# Application for Enrolment 2025



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## **Acts House of Education**

187 Allan Rd, Glen Austin, Midrand. 1685 Tel: 010 035 1031 E-mail: admissions@actshouse.com Web: www.actshouse.com

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# **Office use only:**

(PLEASE DO NOT COMPLETE THIS PAGE)

| Full Nam  | Full Name and Surname of Learner: |          |         |   |   |   |   |   |                    |   |      |          |        |          |  |
|-----------|-----------------------------------|----------|---------|---|---|---|---|---|--------------------|---|------|----------|--------|----------|--|
| Family C  | Family Code & Learner Email:      |          |         |   |   |   |   |   |                    |   |      |          |        |          |  |
| Grade:    |                                   |          |         |   |   |   |   |   |                    |   |      |          |        |          |  |
|           | RR                                | R        | 1       | 2 | 3 | 4 | 5 | 6 | 7                  | 8 | 9    | 10       | 11     | 12       |  |
| Date of A | Accepta                           | ance:    |         |   |   |   |   |   |                    |   |      |          |        |          |  |
| Date of A | dmissi                            | ion:     |         |   |   |   |   |   |                    |   |      |          |        |          |  |
| Date of [ | Departu                           | ure:     |         |   |   |   |   |   |                    |   |      |          |        |          |  |
|           |                                   |          |         |   |   |   |   |   |                    |   |      |          |        |          |  |
| Acts      | House o                           | f Educat | ion: NP |   |   |   |   |   | No: JE7<br>9 SCH01 |   | 59 E | MIS: 700 | 400859 | INITIAL. |  |

### **Dear Parents/Guardians,**

Thank you for expressing your interest in Acts House of Education. To ensure full completion of the application process, please use the following checklist to navigate your way through this application document:

- SECTION A: Student Information
- SECTION B: Parent/Guardian Information
- SECTION C: Medical Information
  - SECTION D: School Fee Policy & Fee Structure with Debtor Information
- SECTION E: Contract

#### Please take note:

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Your application to Acts House of Education is subject to the full completion of this document and will only be processed once all paperwork has been submitted, the application, signed and initialled by both parents/guardians and the registration fee paid. Acts House of Education is an independent entity that holds the right of admission by discretion of its Internal Leadership and Principals.

### The following documents must be included in your application:

| I                  |  |
|--------------------|--|
| Reception:         | <ul> <li>Certified copy of the Learner's Birth Certificate</li> </ul>  |
| Grade RR and       | • Copy of both parents' and liable account holder's ID Document/Card (or passport with permit)   |
| Grade R            | <ul> <li>Copy of Learner permit &amp; passport (foreign Learners only)</li> </ul>  |
|                    | • Copy of the Learner's updated immunization card (please note that a 6-year immunization is due   |
|                    | for Learners in Grade R)   |
|                    | 1 Colour passport photograph of the learner  |
|                    | <ul> <li>Learner's latest school report (of current school, original and stamped)</li> </ul>   |
|                    | Latest Tuition Statement (of current school)   |
|                    | Proof of income (most recent payslip) & 3 months bank statements of the liable account holder  |
|                    | <ul> <li>Proof of address for the debtor (latest utility bill with physical or postal address)</li> </ul>  |
|                    | Copy of medical aid card (pertaining to the Learner)   |
|                    | <ul> <li>Police affidavit or death certificate in the absence of one parent</li> </ul>   |
|                    | <ul> <li>R 600 non-refundable administration fee</li> </ul>  |
|                    | Financial Clearance Form   |
|                    | Religious Declaration  |
|                    | Please note that learners entering Grade RR must be 4 turning 5 years and the age for Grade R must be 5 turning 6 years and learners entering Grade 1 must be 6 turning 7 years. No child at the age of 5 will be enrolled into Grade 1. |
| Primary & High     | Certified copy of the Learner's Birth Certificate  |
| School: Grades 1-9 | • Copy of both parents' and liable account holder's ID Document/Card (or passport with permit)   |
|                    | <ul> <li>Copy of Learner permit &amp; passport (foreign Learners only)</li> </ul>  |
|                    | Copy of the Learner's updated immunization card  |
|                    | 1 Colour passport photograph of the Learner  |
|                    | <ul> <li>Learner's latest school report (of current school, original and stamped)</li> </ul>   |
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|                 | <ul> <li>Latest Tuition Statement (of current school)</li> </ul>   |
|-----------------|--|
|                 | Proof of income (most recent payslip) & 3 months bank statements of the liable account holde   |
|                 | <ul> <li>Proof of address for the debtor (latest utility bill with physical or postal address)</li> </ul>  |
|                 | <ul> <li>Copy of medical aid card (pertaining to the Learner)</li> </ul>   |
|                 | <ul> <li>Police affidavit or death certificate in the absence of one parent</li> </ul>   |
|                 | <ul> <li>R 600 non-refundable administration fee</li> </ul>  |
|                 | <ul> <li>Confidential Report (Required from grade 2 to 12)</li> </ul>  |
|                 | Financial Clearance Form   |
|                 | <ul> <li>Religious Declaration</li> </ul>  |
|                 | Baseline Assessments for English and Mathematics are required for all learners from grade 3 to 9.  |
| ET: Grade 10-12 | Certified copy of the Learner's Birth Certificate or ID Card   |
|                 | <ul> <li>Copy of both parents' and liable account holder's ID Document/Card (or passport with permit)</li> </ul>   |
|                 | <ul> <li>Copy of Learner permit &amp; passport (foreign Learners only)</li> </ul>  |
|                 | <ul> <li>Copy of the Learner's updated immunization card</li> </ul>  |
|                 | 1 Colour passport photograph of the Learner  |
|                 | <ul> <li>Learner's latest school report (of current school, original and stamped)</li> </ul>   |
|                 | Latest Tuition Statement (of current school)   |
|                 | Proof of income (most recent payslip) & 3 months bank statements of the liable account holde   |
|                 | <ul> <li>Proof of address for the debtor (latest utility bill with physical or postal address)</li> </ul>  |
|                 | <ul> <li>Copy of medical aid card (pertaining to the Learner)</li> </ul>   |
|                 | <ul> <li>Police affidavit or death certificate in the absence of one parent</li> </ul>   |
|                 | <ul> <li>R 600 non-refundable administration fee</li> </ul>  |
|                 | <ul> <li>Confidential Report (Required from grade 2 to 12)</li> </ul>  |
|                 | Financial Clearance Form   |
|                 | <ul> <li>Religious Declaration</li> </ul>  |
|                 | Academic Assessment results  |
|                 | Completed Subject Selection Form   |
|                 | Please note that entry into FET is subject to the results of a full academic assessment to ensure th the learner meets all his/her academic requirements and will be able to meet the demands of this phase. The assessment must be booked with the school's Educational Psychologist (full details available from the school office). |
|                 |  |

You will be contacted as soon as your application has been processed. Following the review of your application, and before your child can be admitted to the school, you'll need to sign our school contract and submit a R 5,000 utility fee along with the first month's school fees instalment. If you need more details, please contact us at admissions@actshouse.com.

