Name:   |
| Grade:  |
| Name:   |
| Grade:  |

| Office use  |  |
|---|--|
| Completed application form  |  |
| Letter of good standing previous school                               |  |
| Copy of latest progress report  |  |
| Transfer letter (if applicable)                                       |  |
| Copy ID / birth certificate   |  |
| Proof of residence  |  |
| Copy of ID of liable parent   |  |
| Register class  |  |
| Student application approved / not approved - reason if not approved: |  |
| Signature:  |  |
| Admin number:   |  |
| Account number:   |  |

Where did you hear about 3D Christian Academy?

\_\_\_\_\_

\_\_\_\_\_

**BIOLOGICAL FATHER'S INFORMATION:**

|                       |
|-----------------------|
| Surname and initials: |
| First Name:           |
| ID no.:               |
| Occupation:           |
| Employer:             |
| Tel. Work             |
| Tel. Home:            |
| Cellphone number:     |
| Email:                |

**BIOLOGICAL MOTHER'S INFORMATION:**

|                       |
|-----------------------|
| Surname and initials: |
| First Name:           |
| ID no.:               |
| Occupation:           |
| Employer:             |
| Tel. Work:            |
| Tel. Home:            |
| Cellphone number:     |
| Email:                |

**I agree that if any contact details change I will notify 3D within 7 days of such change. I further agree that any correspondence sent to the above details is correct.**

**FAMILY STATUS: (Choose where applicable)**

|                            |
|----------------------------|
| Married, both parents      |
| Widowed                    |
| Divorced, stay with father |
| Stepfather                 |
| Widowed                    |

|                            |
|----------------------------|
| Divorced, stay with mother |
| Stepmother                 |
| Guardians                  |
| Stay with father           |
| Stay with mother           |

**HOME ADDRESS: (THIS ADDRESS serves as CHOSED DOMICILIUM AND EXECUTANDI)**

|   |       |
|---|-------|
| Home / Apartment / Complex name and number: |       |
| Street name and number:                     |       |
| Suburb:                                     |       |
| Town / City:                                | Code: |

**MAIL ADDRESS: (Person responsible for account) In case my home address change it is my responsibility to notify 3D within 7 days.**

|          |
|----------|
| Name:    |
| Address: |
| Code:    |
| Email:   |

**PAYMENT OF SCHOOL FEES:**

|  |  |
|--|--|
| Once-off (7% discount if payment made before 15 January) |  |
| Monthly  |  |

**CONTACT PERSONS (In case of emergency):**

|                 |                 |
|-----------------|-----------------|
| Name:           | Name:           |
| Relationship:   | Relationship:   |
| Contact number: | Contact number: |

**MEDICAL INFORMATION**

|                           |                     |
|---------------------------|---------------------|
| Doctor:                   | Main member:        |
| Dr. Contact number:       | Medical Aid number: |
| Medical aid:              | Dependant number:   |
| Medical aid plan:         |                     |
| Special needs of learner: |                     |

**SUBJECTS**

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

**CONSENT FORM FOR PARTICIPATION IN SCHOOL ACTIVITIES**

- I, (full name & surname), \_\_\_\_\_ the parent/guardian of (learner's full name & surname) \_\_\_\_\_ hereby authorizes him/her to participate in sports, cultural activities, educational activities tours and may take part in excursions.
- I accept that all reasonable precautions will be taken for the safety and well-being of my child and that I will not held personnel responsible for injuries, theft and any unforeseen events.
- I transfer my powers as parent / guardian to the head of the school or its representative if medical treatment / surgical intervention for my child may be needed. As far as I know, he / she is physically able to participate in the above activities and he / she is in good health.
- However, please take note of the following into account if any: (eg allergies, abnormal bleeding, epilepsy etc.):

