



PARKLANDS COLLEGE
& Christopher Robin Pre-Primary (Est. 1980)

"Reaching Outwards, Growing Minds, Building Futures"

APPLICATION FOR ADMISSION

All information on this application is strictly confidential

Kindly submit to admissions@parklands.co.za or contact (021) 521 2700

1. LEARNER'S PERSONAL DETAILS

Surname _____	Identity Number	<table border="1" style="display: inline-table; border-collapse: collapse;"><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><td> </td></tr></table>																					
First Name _____	Date of Birth	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y											
D	D	/	M	M	/	Y	Y	Y	Y														
Preferred Name _____	Actual Age _____	Gender _____																					
Home Language _____	Depart. Of Education EMIS No. (If applicable) _____																						
Place in Family _____	Nationality _____																						
Home Address _____	Other Languages _____																						
_____	Number of Siblings _____																						

2. PARENT'S HISTORY

PARENT 1

PARENT 2

Title		
First Names		
Surname		
Home language		
Home Address		
Postal Address		
e-mail address		
Telephone (Business)		
(Home)		
(Cell)		
(Fax)		
Marital status		
Nationality		
I.D. Number		
Profession		
Company/Employer		

3. ALTERNATIVE CONTACT

In the event of us being unable to contact you, in an emergency, the following contact will be used:

Name _____ Relationship to learner _____

Address (Business) _____ (Home) _____

Telephone (Business) _____ (Home) _____ Cell _____

We, the parents/guardians agree to provide the College with copies of the following documentation that **must** accompany application: Birth Certificate, Immunization Card, previous School Reports, Transfer certificate/card and OT and Speech Therapy Reports (if applicable).

Parent/Guardian Signature: _____

4. SCHOLASTIC DETAILS

Number of schools previously attended _____ Last school attended _____
A reference will be obtained by the College

Address _____

Name of Principal _____ Telephone Number _____ Fax _____

Reason for leaving _____

Previous School _____ Reason for leaving _____

Last grade passed _____ year _____ Grades not passed _____ (Last two reports should be attached)

Is the learner on the waiting list of any other independent school and, if so, please name the school _____

Name of school that siblings presently attend _____

State name of sibling(s) currently at Christopher Robin/Parklands or who are registered for entry _____

State whether any family member is a past learner _____

Detail special talents - academic/music/sport _____

State your child's swimming ability _____

Parents are required to inform us in writing, upon application if the prospective learner has any special needs i.e. neurological, hearing, visual, physical, behavioural, emotional or any other professionally diagnosed challenge. Should a conditional offer of a place be made, this will be subject to our ability to provide adequately for the learner's education and/or the learner's ability to cope within the College environment. Failure to disclose the necessary information / documentation could result in the cancellation of this agreement.

Intended Date of Admission Intended Grade of Admission

INCREASE IN FEES: WE AVOID INCREASING TUITION FEES DURING THE ACADEMIC YEAR. HOWEVER, WE RESERVE THE RIGHT TO DO SO IF CIRCUMSTANCES NECESSITATE THIS. FEE INCREASES CAN REASONABLY BE EXPECTED EACH YEAR TO PROVIDE FOR INFLATION AND OTHER COSTS.

We reserve the right to amend or alter the terms and conditions of the enrolment application.

5. LEARNER BACKGROUND

Family Doctor _____ Telephone _____ Allergies: _____

Family Dentist _____ Telephone _____

Details of long-term medication, if any _____

Medical history & previous operations _____

Medical Aid Scheme _____ Membership Number _____

Has your child ever been assessed by an Educational Psychologist? (Please provide latest copy of report)	YES		NO																	
Has your child been diagnosed with any learning challenges? i.e. ADD, Dyslexia	YES		NO																	
Has your child ever received any of the following interventions:	Occupational Therapy				Physiotherapy				Speech Therapy				Social / Emotional Support				Play Therapy			
	YES		If yes, please provide details including dates and names of Therapists																	
Any other Therapy or Intervention?	NO																			
	YES		If yes, please provide name and dosages of medication																	
Is your child currently on any medication?	NO																			
	YES		If yes, please provide details of the diagnosis and by whom the diagnosis was made																	
Has your child ever been diagnosed as having a specific barrier to learning?	NO																			
	YES																			
Have any of the following support measures been recommended?	Reader				Scribe				Extra Time				Facilitation				Learning Support			

In order to meet the needs of your child and to ensure his/her holistic progress, you are requested to disclose any information (psychological, emotional, education and medical) relevant to your child's wellbeing as well as provide copies of reports of intervention or therapy.

Family history, known allergies, previous illnesses, physical or learning difficulties, including any relevant information on past or present medical treatment including therapy, occupational or psychological, must be attached hereto.