We trust that God will grant you the wisdom and provision you require, as you commit to the education of your child at Acts House of Education.

Sincerely

### **Acts House of Education**

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# Section A: Student Information

| Present Age and Grade                       |                    |                         |                        |         |
|---|--------------------|-------------------------|------------------------|---------|
| Full Name                                   |                    |                         |                        |         |
| Surname                                     |                    |                         |                        |         |
| Preferred Name / Nick Name                  |                    |                         |                        |         |
| Date of Birth                               |                    |                         |                        |         |
| ID/Passport Number                          |                    |                         |                        |         |
| Nationality                                 |                    |                         |                        |         |
| Religious Denomination                      |                    |                         |                        |         |
| Gender                                      | Male:              | Female:                 |                        |         |
| Ethnic Group                                |                    |                         |                        |         |
| Home Language                               |                    |                         |                        |         |
| Requested Admission Date                    |                    |                         |                        |         |
| Requested Admission Grade                   |                    |                         |                        |         |
| Nr of Years in Admission Grade              |                    |                         |                        |         |
| Pre-Primary Education Attended              | Gr 000:            | Gr 00:                  | Gr R:                  |         |
| (Circle the applicable option)              |                    |                         |                        |         |
| Name & Grade of siblings at AHE             | 1                  |                         |                        |         |
|   | 2                  |                         |                        |         |
|   | 3                  |                         |                        |         |
| Name of Current School                      |                    |                         |                        |         |
| Reason for Leaving Current School           |                    |                         |                        |         |
|   |                    |                         |                        |         |
|   |                    |                         |                        |         |
| Full Settlement of Current School Fees      | Yes:               | No:                     |                        |         |
| Reminder: Include the Latest Tuition Statem | nent & Latest Scho | ool Report Card from yo | our Child's Current Sc | hool.   |
|   |                    |                         |                        |         |
|   |                    |                         |                        |         |
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| Has your child ever:   | YES | NO |
|--|-----|----|
|  |     |    |
|  |     |    |
|  |     |    |
| Been expelled  |     |    |
|  |     |    |
| Been Suspended   |     |    |
|  |     |    |
| Involved in a Disciplinary Hearing   |     |    |
|  |     |    |
| Refused admission to a school  |     |    |
|  |     |    |
| Advised to repeat a year   |     |    |
|  |     |    |
| If you answered YES to any of the above, please provide full details:            |     |    |
|  |     |    |
| (The school reserves the right to request an independent report where necessary) |     |    |
|  |     |    |
|  |     |    |
|  |     |    |
|  |     |    |
|  |     |    |

| Does your child have:                     | YES | NO |
|---|-----|----|
| Physical Barriers to Learning             |     |    |
| Attend Occupational Therapy               |     |    |
| Attend Speech Therapy                     |     |    |
| Receive Remedial Support                  |     |    |
| Receive Emotional / Psychological Support |     |    |

If you answered YES to any of the above, please provide full details:

(The parent will inform the school in writing, prior to admission and enrolment, of any special educational needs of your Child known to you; of the kind referred in the table above. The school reserves the right to request an academic assessment / independent report where necessary)

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# Section B: Parent/Guardian Information

## \*A POLICE AFFIDAVIT OR DEATH CERTIFICATE IS REQUIRED IN THE ABSENCE OF ONE OF THE PARENTS

| Particulars                         | Fa       | ther/Guardian 1 | Мс  | other/Guardian 2 |
|-------------------------------------|----------|-----------------|-----|------------------|
| Title                               |          |                 |     |                  |
| Full Names                          |          |                 |     |                  |
| Surname                             |          |                 |     |                  |
| Initials                            |          |                 |     |                  |
| Preferred Name                      | +        |                 |     |                  |
| ID Number                           |          |                 |     |                  |
| Date of Birth                       |          |                 |     |                  |
| Marital Status                      |          |                 |     |                  |
| Home Language                       |          |                 |     |                  |
| Cell Phone Number                   |          |                 |     |                  |
| Home Phone Number                   |          |                 |     |                  |
| E-mail (Please note that all school |          |                 |     |                  |
| communication is electronic)        |          |                 |     |                  |
| Residential Address                 |          |                 |     |                  |
| Postal Address                      |          |                 |     |                  |
|                                     |          |                 |     |                  |
| Child living with parents           | Yes      | No              | Yes | No               |
| Parent Occupation                   |          |                 |     |                  |
| Employer                            |          |                 |     |                  |
| Work Phone Number                   |          |                 |     |                  |
| Employer Physical Address           |          |                 |     |                  |
| Are you a Christian?                | Yes      | No              | Yes | No               |
| Which church do you attend?         |          |                 |     |                  |
|                                     | <u>.</u> |                 |     | INITIAL. INITIAL |

# Section C: Medical Information

| Medical Aid  |               |  |  |  |  |  |
|--|---------------|--|--|--|--|--|
| Medical aid name   |               |  |  |  |  |  |
| Medical aid plan   |               |  |  |  |  |  |
| Medical aid phone number                                     |               |  |  |  |  |  |
| Medical aid member number                                    |               |  |  |  |  |  |
| Primary member   |               |  |  |  |  |  |
|  | Family Doctor |  |  |  |  |  |
| Family doctor name:  |               |  |  |  |  |  |
| Family doctor phone number:                                  |               |  |  |  |  |  |
| Family doctor business address:                              |               |  |  |  |  |  |
|  |               |  |  |  |  |  |
|  |               |  |  |  |  |  |
| Emergency Contact Person<br>(other than Parents / Guardians) |               |  |  |  |  |  |
| Name & Surname   |               |  |  |  |  |  |
| Relation (to the learner)                                    |               |  |  |  |  |  |
| Contact Nr   |               |  |  |  |  |  |