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

\_\_\_\_\_  
Signature of parent / guardian 1

EMIS: 700401012

\_\_\_\_\_  
Signature of parent / guardian 2

Pty Reg: 2012/051169/07

**School fees - 2027**

|   |  |  |
|---|--|--|
| School fees must be paid into the following Bank Account:<br><b>Account name: 3D Christian Academy</b><br><b>Bank: Nedbank – Branch code: 112 805</b><br><b>Account number: 123 394 0686 (Chq Account)</b>  | Annual administration fee (non refundable) | 11 Months                              |
| 8 & 9 (Total R56 700)   | R4 725                                     | R4 725                                 |
| 10 – 12 (Total R63 000)   | R5 250                                     | R5 250                                 |
| Uniform : Compulsory<br>To be ordered at school by Hannes Visser - <a href="mailto:hannes@3dacademy.co.za">hannes@3dacademy.co.za</a> Cellphone: 071 677 3385<br>Payments regarding the school uniform to be made to the following account:<br>Account name: NJ Visser<br>Bank: Capitec<br>Account number: 187 2760 862 (Branch Code – 470010)<br>Reference: Learner name and surname |  |  |
| Examination Board- <b>Terms &amp; Conditions apply. Please note that prices may change without notice.</b><br>Grade 8 – 9 Once off amount of R500.00 (3D Exam)<br>Grade 10 – 11 Once off amount of R1 500.00<br>Grade 12 – R11 000.00 (Sacai Examination Board) to be paid over period of 6 months <b>(50% must already be paid @15 April to ensure registration)</b>                 |  |  |
| Locker<br>Small<br>Large  |  | R250 p year<br>R500 p year             |
| Concession Learners – <i>New applications for concession has a once off fee of R1000.00</i><br><b>Gr.10-Gr.12 learners that needs a reader or scriber or both are responsible for their own Amanuensis at own costs.</b>  |  |  |
| Textbooks: Not included. List available at office.  |  |  |
| CAT (Computer Application Technology)<br>Programmes: Word MS, Excell, Access, HTML  |  | Learners must bring their own laptops. |
| Consumers studies – PAT – <i>Please note that the consumer studies do avail of extra costs during practical's.</i> (Gr.10 – Gr.12)  |  | As per Assessor                        |

**Fine regarding late payments (after the 3<sup>rd</sup> monthly) R250 / month**

I herewith acknowledge receipt of the contents of this letter.

Person responsible for account:

\_\_\_\_\_  
Signature Parent/guardian

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**REGULATIONS REGARDING PAYMENT OF SCHOOL FEES – Please note we are a private institution and therefore do not receive any subsidy.**

Please complete the following and mark the appropriate answer with a “√”.

1. Did the principal / school inform you about the amount that is payable annually for school fees?  
Yes\_\_\_\_ / No \_\_\_\_
2. Has the principal / school informed you that you are responsible for the payment of school fees?  
Yes\_\_\_\_ / No \_\_\_\_

I hereby acknowledge that I have read the contract contents, and I understand it and it was explained to me. I hereby confirm that I can afford the school fees.

I accept liability for payment of all legal costs incurred by the school as on the scale of attorney and client as well as the payment of collection commission as charged by the school's legal representative. I also hereby agree that if this happens, an amount equal to the monthly instalment of my salary or wages that I receive from my employer may be recovered. I/We grant permission to access any information (including a credit bureau check) in order to assess my/our application and further grant permission to give the credit bureau details relating to the payment of my/our account.

It is expressly agreed that the school shall be entitled to apply any payment made to such debits or outstanding fees as determined solely by the school's discretion.

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

\_\_\_\_\_  
Signature of parent / guardian 1

\_\_\_\_\_  
Signature of parent / guardian 2

**PERSON RESPONSIBLE FOR SCHOOL ACCOUNT PAYMENT**

I/We the undersigned, agree that the enrolment of the learner whose name appears on the application shall be on the following terms and conditions at 3D Christian Academy:

1. I/We hereby agree that the Academy will refer to 3D Christian Academy (Pty) Ltd, Registration number: 2012/051169/07

2. Application: I/We hereby apply to have the learner whose name appears on the application enrolled as a learner at the Academy and confirm that he/she complies with the basic criteria, and that all information provided in the application form is true and correct.

3. Authority: I/We hereby certify that I/we have legal custody and/or guardianship in respect of the learner, and that I/we are duly authorized to complete and sign this agreement and to agree and to give effect to the undertaking herein.

4. Academy Rules: I/We undertake to adhere to the Academy rules and disciplinary code and to amendments made to the rules from time to time. A copy of the Academy rules and disciplinary code, and by signature hereof I/We confirm that I/We have read, understand and agree to the Academy rules and disciplinary code.

5. Academy Care: I/We understand and confirm that the principal or any person duly authorized by the principal will act in loco parentis in any matter and at any time which I/we have entrusted the learner (our child) to the care of the Academy.