Parent 1 Signature: _____ Parent 2 Signature: _____

6. DECLARATION

I declare that my child has never participated in the use or distribution of any illegal substance or undergone any serious disciplinary action. I understand the Terms & Conditions of Enrolment, the Fee Structure, and Additional Costs, and I certify that the information provided is true and correct.

Signed at _____ On this _____ Day of _____ 20 _____

Parent 1 _____ Parent 2 _____

We reserve the right of admission and the right to request a parent to remove a learner from Parklands College should we consider this to be in the best interest of the Learner/Parent/Family/College.

7. TERMS AND CONDITIONS OF ENROLMENT

PLEASE NOTE: The Registration Fee and Terms and Conditions of Payment, should be addressed to Admissions.

- CHRISTOPHER ROBIN PRE-PRIMARY & PARKLANDS COLLEGE OF EDUCATION (hereinafter collectively referred to as the College), is registered by the Western Cape Education Department (Independent School Registration No. 13/3/1/125), the Dept of Social Development (Registration No. 15/5/13/2/2C10506), Umalusi (Whole School Accreditation No. 13SCH0100021/22) and provides face-to-face tuition in the English medium and is non-denominational.**
- We hereby consent to the person in charge acting "*in loco parentis*" whilst the learner attends the College or participates in any extra-mural activities of the College, including, but not limited to, games, sporting activities, educational tours and excursions.
- We the parents/guardian hereby indemnify, hold harmless and absolve the College, Trustees, Directors, Principals, Educators, Staff, Employees or Agents against all or any loss, damages (direct or indirect, consequential or otherwise) or injury, expenses (including medical expenses), costs (including legal costs) suffered and/or incurred by the Pupil in or on the premises of the College or in the course of any co-curricular and extra-mural activities of the College, including but not limited to games, sporting activities, educational tours and excursions or in consequence of any other act or omission of whatsoever nature and howsoever arising.
- We the parents/guardian hereby give our consent for the Pupil to participate in all Co-Curricular activities organised by the College unless the College is otherwise notified, in writing. i.e. College Sport
 - Co-Curricular activities are charged per quarter unless otherwise stated. Kindly refer to current Fee Structure.
 - The full quarter's fee will be charged in the event of a learner attending more than one lesson in a selected activity. Learners who commit to a specific activity will be billed for the full quarter.
- We the parents/guardian, hereby agree that until such time as the payment of the Registration Fee (Registration Fees are non-refundable, however, refer to Clause 6) has been made or a payment plan has been agreed to, the prospective learner will not enjoy the benefit of a secured place on the waiting list for enrolment at the College. Once a prospective learner physically takes up a place the Registration Fee becomes non-refundable.
- In the event that the prospective Pupil does not take up his/her place within the College for any reason whatsoever, the following conditions will apply:
 - A cancellation penalty of 45% of the total Registration Fee will apply.
 - If the College is provided with written notification of the cancellation of a prospective enrolment before 30 September, the balance of the Registration Fee, if already paid, will be refunded to us in January of the following year. Failing which the balance of the Registration Fee will only be refunded 12 (twelve) months later in January of the following year.
- Enrolment of the prospective learner will be conditional upon the satisfactory completion of all the relevant documentation prescribed by the College, that there is a place available for the prospective learner; that the prospective learner is of the correct age for the grade level applied for and that the Principal is satisfied that the prospective learner is academically and emotionally capable of entering at that level.
- We, the parents/guardians understand that fees are payable in advance unless alternative arrangements have been made between the parents and the Financial Manager. **We agree that notice of one College Quarter, given in writing, is required before removing our child from the College, failing which we will be liable for the payment of the following Quarter's fees in lieu thereof.** We the parents/guardians understand that refunds for absence due to holidays, illness or suspension from the College will not be made. In the event of the College instituting action against us for the payment of any amount due by us, we the parents/guardians will be liable for all legal costs (including legal costs on the scale as between attorney and own client) incurred for the recovery of such amounts. In the event of any fees being in arrears, the College will suspend the relevant learner from the College until all such arrears have been paid.

Signed: Parent 1 (Full Name) Date:.....

Signed: Parent 2 (Full Name) Date:.....

- The College WILL terminate the enrolment of a learner if information requested on this application is omitted or proves to be false, or if the Learner/Parent fails to comply with the rules of the College as set out in the Information Directory/ies (prior to enrolment with this application, and thereafter available on the College intranet) or the disciplinary committee of the College has recommended that the enrolment be terminated.** Should the College elect for any reason to terminate this contract, then it may do so, on giving the parents/guardian written notice of its decision to terminate the contract at the end of the quarter or sooner, (whichever the case may be) as a result of a violation by the learner, of the Learner's Code of Conduct.