| Does your child have:                                    | YES | NC       | )       |
|--|-----|----------|---------|
| A Chronic Illness  |     |          |         |
| An Allergy   |     |          |         |
| Use Chronic Medication                                   |     |          |         |
| If you answered YES to any of the above, please specify: |     |          |         |
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| Has your child ever had?  | YES | NO               |  |  |  |  |
|---|-----|------------------|--|--|--|--|
| Measles   |     |                  |  |  |  |  |
| German Measles  |     |                  |  |  |  |  |
| Mumps   |     |                  |  |  |  |  |
| Chicken Pox   |     |                  |  |  |  |  |
| Pertussis (Whooping Cough)  |     |                  |  |  |  |  |
| Indicate any illness your child currently suffers from (Asthma, Epilepsy etc.)<br>(Cross this section out if it's not applicable)   |     |                  |  |  |  |  |
| Indicate any difficulty with hearing or vision:<br>(Cross this section out if it's not applicable)  |     |                  |  |  |  |  |
| Indicate any surgical procedures your child has undergone:<br>(Cross this section out if it's not applicable)   |     |                  |  |  |  |  |
| Has your child been immunised against?  | YES | NO               |  |  |  |  |
| Measles   |     |                  |  |  |  |  |
| German Measles  |     |                  |  |  |  |  |
| Tuberculosis  |     |                  |  |  |  |  |
| Diphtheria  |     |                  |  |  |  |  |
| Poliomyelitis   |     |                  |  |  |  |  |
| Tetanus   |     |                  |  |  |  |  |
| Pertussis (Whooping Cough)  |     |                  |  |  |  |  |
| NB: Students should have been immunised against all of the above illnesses before school attendance.<br>Immunisation against POLIOMYELITIS and TUBERCULOSIS (BCG) is legally COMPULSORY.<br>Written evidence (stamped clinic card) is compulsary when admitting a child to the school.<br>Medical Information: In case of a medical emergency any/or all of the information mentioned in<br>Section C will be shared with a medical health care worker. |     |                  |  |  |  |  |
| Declaration of vaccination:   |     |                  |  |  |  |  |
| Herewith, I declare that my child   | I   |                  |  |  |  |  |
| has / has not received all his/her childhood vaccinations. If you answered has not  |     |                  |  |  |  |  |
| outstanding and please sign:  |     |                  |  |  |  |  |
| Signature:  |     |                  |  |  |  |  |
| 8 Acts House of Education: NPC Reg No: 2015/425722/08 GDE Reg No: JE7004008<br>Umalusi Accreditation Number: 19 SCH01 00762   |     | INITIAL. INITIAL |  |  |  |  |

# Section D: School Fee Policy

Acts House of Education is a registered NPC (Reg No: 2015/425722/08) that relies on the prompt payment of school fees to uphold all operational functions of the organization.

- 1.1 A non-refundable registration fee of R600 per Student is payable with a new application.
- 1.2 A non-refundable utility fee of R5 000 is payable per Student upon acceptance of a new student. If, after entering this Contract, the Learner does not take up a place at the school (save for by reason of death or long-term hospitalisation) the Parents will not be refunded the utility fee. The utility fee will be kept by the school as a reasonable cancellation fee for the learner's withdrawal.
- 1.3 An offer of a place for a learner at the school is accepted by the Parents signing this contract. One month's installment of tuition fee (based on the fee option selected) and the utility fee per student is payable upon acceptance.
- 1.4 Students are strictly prohibited to pay school fees at the office on behalf of their parents/guardians. The school does not take responsibility for fees sent to school with a student and will not issue a receipt.
- 1.5 The school will NOT accept any uniform payments. Uniform payments that are made to the school account will not be refunded, but rather used as credit toward tuition fees.
- 1.6 School fees are payable, in advance, before the 1<sup>st</sup> day of each calendar month. Fees are payable by debit order, EFT or Credit Card. Acts House of Education does not accept cheques.
- 1.7 A statement will be issued to update you on your current balance and remind you of any outstanding amounts, or interest incurred on overdue accounts.
- 1.8 Accounts not paid within 30 days become subject to prime interest rate.
- 1.9 First notice of payment will be issued after 30 days outstanding. If after 90 days your account is still not settled, it may result in your account being handed over for debt collection. The debtor will be liable for all additional costs incurred related to debt collection.
- 1.10 Any unpaid debit orders will be charged to the account holder to cover any costs incurred by the school.
- 1.11 If the deadline of 31 January has not been met for Plan A payments, the Plan A option will automatically default to the Plan B option of 11 months in advance payments. For Plan A payments, if the learner is transferred during the year or the contract is terminated, then the discount amount given at the beginning of the year will be removed and the balance of the payment will be refunded considering any other arrear amounts reflecting on the statement.
- 1.12 Debit orders are COMPULSORY when choosing Plan B (11-month option).

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- 1.13 he Parent is entitled to elect (at enrolment and/or by 01 November of the previous school year) whether to pay school fees annually, termly, or monthly. The total costs of which will be set out in a fee structure and communicated to you on enrolment and in advance of any increase in school fees. Ancillary charges e.g., outings, in-visits, robotics/IT levy etc. will be added to your school account as monthly payments, however the parent can choose to pay these items once off or termly. The school office can be contacted to make the necessary changes.
- 1.14 The Parent has a right to cancel this contract at any time, for any reason, provided that the parent gives the school ONE CALENDAR MONTH'S (from 1<sup>st</sup> to the last day of the month) NOTICE PERIOD IN WRITING, before the withdrawal of the learner from the school. A Student Exit Form must be completed which will be considered as the official notification for termination of the school contract with Acts House of Education. Without the completed Student Exit Form being returned to school, the school cannot process the termination request.

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- 1.15 A month's fee is payable to the school in lieu of notice. Such an amount is due and payable on the first day of the month which would be the final month of schooling if the appropriate notice had been given. Should the Parents have elected to pay any additional fees in advance, those fees will be credited in proportion to the months used/remaining, less any amount payable in lieu of the appropriate notice and any other outstanding balance as per the statement. In the case of Plan A once off tuition fee payments then item 1.11 above will be implemented.
- 1.16 The Parent will be responsible for the payment of school fees until the termination date indicated on the Student Exit Form, even if the child leaves before the notice period is up. Any School records will not be forwarded to the new school until payment of all outstanding amounts are paid in full or a payment arrangement has been made with the School's Business Manager.

