



ENROLMENT FORM

School: (Please delete that, which is not applicable)
Pre School Grade R, Grade 1,2,3,4,5,6,7

Full Name of Pupil

[Empty box for Full Name of Pupil]

Starting Date

Y Y Y Y M M D D

Date of Birth

[Empty boxes for Date of Birth]

Age at Starting date.

[Empty box for Age at Starting date]

(Please delete that, which is not applicable)

BOY / GIRL

ATTENDANCE: (Please Tick of which is applicable)

Full Day/Half Day

Acc name :Cornerstone
Bank: FNB(First National)
Reference: Child's name, surname & grade
Account Number
62624260098 Branch: 250655

Please read all the included documents initial each page and sign the Final Agreement Form.

Initials of signatories

CORNERSTONE ACADEMY

Final Agreement Form & General Information

I / We the parent(s) / Legal Guardian(s) of

Pupil's Full Name

Hereby confirm the admission of the pupil named above to

School: CORNERSTONE ACADEMY

(Please delete that, which is not applicable)

I / We hereby confirm that the information supplied by us in the agreement is complete and accurate.

I / We have read, understood and agree to all the rules and conditions as contained in this booklet including; Conditions of Admission, Indemnity Declaration

This agreement shall take effect immediately upon signature hereof and shall commence for the duration of the enrolment of the child at Cornerstone Christian Academy until notice is given.

Signatories – Parents/Guardians

1. Relationship to Pupil

Full Name

ID / Passport No'

Nationality

Date of Birth

Y	Y	Y	Y	M	M	D	D
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Signature _____

Address (the address to which legal documentation will be sent)

Tel:
Cell:
Work:
Email:

2. Relationship to Pupil

Full Name

ID / Passport No'

Nationality

Date of Birth

Y	Y	Y	Y	M	M	D	D
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Signature _____

Address (the address to which legal documentation will be sent)

Tel:
Cell:
Work:
Email:

CORNERSTONE ACADEMY

Conditions of Admission

The Parties referred to in these **CONDITIONS OF ADMISSION** refer to the **Signatories**, either one or both parent(s)/guardian(s), and the **Pupil** to be enrolled as on the **FINAL AGREEMENT FORM**, and **Cornerstone Christian Academy**.

1. General Terms and conditions

- 1.1 The signatories accept that if the Pupil is sick or travelling, School fees are still payable.
- 1.2 The Signatories agree that two full calendar months' notice must be given in writing and verbally before the child leaves Cornerstone Christian Academy, November & December may not be used as notice months. This does not apply to those who are graduating at the end of the academic year in Grade 0 (R) at Cornerstone Christian Academy
- 1.3 The signatories accept that personal possessions of the Pupil are not covered in any risk insurance by Cornerstone Christian Academy and that the signatories are responsible for supplying adequate cover.
- 1.4 The domicile citadel et executant (*the address to which legal documentation will be sent*) of the signatories shall be as contained in the final Agreement Form
- 1.5 The domicile citadel et executant Address (*the address to which legal documentation will be sent*) of Cornerstone Christian Academy:
Sun Village
Sun City
0316
- 1.6 The signatories Indemnify and hold blameless Cornerstone Christian Academy and its staff against any loss, damage or injury which may be sustained by the pupil from whatever cause excluding gross negligence, whether on Cornerstone Christian Academy property or end route thereto or there from, or in course of any extra mural activity or organised outing in which the pupil may participate.
- 1.7 The Signatories agree that any change in information supplied in this agreement including but not limited to the signatories' marital status, residential status or employment status does not invalidate the agreement made herein, and any such change will be reported in writing.
- 1.8 All notice fees must be settled in full before leaving Cornerstone Christian Academy

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Initials of signatories

2.

3. Payment of Fees

- 3.1 On Acceptance of my child to Cornerstone Christian Academy, I accept that a non-refundable payment of R500 (registration fee) must be paid in order to secure a place at the School
- 3.2 The Signatories agree, Fees are strictly payable in advance by the 1st of each month. Any late payment (later than the 3rd of the month) will incur a late payment penalty administration fee of 50.00 per month. Should Fees not be paid by the 10th of the month, attendance will have suspended, until my account is up to date and a late payment penalty administration fee of R300.00 per month. The suspension period is still payable as per normal school fees and is in no way expulsion of my child. I would therefore still require giving notice, should I decide to withdraw my child.
- 3.3 The Signatories agree that they shall be liable to pay school fees, as prescribed in the schedule of fees, from time to time and any special levies imposed.
- 3.4 The Signatories accept joint and several liabilities to Cornerstone Christian Academy for the punctual payment of all fees, subscriptions, levies and other amounts that become due and payable to Cornerstone Christian Academy, or in respect or participation in, or attendance at school related activities regardless of any bursary or sponsorship in favour of the pupil.
- 3.5 If arrangements have been made for the payment of school fees by way of instalments. Each instalment shall be paid on the first of each month or the first day of each term as the case may be.
- 3.6 If any payment due by the Signatories remain unpaid for a period of 30 (thirty) days after due date, the balance of the annual tuition fee shall immediately become due and payable and Cornerstone Christian Academy shall have the rights to suspend the Pupil from attending Preschool without prejudice to its other rights under this agreement, including its right to immediately institute action against the signatories for the full balance owing in terms hereof.
- 3.7 The Signatories acknowledge that the inability of the Pupil to attend school, or in the absence of the Pupil from the school, does not relieve the Signatories obligation to pay school fees.
- 3.8 Cornerstone Christian Academy reserve the right as its sole and absolute discretion to withhold reports until all amounts owing have been paid.
- 3.9 The Signatories agree to be checked for credit worthiness by the various credit bureaus and should I default or not pay then I understand that I will be listed on the said credit bureaus.
- 3.10 School fees are payable monthly; therefore, holidays will be charged for as per other schools.