6. Indemnity: I/We declare that the Academy, its principal, teachers, employees, staff, agents, contractors and members shall not be liable to any loss injury or damage howsoever arising which may be suffered by me/us or the learner or my/our or the learner's property or possessions whether arising directly or indirectly in contract and/or delict which is in any way connected to the learner being on die Academy premises or making use of its facilities or taking part or attending any Academy classes or activity of whatsoever nature including, but not limited to, when under Academy control during any Academy excursions, sporting event, tour, activity or outing or en route thereto or there from, including where transport has been organized by the Academy or provided by any other parent of a child enrolled at the Academy.

7. Indemnity: I/We hereby undertake to reimburse the Academy for any damage to Academy property that may be caused negligently or intentionally by the learner, which amount will be payable on demand.

8. Indemnity: I/We hereby indemnify the Academy, its principal, teachers, employees, staff, agents, contractors and members and will pay on demand all claims, damages, awards, interest charges, expenses, tracing costs, collections fee and judgment, cost (including attorney and own client cost), howsoever arising which are in any way connected with the enforcing its/their rights, as set out in this agreement.

9. Notice Period: I/We undertake to give 20 business days written notice of my/our intention to remove the learner from the Academy and to return any books and/or equipment belonging to the Academy which the learner may have in his/her possession. Academy's books and/or equipment are to be handed in with the written notice. (Note that cancellations after July – full years payments will still be due)

10. Attendance: I/We undertake that the learner will attend the Academy regularly and will only be absent for medical reasons.

11. Re-Application: I/We undertake to at the request of the Academy to re-apply and complete and sign a new application form, payment plan and school fee agreement at the end of the enrolment period before any new enrolment. Page 4 of 7.

12. Payment of Academy fees:

- a. I/We, jointly and severally, agree and undertake to pay Academy fees in accordance with the Payment Plan accepted by the Academy attached hereto.
- b. If payment is made by way of monthly instalments all payments must be made by or before the 1st business day of each month.
- c. I/We understand and agree that in the event that I/we default in effecting payment of the learner's Academy fees in full on or before the due date, the full balance of the Academy fees will immediately become due and payable and the Academy may without any notice institute legal action against me/ourselves, jointly and severally, in which event I/we agree to pay all legal costs resulting from such legal action on the attorney and client scale, including tracing charges and expenses which have already been incurred or which may be incurred in future to trace the residential address and/or place of employment of myself/ourselves.
- d. I/We agree and undertake to remove the learner forthwith from the Academy, upon written request from the Academy in the event of any Academy fees being overdue, which removal will not absolve me from payment of any fees owing.
- e. I/We hereby undertake and bind myself to pay in respect of any amount not paid by the due date a Penalty of R250 will be added to my account.
- f. In the event of default, I/we agree and consent to an immediate emolument attachment order being granted against myself/ourselves, jointly and severally, in respect of any fees payable to the Academy by myself/ourselves in terms hereof.
- g. I/We consent to the jurisdiction of the Magistrate Court.
- g. I/We hereby states that after payment of the Academy fees referred to, I/We will have sufficient money and means at my/our disposal to maintain myself/ourselves.

|            |            |
|------------|------------|
| Parent 1   | Parent 2   |
| Name:      | Name:      |
| Signature: | Signature: |

Person responsible for payments

Full Name:

ID Number:

Physical Address:

Email Address:

Contact Number:

Land Line number:

Agree to pay 3D Christian Academy the sum applicable to one of the following tuition fee payment schemes for my child enrolled at the Academy. I understand that the fee shown does not include additional lessons, Computer class and usage, uniform and outings.

Signature:

## CONSENT AND DISCLAIMER FORM

I \_\_\_\_\_ parent / guardian of

\_\_\_\_\_ give herewith permission that he / she may participating in any fundraising project, business activity or any other school activity in terms of the South African Schools Act approved by the board or principal, either on or off the school grounds.

I realize that my child is participating in the activities at his/her own risk. I further give permission for the staff of the school, or a person designated by the school, to transport my child to and from the activities away from the school grounds.

I further consent to the educators of the school, or a person designated by the school, to transport my child to and from the school grounds for the purpose of school activities taking place away from the school grounds.

In cases where an educator transports a learner voluntarily and in an unofficial capacity, it becomes an arrangement between the parents and the educator, and the school accepts no responsibility for any risks.