Please send any school fee inquires to accounts@actshouse.com

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# SCHOOL FEE STRUCTURE FOR 2025

# Grade RR to R

| NEW ENROLMENT    |   |  |  |  |  |
|------------------|---|--|--|--|--|
| Registration Fee | R 600 once off  | Non-Refundable. Due with completed application form. |  |  |  |
| Utility Fee      | R 5 000 once off  | Non-Refundable.                                      |  |  |  |
| First Instalment | Minimum of 1 Month's Tuition Fees (based on the payment plan selected). | Due Immediately Upon Acceptance.                     |  |  |  |

|        | PAYMENT PLANS on an Annual amount of R 48 615.45<br>(Please circle one option below) |  |  |   |  |
|--------|--|--|--|---|--|
|        | Tuition fees must b  | e paid in advance before   | e the 1 <sup>st</sup> day of every calendar mon  | th  |  |
| PLAN A | Once OffDue:(10% Discount on<br>Annual Amount)Before 31 January 2025                 |  | 1st Child       (R 4861.55)       R         2nd Child – 10% discount (R 4375.39)       R         3rd Child – 15% discount (R 4132.31)       R         4th Child – 20% discount (R 3889.24)       R |   |  |
| PLAN B | <b>11 Months</b><br>January - November   | <b>Due:</b><br>1 <sup>st</sup> of every month                                  | 1 <sup>st</sup> Child<br>2 <sup>nd</sup> Child – 10% discount<br>3 <sup>rd</sup> Child – 15% discount<br>4 <sup>th</sup> Child – 20% discount  | R 4419.59<br>R 3977.63<br>R 3756.65<br>R 3535.67        |  |
| PLAN C | <b>Termly Option</b><br>4 Payments   | <b>Due:</b><br>1 January 2025<br>1 April 2025<br>1 July 2025<br>1 October 2025 | 1 <sup>st</sup> Child<br>2 <sup>nd</sup> Child – 10% discount<br>3 <sup>rd</sup> Child – 15% discount<br>4 <sup>th</sup> Child – 20% discount  | R 12 153.86<br>R 10 938.48<br>R 10 330.78<br>R 9 723.09 |  |

|   | ANCILLA                              | ARY CHARGES                          |                                  |  |
|---|--------------------------------------|--------------------------------------|----------------------------------|--|
| In-visits & School                                | Billed termly: -                     | Due: Before the event.               | The cost of these invisits and   |  |
| Readiness Assessment                              | In-visits                            | School readiness assessment will     | the school readiness             |  |
| for Grade R                                       |                                      | be due as arranged by the HOD.       | assessment will be invoiced to   |  |
|   |                                      |                                      | your school account.             |  |
| Aftercare: Please refer to                        | Billed monthly:                      | Billing Period: The aftercare fees   | The aftercare cost will depend   |  |
| the School Prospectus for<br>Aftercare Policy and | Billed at R 60 per day, from         | will be calculated from the 21st of  | on attendance during the         |  |
| Procedures  | 14:30 - 17:30                        | the last month until the 20th of the | billing period. This amount will |  |
|   | (a late penalty fee of R 100 applies | next month.                          | be included on your school       |  |
|   | to every 15 mins for pickup after    |                                      | account.                         |  |
|   | 17h30)                               |                                      |                                  |  |

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# **SCHOOL FEE STRUCTURE 2025**

Primary School - Grade 1 to 6

| NEW ENROLMENT    |   |  |  |  |
|------------------|---|--|--|--|
| Registration Fee | R 600 once off  | Non-Refundable. Due with completed application form. |  |  |
| Utility Fee      | R 5 000 once off  | Non-Refundable.                                      |  |  |
| First Instalment | Minimum of 1 Month's Tuition Fees (based on the payment plan selected). | Due Immediately Upon Acceptance.                     |  |  |

|        | PAYMENT PLANS on an Annual amount of R 57 967.37<br>(Please circle one option below) |  |   |  |  |  |
|--------|--|--|---|--|--|--|
|        | Tuition fees must  | •  | re the 1 <sup>st</sup> day of every calendar mon  | ith  |  |  |
| PLAN A | <b>Once Off</b><br>(10% Discount on<br>Annual Amount)                                | <b>Due:</b><br>Before 31 January 2025  | 1 <sup>st</sup> Child (R 5796.74)<br>2 <sup>nd</sup> Child – 10% discount (R 5217.06)<br>3 <sup>rd</sup> Child – 15% discount (R 4927.23)<br>4 <sup>th</sup> Child – 20% discount (R 4637.39) | R 52 170.64<br>R 46 953.57<br>R 44 345.04<br>R 41 736.51 |  |  |
| PLAN B | <b>11 Months</b><br>January - November   | <b>Due:</b><br>1 <sup>st</sup> of every month                                  | 1 <sup>st</sup> Child<br>2 <sup>nd</sup> Child – 10% discount<br>3 <sup>rd</sup> Child – 15% discount<br>4 <sup>th</sup> Child – 20% discount   | R 5269.76<br>R 4742.79<br>R 4479.30<br>R 4215.81         |  |  |
| PLAN C | <b>Termly Option</b><br>4 Payments   | <b>Due:</b><br>1 January 2025<br>1 April 2025<br>1 July 2025<br>1 October 2025 | 1 <sup>st</sup> Child<br>2 <sup>nd</sup> Child – 10% discount<br>3 <sup>rd</sup> Child – 15% discount<br>4 <sup>th</sup> Child – 20% discount   | R 14 491.84<br>R 13 042.66<br>R 12 318.07<br>R 11 593.47 |  |  |

|  | ANCILLA  | ARY CHARGES   |  |
|--|--|---|--|
| Outings / In-visits /<br>Sports Events &<br>Benchmarking exams                                   | Billed termly: -<br>Outings/In-visits/Sports Events  | <b>Due:</b> Before the event.<br>Benchmark exams will be due as<br>arranged by the HOD.   | The cost of the outings /<br>invisits & sports events will<br>be invoiced to your school<br>account.   |
| Robotics / IT Levy: -<br>These fees are non-<br>refundable                                       | Billed monthly:<br>Billed from Jan to Nov.   | <b>Due:</b> by the 1 <sup>st</sup> of each month. This billing will be added to your school account.                                    | Foundation Phase – IT Levy<br>only (Grade 1 to 3) – <b>R 194</b><br><b>per month</b><br>Intermediate Phase –<br>Robotics / IT Levy (Gr 4 to 6)<br>– <b>R 227 per month</b> |
| IEB Levy<br>These fees are non-<br>refundable  | Billed monthly:<br>Billed from Jan to Nov.   | <b>Due:</b> by the 1 <sup>st</sup> of each month. This billing will be added to your school account.                                    | Grade 1 to 6 – R 120 per<br>month.   |
| Aftercare: Please refer<br>to the School<br>Prospectus for<br>Aftercare Policy and<br>Procedures | Billed monthly:<br>Billed at R 60 per day, from<br>14:30 – 17:30<br>(a late penalty fee of R 100 applies to<br>every 15 mins for pickup after 17h30) | <b>Billing Period:</b> The aftercare fees will<br>be calculated from the 21st of the<br>last month until the 20th of the next<br>month. | The aftercare cost will<br>depend on attendance<br>during the billing period.<br>This amount will be included<br>on your school account.                                   |

