

## NEWARK INDEPENDENT SCHOOL APPLICATION FORM



**APPLICATION FOR ADMISSION**  
**NEWARK INDEPENDENT SCHOOL**  
 DR.BELCHER AND LOVEDALE ROAD  
 BATHO Location  
 BLOEMFONTEIN 9300,  
 FREE STATE South Africa

Telephone: 051 023 0202  
 Cell: 073 419 9464 Email:  
 newarkschool52@gmail.com

**Note:** this form must be completed in full. All changes to be initialed or signed by parent/guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied for		Highest grade Passed		Year when Grade was passed		Accession No	
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### LEARNER DETAILS

Surname:		Gender	Male		Female																					
First Name:	DOB/Identification Number/Passport Number																									
Other Name:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									
Previous School attended	Date of Birth																									
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### CHILD'S Home Address

Physical Address							
Street Number		City					
Suburbs		Province					

### Child's medical condition Identified if any : YES/NO (If Yes, please give narration )

Allergies															
Chronical diseases															
Physical disability															
Others/Specify															
Child Dexterity	Left-Handed		Right-Handed		Ambidextrous										

### CHILD MEDICAL AID INFORMATION (if Applicable)

Name of principal/Main Member																																					
I.D of principal/ Main Member:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																				
Medical Aid Number	Medical Aid Name:																																				
	Doctors' Name:																																				
Doctors' Address																																					
Doctors' Contact																																					

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### PARENT /GUARDIAN DETAILS (MOTHER)

Surname	<b>Gender</b>	<b>Male</b>		<b>Female</b>	
First Name	Identification Number/Passport Number				
Other Name					
Relationship with the Child	Contact Details				
	Mobile Number				
	Work Contact				
Alternative Contact	Email				

### PARENT /GUARDIAN DETAILS (FATHER)

Surname	<b>Gender</b>	<b>Male</b>		<b>Female</b>	
First Name	Identification Number/Passport Number				
Other Name					
Relationship with the Child	Contact Details				
	Mobile Number				
Alternative Contact	Email				

### OTHER PERSON AUTHORIZED TO PICK UP THE CHILD (1)

Surname	<b>Gender</b>	<b>Male</b>		<b>Female</b>	
First Name	Identification Number/Passport Number				
Other Name					
Relationship with the Child	Contact Details				
	Mobile Number				
Alternative Contact	Email				

### FEES STRUCTURE

1	Annual Fees	R10 800
2	Monthly Installment <span style="background-color: yellow;">Pre-paid Basis/on the 1<sup>st</sup> of every Month or Before the 7<sup>th</sup> of Every Month</span>	R900
3	After School Care Service	R350
<b>Registration Fee</b>		<b>R700</b>

### OPERATING TIME

1	Classes Start	<b>07:30</b>	Classes Ends	<b>14:00</b>
2	After School Care Service Start	<b>14:00</b>	After School Care Service Ends	<b>17:15</b>

### BANKING DETAILS

Bank Name	First National Bank	Account Number	63088475067
Account Name	Newark School	Branch Code	230534

- a) All fees are paid in advance at the start of every month. (Fees are pre-paid)*
- b) All fees are Payable in the Bank account, no cash is accepted at the business premises.*
- c) Use learners' Surname and grade as reference for any payment made.*

## NEWARK INDEPENDENT SCHOOL APPLICATION FORM

### Thus, done and signed by the parent(s)

At \_\_\_\_\_ On This Day \_\_\_\_\_ Of \_\_\_\_\_ 202 \_\_\_\_

Name and Surname \_\_\_\_\_

Signature \_\_\_\_\_

Father, Mother/ Legal Guardian

### In the presence of the undersigned witness

At \_\_\_\_\_ On This Day \_\_\_\_\_ Of \_\_\_\_\_ 202 \_\_\_\_

Name and Surname \_\_\_\_\_

Signature \_\_\_\_\_ Witness Institutional Official

### Agreement between a service provider (Newark School) and the Parent/Legal Guardian

This Agreement Shall only be for the following Child (ren) named bellow

1) Childs Name (First and Surname) \_\_\_\_\_

Date of Birth \_\_\_\_\_ herein after known as the "Child (ren)"

2) The term of this agreement shall commence on (date) \_\_\_\_\_ and end on \_\_\_\_\_ (for a period of 1 academic year)

3) The service Provider shall provide their service to the Child (ren) in accordance with the Department of Basic Education set standards and curriculum.

4) Under this agreement, the Parent/guardian shall pay the service provider an annual amount of R\_\_\_\_\_ or a Monthly installment of R\_\_\_\_\_ Payable in advance on the 1<sup>st</sup> of every month or before the 7<sup>th</sup> of every month.

PRICING PACKAGE		(Tick applicable package)	
1	Annual Fees	R10 800	
2	Monthly Installment	R900	
3	After School Care Service	R350	
<b>Registration Fee ( Once off)</b>		<b>R700</b>	

## NEWARK INDEPENDENT SCHOOL APPLICATION FORM

**4.1 )** Interest of 15% per annum shall be charged on any amount in arrears.

**5) Late pickup.** If a parent(s)/Guardian is going to be late, to picking up their child (ren), every effort must be made to contact the service Provider. A **late pickup fee of R50** shall be administered, if the parent is more than **15 minutes late**.

**5.1) Overtime Care.** This service will be provided on request of any parent, whose time schedule differs from that of the service provider and a fee of R300 will be payable per month.

**6) Holidays.** The Parties acknowledge and agree that the service Provider will remain closed on all public holidays, or any special holidays declared by the State. The service Provider will also have a short school holiday of 10 working days. (Check all that apply with the service provider year Plan)

**7) Child (ren) absent from School.** If any Child (ren) is/are absent from school (days or months for family holiday or trip) for whatever reason, no fee amount will be Reduced from the monthly payment/annual fee. Fees shall be payable in full as stipulated in the contract service agreement.

Thus, done and signed by the parent(s) Father, Mother/ Legal Guardian	In the presence of the undersigned witness. Institutional Official
<b>Name and Surname:</b>	<b>Name and Surname:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>

### REQUIREMENTS

Please attach the following

- 1 Copy of parents' /Guardians' Identification Document
- 2 Proof of address
- 3 Copy of Childs' Birth Certificate
- 4 Transfer letter from the previous School
- 5 Report from the previous School