10. Parents/guardians should make special note of additional costs as set out in current Fee Structure, in particular, the cost of an Apple device for learning as Parklands College runs a standardised Apple One2One Programme, which means that every learner must have an Apple device for learning.
11. The parents/guardians give their permission for the staff at Parklands College and Christopher Robin Pre-Primary to administer or obtain emergency medical care for their child/children, which may include transportation and the parents/guardians understand that the College staff or medical personnel will make contact with them as soon as possible as to what action has been taken regarding their child/children.

Insurance

12. The parents/guardians are advised to take adequate insurance to cover any loss or damage to any property of the learner or themselves, as the College does not accept liability for such losses.
13. Parklands College has indemnity cover in order for the College to maintain/continue its services as a place of learning in the event of a disruption of business (loss of gross revenue).

Jurisdiction and Costs

14. The parent's/guardian's consent to the jurisdiction of the Magistrate's Court Act No. 32 of 1944, as amended, in the event of legal action arising out of this agreement. Any dispute concerning or arising out of this Agreement must be resolved in terms of this clause. Either party must first seek an amicable resolution by written notice to the other, whereupon each will within five days of the notice refer the dispute to a designated representative to negotiate and resolve with the other within fifteen days. If negotiation fails, either party may then within ten days of such failure refer the dispute for resolution by mediation under the rules of the Arbitration Foundation of Southern Africa or its successor or body nominated in writing by it in its stead ("AFSA"). If mediation fails, either party may then within ten days of such failure refer the dispute for resolution by arbitration (including any appeal against the arbitrator's decision) by one arbitrator (appointed by agreement by the parties, failing which within ten days of the referral by AFSA) as an expedited arbitration in <town/area> under the then current rules for expedited arbitration of AFSA. This clause will not preclude any party from access to an appropriate court of law for interim relief in respect of urgent matters by way of an interdict, or mandamus pending finalisation of this dispute resolution process. This clause is a separate, divisible agreement from the rest of this Agreement and will remain in effect even if the Agreement terminates, is nullified, or cancelled for any reason.
15. By our signatures hereto we agree to these terms and conditions and further acknowledge that we understand the Fee Structure and the Conditions of the Registration Fee, together with the Terms and Conditions of Information Directory/ies. We further understand that the College reserves the right to amend the Terms and Conditions if and when required or from time to time. Furthermore, both persons signing this form agree that they are jointly and severally liable for the settlement of the fees account and/or other charges and disbursements made in respect of the learner.

POPIA

16. The parents/guardians give their consent for their child's name, photo, and/or work to be reproduced in College publications, newspapers, live streaming, internet sites and other such publicity media. They will not hold the College staff and their agents liable for any possible actions resulting from privacy or copyright issues. In order to maintain proper records and to perform its functions, both parents consent to the school collecting, storing and updating personal information about the learner and/or the parents/legal guardians, however, such personal information will be kept confidential within the College. Furthermore, the parents/guardians give their consent for their child/children to be registered on the Time Management System (biometrics clock in system) in order to record catering usage as well as arrival and departure from the College.
17. Parklands College is committed to protecting the privacy of personal information in accordance with the requirements of the POPI Act. Information on this form is required to carry out normal school operations and to register learners with the Western Cape Education Department. Personal information such as gender, race, language, age, etc., is used for basic educational statistics. Information is aggregated for the purpose of these surveys and census, with no personal identifiers.
18. The parents/guardians hereby give their consent for the College to make contact with previous schools attended regarding academic, disciplinary or financial history.
19. The College will retain parent and learner personal information for a period of seven years from the last day of enrolment. After this period, only basic information will be retained. Learner biometric data will be removed from the College's systems, on the last day of a learner's enrolment except in the case of outstanding account balances.

For more information on our Privacy policy please visit <https://www.parklands.co.za/protection-of-personal-information/>

AGREEMENT

20. We agree that we have read and will abide by the rules as set out in the Parent and Learner Information Directory.
21. **By signing hereunder, I/We agree to abide by the Terms and Conditions as set out in this Application for Admission, together with the current Fee Structure and Additional Costs set out therein, together with the rules set out in the Information Directory/ies. I/We declare that I/we have not withheld any information from the College regarding the overall development or past history of the prospective learner.**

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

Parent 1 (Full Name) Parent 2 (Full Name)

As Witnesses 1. 2.

Guardian / Custodian (other than parent)

This Application for Enrolment will not be accepted unless all information requested is provided, is true, and is signed by both parents/guardian.

We reserve the right to amend or alter the terms and conditions of the enrolment application.