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# **SCHOOL FEE STRUCTURE 2025**

Primary School - Grade 7

| NEW ENROLMENT    |   |  |  |  |
|------------------|---|--|--|--|
| Registration Fee | R 600 once off  | Non-Refundable. Due with completed application form. |  |  |
| Utility Fee      | R 5 000 once off  | Non-Refundable.                                      |  |  |
| First Instalment | Minimum of 1 Month's Tuition Fees (based on the payment plan selected). | Due Immediately Upon Acceptance.                     |  |  |

|        | PAYMENT PLANS on an Annual amount of R 59 882.64      |  |   |  |  |  |
|--------|---|--|---|--|--|--|
|        | (Please circle one option below)                      |  |   |  |  |  |
|        | Tuition fees must b                                   | e paid in advance before   | e the 1 <sup>st</sup> day of every calendar mor   | nth  |  |  |
| PLAN A | <b>Once Off</b><br>(10% Discount on<br>Annual Amount) | <b>Due:</b><br>Before 31 January 2025  | 1 <sup>st</sup> Child (R 5988.26)<br>2 <sup>nd</sup> Child – 10% discount (R 5389.44)<br>3 <sup>rd</sup> Child – 15% discount (R 5090.02)<br>4 <sup>th</sup> Child – 20% discount (R 4790.61) | R 53 894.38<br>R 48 504.94<br>R 45 810.22<br>R 43 115.50 |  |  |
| PLAN B | <b>11 Months</b><br>January - November                | <b>Due:</b><br>1 <sup>st</sup> of every month                                  | 1 <sup>st</sup> Child<br>2 <sup>nd</sup> Child – 10% discount<br>3 <sup>rd</sup> Child – 15% discount<br>4 <sup>th</sup> Child – 20% discount   | R 5443.88<br>R 4899.49<br>R 4627.29<br>R 4355.10         |  |  |
| PLAN C | <b>Termly Option</b><br>4 Payments                    | <b>Due:</b><br>1 January 2025<br>1 April 2025<br>1 July 2025<br>1 October 2025 | 1 <sup>st</sup> Child<br>2 <sup>nd</sup> Child – 10% discount<br>3 <sup>rd</sup> Child – 15% discount<br>4 <sup>th</sup> Child – 20% discount   | R 14 970.66<br>R 13 473.59<br>R 12 725.06<br>R 11 976.53 |  |  |

|  | ANCILLA  | RY CHARGES   |  |
|--|--|--|--|
| Outings / In-visits /  | Billed termly: -   | Due: Before the event.   | The cost of the outings /  |
| Sports Events &<br>Benchmarking exams  | Outings/In-visits/Sports Events  | Benchmark exams will be due as arranged by the HOD.  | invisits & sports events will be<br>invoiced to your school  |
| Denchinarking exams  |  |  | account.   |
| Robotics / IT Levy<br>These fees are non-<br>refundable  | Billed monthly:<br>Billed from Jan to Nov.   | <b>Due:</b> by the 1 <sup>st</sup> of each month.  | R 312 per month<br>This billing will be added to<br>your school account.   |
| IEB Levy<br>These fees are non-<br>refundable  | Billed monthly:<br>Billed from Jan to Nov.   | <b>Due:</b> by the 1 <sup>st</sup> of each month. This<br>billing will be added to your school<br>account.                     | Grade 7 – R 120 per month  |
| Aftercare: Please refer<br>to the School<br>Prospectus for<br>Aftercare Policy and<br>Procedures | Billed monthly:<br>Billed at R 60 per day, from<br>14:30 – 17:30<br>(a late penalty fee of R 100 applies to<br>every 15 mins for pickup after 17h30) | <b>Billing Period:</b> The aftercare fees will be calculated from the 21st of the last month until the 20th of the next month. | The aftercare cost will depend<br>on attendance during the<br>billing period. This amount will<br>be included on your school<br>account. |

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Acts House of Education: NPC Reg No: 2015/425722/08 GDE Reg No: JE700400859 EMIS: 700400859 Umalusi Accreditation Number: 19 SCH01 00762