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Initials of signatories

Toys & valuables

No toys may be brought to school. The school will not be held responsible for any items that may go missing or damaged.

The school has an open door policy and will not tolerate any persons causing any discomfort towards another child, teacher or parent.

4. Dress Code

5.1 Pupils are required to appear neat, tidy, clean and dressed at all times. Grade R - 7 must be in uniform daily.

5. Labelling of Personal Goods

5.1 All Personal goods must please be clearly labelled with the Pupils name.

6. Staying Late after school

6.1 Cornerstone Christian Academy is half day and full day closing promptly at 17h15 all collections after 17:15 will be liable for late collection fees. R50-00 for each 15 minutes.

7. Arrival Time at School

7.1 7:30

8. Sick Pupils

9.1 The Signatories acknowledge that Under NO circumstances does the school allow sick children to attend school. Especially if they have green runny noses as this is contagious. Cornerstone Christian Academy, trust that you will support us in this matter as it is in the best interest of all our little ones.



"Most of what I really need to know about life and how to live, and what to do, and how to be, I learned in pre-school".

Robert Fulgham

Initials of signatories

Medical Information - CONFIDENTIAL

Medical Aid

Scheme

Principal Member

Membership No'

Family Practitioner

Name

Telephone No'

Student

Name and Surname

Blood Type

Gender

Birth Date

Y	Y	Y	Y	M	M	D	D
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Previous Illnesses - Insert year of occurrence in space provided

Allergy	Y	Y	Y	Y	Enteric Fever	Y	Y	Y	Y	Drug Sensitivity	Y	Y	Y	Y
Asthma	Y	Y	Y	Y	Measles	Y	Y	Y	Y	German measles	Y	Y	Y	Y
Chicken Pox	Y	Y	Y	Y	Mumps	Y	Y	Y	Y	Rheumatic Fever	Y	Y	Y	Y
Diabetes	Y	Y	Y	Y	Scarlet Fever	Y	Y	Y	Y	Typhoid Fever	Y	Y	Y	Y
Diphtheria	Y	Y	Y	Y	Tick bite Fever	Y	Y	Y	Y	Whooping Cough	Y	Y	Y	Y
Poliomyelitis	Y	Y	Y	Y										

Please insert last Tetanus Immunisation:

Y	Y	Y	Y	M	M	D	D
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Does or has she/he suffer(end) from any other illness or disability, including emotional instability? If so, please expand:

Please state any current treatment she/he is receiving

Signature 1: _____

Date

Y	Y	Y	Y	M	M	D	D
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Signature 2: _____

Cornerstone Christian Academy

Indemnity Declaration

I/We

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Full Names and Surnames

The

Parents	
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Guardians	
-----------	--

Of

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Pupil's Full Name and Surname

Acknowledge that in certain situations there may be insufficient time to contact Parents or Guardian, or to refer to Medical Record, and consequently the school representative is authorised to utilise the most appropriate medical service available.

And we therefore

- 1. Delegate to the principal or his/her representative, the power to authorise whatever medical treatment he/she in their sole discretion deems necessary for the pupil, and in doing so agree that the principal and/or his/her representative should act in loco parentis.*
- 2. Indemnify and hold Cornerstone Christian Academy and/or their staff, agents or employees harmless in respect of all loss or damage, ether to person or to property, from any cause howsoever arising, which may be sustained to the pupil stipulated above their property or possessions, whilst on school property or under school control during any school excursion, activity or outing.*
- 3. Agree that this indemnity shall commence on the date of signature hereof and shall remain in force and of effect for the duration of the pupil's enrolment at Cornerstone Christian Academy*

Signed at _____

This _____ day of _____ 20 _____

Parents / Guardians _____

Signature

Signature

Witness 1

Name

--

Signature

Witness 2

Name

--

Signature

Emergency details: Please insert Full name and Telephone number

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For Office Use Only:

Date Captured _____

Captured by _____

Account setup _____

Once-off Invoice number _____

Email addresses added to distribution list _____

Telephone Number added to ALERTSMS _____

Information added to Class List _____

Information added to Class register _____

Parents invited to Facebook group _____

Welcome email sent (including term planner and invoice) _____