I know that my child will be under the supervision of the staff of the school, or a person designated by the school, which person or persons will act with the necessary care to ensure the safety of my child. I further realize that the staff of the school or persons designated by the school, the governing body and the school itself cannot be held liable for the loss of any personal belongings or any other loss or damage that may be incurred or suffered. Therefore, I hereby waive any claim whatsoever against the school that may result from any damage or loss due to participation in the above activities.

**I also give permission to 3D Christian Academy when working together with the SAPS, my child may be searched for any illegal items eg. Cigarettes, vapes, drugs, alcohol/liquor or weapons.**

As a parent / guardian, I hereby give permission to the responsible staff of the school, or a person appointed by the school, to obtain urgent medical assistance for my child should it become necessary during his / her involvement in activities, to which this indemnity relates. As far as I know, my child is in good health. However, the responsible person / persons are requested to note the following:

(Name any deficiency, health risk, weakness or disorder in which your child suffers and / or any special activities in which your child may not participate. Also state medicine or allergies)

\_\_\_\_\_  
\_\_\_\_\_

Name of medical aid: \_\_\_\_\_

Medical aid number: \_\_\_\_\_

Main Member; \_\_\_\_\_

Contact number where parents can be contacted: \_\_\_\_\_

Alternative contact number: \_\_\_\_\_

I take note of the following:

- That if I want to revoke this agreement, I can do so at any stage by sending a letter to the principal in writing.

A **Protection of Personal Information Act** has been introduced to protect your personal information. For that reason, the Board of 3D Christian Academy requests that we may share your information with the Grade and Class Representatives when communicating.

Photos from our classes and class projects will also be taken from time to time for posting on social media (Facebook) which will serve as a marketing opportunity.

I give permission that class photos and class projects on social media may only be posted under 3D Academy's page. Yes \_\_\_\_ / No \_\_\_\_

To promote the protection of personal information processed by public and private bodies, to introduce certain conditions so as to establish minimum requirements for the processing of personal information, to provide for the establishment of an Information Regulator to exercise certain powers and to perform certain duties and functions in terms of this Act and the Promotion of Access to Information Act 2000, to provide for the issuing of codes of conduct, to provide for the rights of persons regarding unsolicited electronic communications and automated decision making, to regulate the flow of personal information across the borders of the Republic, and to provide for matters connected therewith.

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

\_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
**Signature of parent / guardian**

### **INDEMNITY BY PARENT / GUARDIAN**

I, the undersigned, hereby apply to 3D Christian Academy of my child / children for the next academic year. I undertake and unconditionally agree to the payment of the school fees.

I hereby confirm and understand the following terms and conditions of registration:

1. I am the parent and / or legal guardian of the learner (s) and am duly authorized to complete these documents and will be committed to this.
2. In terms of the SA Schools Act, both biological parents are jointly and severally liable for the payment of the school fees regardless of their marital status.
3. In the event of non-payment, the school reserves the right to act against both biological parents notwithstanding any divorce agreement, maintenance order or any other agreement that may exist between the parents concerned.
4. School fees are payable on or before the 3rd of each month and are strictly payable in advance.
5. If parents are in arrears with the payment of school fees, the school reserves the right to institute legal action for the recovery of the amount due.
6. If legal action is instituted for the recovery of arrears of school fees, consent is hereby given to the levying of attorney and own client fees as well as the relevant collection commission.
7. The school reserves the right to make an entry of non-payment against the credit record of the parents concerned, which will fall at the school's discretion.
8. If there is any query and / or dispute on your account, please notify the finance office (accounts @ 3dacademy) immediately and by writing / email.
9. The undersigned hereby selects as his domicilium citandi et executandi address the address as entered herein. Any change of address must be notified to the finance office in writing within 7 working days.
10. I understand that the school has the right to confirm any information as provided. In the case of falsely provided information, the school reserves the right to file criminal charges and which will be dealt with in the discretion of the school.
11. That I, by virtue of my commitment to 3D Christian Academy, will ensure that my child adheres to the rules set by the principal and board.
12. I will abide by any disciplinary action by the principal and board that may result from the repeated violation of these rules.

Signed to \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
**Signature of parent/ guardian 1**

\_\_\_\_\_  
**Signature of parent / guardian 2**

\_\_\_\_\_  
**Signature of learner**