# SCHOOL FEE STRUCTURE 2025

# High School - Grade 8 to 12

|  |  |   | DIF10/   |  |   |  |   |  |
|--|--|---|--|--|---|--|---|--|
|  | D 000                                  |   |  | ENROL  |   |  |   |  |
| Registration Fee   | Registration Fee R 600 once off        |   |  | Non-Refundable. Due with completed application form.   |   |  |   |  |
| Utility Fee  | R 5 000 once off                       |   |  | Non-Refundable.  |   |  |   |  |
| First Instalment   |  |   | 1 Month's Tuition Fe<br>payment plan selec                                     |  | Due Immediate   | ly Upon Acceptand  | ce.   |  |
|  | PA                                     |   | <b>FPLANS on an A</b><br>Please circle one                                     |  |   | 940.70   |   |  |
|  | Tuition fees                           |   | e paid in advance  |  |   | erv calendar mor   | nth   |  |
|  | Once Of                                |   | Due:   |  |   |  |   |  |
| PLAN A   | (10% Discou<br>Annual Amo              | nt on   | Before 31 January  | 2025   | 1 <sup>st</sup> Child<br>2 <sup>nd</sup> Child – 10% disc<br>3 <sup>rd</sup> Child – 15% disc<br>4 <sup>th</sup> Child – 20% disc             | ount (R 5179.96)   | R 54 846.63<br>R 49 361.96<br>R 46 619.63<br>R 43 877.30  |  |
| PLAN B   | <b>11 Months</b><br>January - November |   | <b>Due:</b><br>1 <sup>st</sup> of every month                                  |  | 1 <sup>st</sup> Child<br>2 <sup>nd</sup> Child – 10% discount<br>3 <sup>rd</sup> Child – 15% discount<br>4 <sup>th</sup> Child – 20% discount |  | R 5540.06<br>R 4986.06<br>R 4709.05<br>R 4432.05  |  |
| PLAN C   | <b>Termly Option</b><br>4 Payments     |   | <b>Due:</b><br>1 January 2025<br>1 April 2025<br>1 July 2025<br>1 October 2025 |  | 1 <sup>st</sup> Child<br>2 <sup>nd</sup> Child – 10% discount<br>3 <sup>rd</sup> Child – 15% discount<br>4 <sup>th</sup> Child – 20% discount |  | R 15 235.17<br>R 13 711.66<br>R 12 949.90<br>R 12 188.14  |  |
|  |  |   | ANCILL   | ARY CH   | ARGES   |  |   |  |
| Grade Camps / Outings & Invisits<br>/ Sports Events (Gr 8-11)  |  | Car   | Billed termly: Due: B<br>Camps/Outings/In-<br>isits/Sports Events              |  | efore the event.  | The cost of these i<br>to your school acc                        | items will be invoiced<br>count.  |  |
| Matric Farewell G  | Grade 12                               |   | lled once a year   |  |   |  | The cost of this item will be invoiced to your school account.  |  |
| Benchmarking Ex<br>Career Developm   |  | Billing   |  |  | efore the exam /<br>ment.   | The cost of these items will be invoiced to your school account. |   |  |
| Robotics / IT Levy:<br>These fees are non-refundable   |  | Billed monthly: Due<br>Billed from Jan to Nov.  |  | Due: by  | the 1 <sup>st</sup> of each month.  | month<br>Grade 10 to 11 – IT I<br>month                          | rics / IT Levy – <b>R 312 per</b><br>Levy only – <b>R 194 per</b><br>Inly – <b>R 114 per month</b><br>Ided to your school |  |
| IEB Levy<br>These fees are non-refundable  |  | Billed monthly:<br>Billed from Jan to Nov.  |  | <b>Due:</b> by the 1 <sup>st</sup> of each month.<br>This billing will be added to<br>your school account.                     |   |  | R 120 per month.<br>EB costs for Gr 11 & 12 in<br>Il be spilt over two years.   |  |
| <b>Aftercare:</b> <i>Please refer to the</i><br><i>School Prospectus for Aftercare</i><br><i>Policy and Procedures</i> |  | Billed monthly:<br>Billed at R 60 per day, from<br>14:30 – 17:30<br>(a late penalty fee of R 100<br>applies to every 15 mins for<br>pickup after 17h30) |  | <b>Billing Period:</b> The aftercare fees will be calculated from the 21st of the last month until the 20th of the next month. |   |  | will depend on<br>the billing period. This<br>cluded on your school   |  |

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| BAN | KIV | IG. | DF1 | ΓΔΙ | 15. |
|-----|-----|-----|-----|-----|-----|
|     |     | -   |     |     |     |

Send all Proof of Payment to:

accounts@actshouse.com

| Account Holder:<br>Bank:<br>Account Type:<br>Account Number:<br>Branch Code: | Acts House of Education<br>ABSA<br>Current Account<br>4 085 042 398<br>632005 |  |
|--|---|--|
| Reference:   | Student Name, Surname & Family Code<br>(Example: JohnJones0053)               |  |

| PERS                | ON ACCOUNTABLE FOR THE SETTLEMENT OF FEES: |
|---------------------|--|
| Title               |  |
| Full Name           |  |
| Surname             |  |
| Initials            |  |
| Preferred Name      |  |
| ID Number           |  |
| Home Language       |  |
| Cell Phone Number   |  |
| Home Number         |  |
| Work Number         |  |
| E-mail              |  |
| Residential address |  |
|                     |  |
| Postal address      |  |
|                     |  |
| PERSO               | ON ACCOUNTABLE IN CASE OF A COMPANY/TRUST: |
| Title               |  |
| Name                |  |
| Registration Number |  |
| Contact Number      |  |
| Business Address    |  |
| Postal Address      |  |
| Postal Code         |  |

Acts House of Education strives to maintain a paperless environment where possible. Therefore, all accounts and school communication will be managed via e-mail, telephone, or text messaging.

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## **DEBIT ORDER INSTRUCTIONS:**

(Compulsory when choosing Plan B: 11-month payment plan)

| From: (Name and Surname of Debtor as pe<br>(Address)  |   |  |   |
|---|---|--|---|
|   | Debtor Bank Acc                                 |  |   |
| Devil   |   |  |   |
| Bank  |   |  | 2:  |
| Branch Number/Code:   |   |  | nber:   |
| Account Type: Cheque Savings  |   |  |   |
| I/We hereby instruct and authorize Acts Hous  |   |  |   |
| (or any other bank or branch to which I/We m  |   |  |   |
| 1 <sup>st</sup> day of each month commencing on<br>26 <sup>th</sup> day of each month commencing on   |   |  |   |
| All such withdrawals from my/our bank accou   |   |  |   |
| me/us personally.   | int by Acts House of I                          |  | treated as though they had been signed by   |
| Please debit my account for the following Sc  | hool Payment Plan:                              |  |   |
| PLAN B: Monthly Tuition Fees over 11 month  | Ē   |  |   |
| Debit order payments will be deducted from<br>month e.g., Termly Outings / Camps / Invisit<br>ancillary costs that has been communicated<br>month until the 20 <sup>th</sup> of the next month. The | s / Microbotics kits /<br>by the school in writ | <sup>7</sup> IT Levy etc as per<br>ing. Aftercare fees | the statement, as well as any other<br>s will be calculated from the 21 <sup>st</sup> of the last |
| I/We understand that the withdrawals hereby   | y authorized will be p                          | processed by comp                                      | uter through a system known as the  |
| STRATCOL via D6 Education, and I also unders  | stand that the details                          | of each withdraw                                       | al will be printed on my bank statement.  |
| I/We agree to pay any bank charges related to   | o this debit order inst                         | truction.  |   |
| This authority may be cancelled by me/us by   | giving Acts House of                            | Education thirty da                                    | ays' (30 days) notice in writing. I/we  |
| understand that I/we shall not be entitled to a   | any refund of the am                            | ount which you ha                                      | ave withdrawn while this authority was in   |
| force if such amounts were legally owing to ye my/our bank.   | ou. Receipt of this ins                         | struction by you sh                                    | nall be regarded as receipt thereof by  |
| Assignment:   |   |  |   |
| I/We acknowledge that the party hereby auth<br>any of its rights to any third party without my<br>terms of this contract authority to any third p   | /our prior written co                           | nsent. I/ We may r                                     | not delegate any of my/our obligations in   |
| Note: A stamped bank statement for this acc   | ount should be atta                             | ched for bank ider                                     | ntification purposes.   |
| Signed at   | on the  | day of   | 20  |
| Name of Account Holder  |   |  | Account Holder  |
| 16 Acts House of Education: NPC Reg No:<br>Umalu  | 2015/425722/08 GDE<br>Isi Accreditation Numbe   |  | INITIAL. INITIAL<br>59 EMIS: 700400859  |

## **CONSENT & INDEMNITY FOR VERIFICATION: FATHER/GUARDIAN 1**

| Surname:      |
|---------------|
|               |
|               |
| SA ID Number: |
|               |

Full First Name: \_\_\_\_\_\_ Date of birth:

Passport Nr: \_\_\_\_\_

Physical Address: \_

#### Verifications:

- Criminal Record: Have you ever had a previous conviction: YES □ NO □ If YES, Reason for conviction:
- Credit Checks: Fraud detection and fraud prevention services. Permission is granted to Acts House of Education to facilitate all relevant credit and criminal record checks.

#### Indemnity:

I hereby authorize Acts House of Education's duly authorized verification agent, to forward my personal information, including but not limited to my name, surname, identity number and fingerprints, to verification suppliers acting on behalf of the agent (including but not limited to SAPS, the Government of RSA, any educational, training, credit bureau and fraud prevention organisation). I authorize the agent to conduct all verification checks (including but not limited to credit bureau searches, drivers' licenses employment history, employment salary verification and any other relevant checks in the pre- and post – employment vetting process). I authorize the agent's suppliers to furnish personal information regarding my credentials, whether claimed or not, to the agent and The Acts House of Education. I unconditionally indemnify the agent and its verification information suppliers against any liability which results or may result from furnishing information in this regard.

I understand that it is a condition of the South African Police Service and Tertiary Education Institutions, that:

- The information furnished to Acts House of Education and the agent will be disclosed to me for comment before a decision is made on my employment / application; and
- Acts House of Education is responsible for verifying the accuracy in respect of information furnished to the SAPS.

#### Consent:

I, \_\_\_\_\_\_ (full name and surname) hereby consent that, and authorises Acts House of Education to, at all times:

- Contact, request and obtain information from any credit or service provider (or potential credit or service provider) or registered credit bureau relevant to an assessment of the behaviour, profile, payment patterns, debt whereabouts and creditworthiness of the applicant;
- Furnish information concerning the behaviour, profile, payment patterns, debt whereabouts and creditworthiness of myself to any registered credit bureau or to any credit or service provider (or potential credit or service provider) seeking a trade reference regarding my dealings with Acts House of Education.

| I duly authorised signatory |  | _ (name & surname) have read and understood all of the al |   |                 |          |         |  |
|-----------------------------|--|---|---|-----------------|----------|---------|--|
| Signed at                   | (place)  | ) on  | / | /               | (date)   |         |  |
| Authorise                   | d signatory signature:   |   |   |                 | INITIAL. | INITIAL |  |
| 17                          | Acts House of Education: NPC Reg No: 2015/425722/08 GE<br>Umalusi Accreditation Numb | 0   |   | EMIS: 700400859 |          |         |  |

## **CONSENT & INDEMNITY FOR VERIFICATION: MOTHER/GUARDIAN 2**

| Surname: |  |  |
|----------|--|--|
|          |  |  |

Full First Name:

Date of birth:

SA ID Number:

Passport Nr:

## Physical Address: \_\_\_\_

### Verifications:

- Criminal Record: Have you ever had a previous conviction: YES □ NO □
   If YES, Reason for conviction:
- Credit Checks: Fraud detection and fraud prevention services. Permission is granted to Acts House of Education to facilitate all relevant credit and criminal record checks.

#### Indemnity:

I hereby authorize Acts House of Education's duly authorized verification agent, to forward my personal information, including but not limited to my name, surname, identity number and fingerprints, to verification suppliers acting on behalf of the agent (including but not limited to SAPS, the Government of RSA, any educational, training, credit bureau and fraud prevention organisation). I authorize the agent to conduct all verification checks (including but not limited to credit bureau searches, drivers' licenses employment history, employment salary verification and any other relevant checks in the pre- and post – employment vetting process). I authorize the agent's suppliers to furnish personal information regarding my credentials, whether claimed or not, to the agent and The Acts House of Education. I unconditionally indemnify the agent and its verification information suppliers against any liability which results or may result from furnishing information in this regard.

I understand that it is a condition of the South African Police Service and Tertiary Education Institutions, that:

• The information furnished to Acts House of Education and the agent will be disclosed to me for comment before a decision is made on my employment / application; and

• Acts House of Education is responsible for verifying the accuracy in respect of information furnished to the SAPS.

## Consent:

, \_\_\_\_\_\_ (full name and surname) hereby consent that, and authorises Acts

House of Education to, at all times:

- Contact, request and obtain information from any credit or service provider (or potential credit or service provider) or registered credit bureau relevant to an assessment of the behaviour, profile, payment patterns, debt whereabouts and creditworthiness of the applicant;
- Furnish information concerning the behaviour, profile, payment patterns, debt whereabouts and creditworthiness of myself to any registered credit bureau or to any credit or service provider (or potential credit or service provider) seeking a trade reference regarding my dealings with Acts House of Education.

| I duly auth | norised signatory  | _ (name & surname) have read and understood all of the above |                 |          |         |  |  |
|-------------|--|--|-----------------|----------|---------|--|--|
| Signed at   | (place)  | on/  | /               | (date)   |         |  |  |
| Authorise   | d signatory signature:   |  |                 |          |         |  |  |
|             |  |  |                 | INITIAL. | INITIAL |  |  |
| 18          | Acts House of Education: NPC Reg No: 2015/425722/08 GDI<br>Umalusi Accreditation Numbe | 0  | EMIS: 700400859 |          |         |  |  |

## **CONSENT & INDEMNITY FOR VERIFICATION: DEBTOR (COMPULSORY)**

| Surname: |  |  |  |  |
|----------|--|--|--|--|
|          |  |  |  |  |
|          |  |  |  |  |

SA ID Number:

Full First Name: \_\_\_\_

Date of birth:

Passport Nr:

#### Physical Address: \_\_\_\_

#### Verifications:

- Criminal Record: Have you ever had a previous conviction: YES □ NO □
   If YES, Reason for conviction:
- Credit Checks: Fraud detection and fraud prevention services. Permission is granted to Acts House of Education to facilitate all relevant credit and criminal record checks.

#### Indemnity:

I hereby authorize Acts House of Education's duly authorized verification agent, to forward my personal information, including but not limited to my name, surname, identity number and fingerprints, to verification suppliers acting on behalf of the agent (including but not limited to SAPS, the Government of RSA, any educational, training, credit bureau and fraud prevention organisation). I authorize the agent to conduct all verification checks (including but not limited to credit bureau searches, drivers' licenses employment history, employment salary verification and any other relevant checks in the pre- and post – employment vetting process). I authorize the agent's suppliers to furnish personal information regarding my credentials, whether claimed or not, to the agent and The Acts House of Education. I unconditionally indemnify the agent and its verification information suppliers against any liability which results or may result from furnishing information in this regard.

I understand that it is a condition of the South African Police Service and Tertiary Education Institutions, that:

- The information furnished to Acts House of Education and the agent will be disclosed to me for comment before a decision is made on my employment / application; and
- Acts House of Education is responsible for verifying the accuracy in respect of information furnished to the SAPS.

### Consent:

, \_\_\_\_\_\_ (full name and surname) hereby consent that, and authorises Acts

House of Education to, at all times:

- Contact, request and obtain information from any credit or service provider (or potential credit or service provider) or registered credit bureau relevant to an assessment of the behaviour, profile, payment patterns, debt whereabouts and creditworthiness of the applicant;
- Furnish information concerning the behaviour, profile, payment patterns, debt whereabouts and creditworthiness of myself to any registered credit bureau or to any credit or service provider (or potential credit or service provider) seeking a trade reference regarding my dealings with Acts House of Education.

| I duly authorised signatory |   |  | (name & surname) have read and understood all of the above |                 |          |  |  |  |  |
|-----------------------------|---|--|--|-----------------|----------|--|--|--|--|
| Signed at                   |   | (place) on                               | /  | /               | (date)   |  |  |  |  |
| Authorise                   | d signatory signature:                            |  |  |                 |          |  |  |  |  |
| 19                          | Acts House of Education: NPC Reg No: 2015/425722/ | /08 GDE Reg No: JE<br>on Number: 19 SCH0 |  | EMIS: 700400859 | INITIAL. |  |  |  |  |

# Section E: Contract

#### This page is a sample copy of the contract you will sign once the application has been approved.

#### I/We the Parent(s)/Legal Guardian(s) of \_

(Full Name of Student) agree

to the admission of the above student to Acts House of Education in 2025 on the following Terms & Conditions:

- I/We acknowledge and declare that I/we have read, understood and agree to the terms and conditions contained in this document. By signing this contract, I/we agree to the terms and conditions contained in this document, and ensuring that the parent and the learner comply with any terms and conditions contained in the School Policies and School Prospectus which form part of this contract. The Prospectus is available from the school office and school website. It is further understood that the aforementioned documentation will be reviewed and updated on an annual basis. If there is any provision in this Contract that you do not fully understand, please ask for an explanation before signing.
- 2. I/we undertake to comply with all the rules and regulations of the School and acknowledge that it is the Parents' responsibility to make themselves familiar with the policies.
- 3. By initialling each page, I/we give consent to the information contained on each page and confirm that the information is complete / accurate and not misleading. The rights and obligations contained in this contract are binding on every person who signs this contract and must be carried out in order for the learner to be successfully enrolled and retained at the school.
- 4. As an account holder at Acts House of Education I/We accept full responsibility for all school fees, aftercare and ancillary charges according to the School Fee Policy and the payment plan I/We have selected.
- 5. In the event of the Third-Party taking responsibility for the payment of fees, I/we hereby bind myself/ourselves jointly in my/our personal capacity as surety and co-principal debtor with the Third Party for payment to the school of any amounts which are owing and may at any time become owing to the School by the Third Party.
- 6. I/We agree to give 1(one) calendar months' (from 1<sup>st</sup> to the last day of the month) notice in writing as per the Student Exit Form, should I/We wish to withdraw our/my child from the school. Failure to give notice will result in me/us being liable for the payment of 1 full month's fees in lieu of such notice. It is my responsibility as parent/guardian to provide the school with timeous notice.
- 7. I/We have been notified of and agree to the school fees applicable to the service provided by Acts House of Education. I/We further acknowledge and consent to fees paid in advance will be deposited to the school and held in accordance with the provisions of the Consumer Protection Act, No. 68 of 2008.
- 8. I/We agree that non-payment of fees and/or ancillary charges will be deemed as a material breach of this contract and understand that I/We will be liable to pay interest and all other debtors costs incurred on the outstanding amount.
- 9. I/We understand that a breach in my/our contract will result in its termination, following of due process according to the disciplinary code and fee policy of the school.
- 10. I /We agree and understand that the sibling discount on the school tuition fees is only applicable if the siblings are concurrently enrolled.
- 11. I/We agree that this agreement will come into effect immediately upon signature by me/us and shall apply for the full duration of the Learners enrolment at the school or until a new annual agreement supersedes this agreement.
- 12. I/We have correctly completed and returned the application form to the school and accept responsibility for advising the school in writing of any changes of family/contact details, annual permit renewals, immunizations and any other details of this contract.
- 13. I/We consent to the school distributing my/our name/s and contact details only to other parents, staff or responsible persons authorised by the school for school related purposes, unless at any time the school is instructed by me/us, in writing not to disclose my information.
- 14. As an Acts House of Education Parent/Guardian, I/We will strive to act in a supportive role that will promote the reputation of Acts House of Education and will also endeavour to treat all members related to the school (learners, parents and staff) with dignity and respect.
- 15. I/We will attend regular Parent/Teacher meetings to discuss my child's academic progress.
- 16. I/We hereby accept admission to AHE and confirm that all particulars that I/we have furnished on this contract or otherwise from time to time are or will be, to the best of our knowledge and belief, full true and accurate.
- 17. The admission and enrolment of learners to the school is at the sole discretion of the school who may not grant the Learner admission to the school and may grant temporary or provisional enrolment to the school subject to such further terms and conditions which the school may impose. The school may, after following due process, cancel enrolment in accordance with the rules.
- 18. I/We understand that this document is the only and final contract with Acts House of Education, refuting any previous contract.

Acts House of Education: NPC Reg No: 2015/425722/08 GDE Reg No: JE700400859 EMIS: 700400859 Umalusi Accreditation Number: 19 SCH01 00762

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