



“Establishing a firm foundation”
Maritzburg Christian School

Registered in terms of the Non Profit Organisations Act, 1997.
 Registration number 024-873-NPO
 Contact Details : 033- 3863370(T) 033 – 3861941(F)

NB
Attach
I.D.
Photo

Name: _____

Age: _____

Current School: _____

APPLICATION FORM GRADE 4-12

For office use **DATE APPLICATION RECEIVED:** _____

GRADE: _____

<i>ADMISSION DATE</i>	<i>ADMISSION NO</i>	<i>ACCOUNT NO</i>	<i>DEPOSIT RECD.</i>

PLEASE NOTE: APPLICATION CANNOT BE PROCESSED WITHOUT ALL THE RELEVANT DOCUMENTS BEING SIGNED AND RETURNED TO THE SCHOOL

Relevant Documents:

- *Learner ID Photo*
- *Certified Copies of ID*
- *Copy of Learner Birth Certificate*
- *Certified Copies of Payslips*
- *Latest Report*
- *Municipal Account*
- *Debit Order Form*
- *Financial Feedback Form*
- *Signed Fee Agreement*

Applicants, please note that the acceptance of a completed copy of this form by Maritzburg Christian School does not constitute the offer of a place for a learner at the school.

A R400.00 non-refundable administration fee will be charged for the submission of this Application Form and its subsequent processing by the School Authorities.

Maritzburg Christian School reserves the right to verify the information supplied by the applicant by contacting the applicant’s church and current / former school/s.

Parent / guardian and pupil interviews may be conducted at the School Management Team’s discretion.

**** This form must be completed in full by the learner’s parent/ legal guardian ****

LEARNER INFORMATION

GRADE APPLIED FOR **YEAR OF ENROLEMENT AT MCS**

NB. THE SURNAME REFLECTED ON THE BIRTH CERTIFICATE / IDENTITY DOCUMENT IS THE ONLY SURNAME WE ARE ALLOWED TO USE FOR THE LEARNER.

1. Surname: Initials: First Names:

Known as: Sex: I.D.No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Birth date: Home language:

2. Person to receive child’s report:
Title Initials Surname

Relationship to the learner: Whom does the learner live with:

Email address:

3. Does the learner have a brother or sister at Maritzburg Christian School?

If yes, Full name:

4. Learner’s residential address:.....

.....Postal Code: Home telephone:

Postal address for report:

..... Postal Code:

5. Name of present school:Tel No:

Fax No:..... Email:

6. Has the applicant ever been expelled, dismissed, suspended or refused admission to another school?

YES / NO - If the answer is YES, please explain

7. Are all fee paid up to date at the applicant’s current and / or former school/s? If not , please state reasons

.....

8. Religious Affiliation:.....

9. Church Membership:Name and telephone no. of Pastor:

10. Number of children in family:

Is pupil **1st, 2nd, 3rd** etc child in family?

11. Dexterity of learner (right or left handed):

12. Citizenship of learner (if not South African):

**PLEASE PROVIDE ANY FURTHER RELEVANT INFORMATION
ABOUT THE APPLICANT UNDER THE FOLLOWING SECTIONS :**

ACADEMIC: - *achievements, learning difficulties, medical disorders, etc.*

.....
.....

NON- ACADEMIC INTERESTS AND ACHIEVEMENTS – *eg. Sport, Music, Art, Hobbies:*

.....
.....

PERSONALITY AND HEALTH:

.....
.....

POSITIONS OF AUTHORITY / LEADERSHIP PREVIOUSLY HELD (*School / Church/ Community*):

.....
.....

MEDICAL DETAILS

Name of medical aid :

Medical aid number : Member's name :

Doctor's name : Drs/Tel :

Allergies / ailments :

Person to contact in an emergency :Tel :

If the learner is not on medical aid, which hospital would you like your child taken to in an emergency?

.....

FATHER’S / GUARDIAN’S DETAILS

1.Title : Surname:..... Initials:..... Name :

2. I.D.No: [] Home Language :

3. Father’s residential address (if different from learner’s address) :
.....
.....

Tel no (h): Cell No Email:.....

4. Occupation : Employer’s name :

(W) Tel : Fax Number :

5. Marital Status : Married / Divorced/ Separated / Widowed

6. Church Membership : Name and telephone no. of Pastor :

MOTHER’S / GUARDIAN’S DETAILS

1.Title : Surname:..... Initials:..... Name :

2. I.D.No: [] Home Language :

3. Mother’s residential address (if different from learner’s address) :
.....
.....

Tel no (h): Cell No Email:.....

4. Occupation : Employer’s name :

(W) Tel : Fax Number :

5. Marital Status : Married / Divorced/ Separated / Widowed

6. Church Membership : Name and telephone no. of Pastor :

PRIMARY COMMUNICATION CELL NO.

BANK PARTICULARS

Name of bank :

Account Name :

Account Number :

Branch Code :

Monthly Expenditure of Parents / Guardian

- 1. Gross salary income (combined or single income) R
- 2. Estimated expenses (including pay slip deductions and other monthly expenses) R
- 3. Total (Gross salary less expenses) R

APPLICATION AGREEMENT

1. I/we the undersigned declare that the above particulars are to the best of my/our knowledge correct.
2. I/we, further undertake to :
 - a) to furnish proof of the correctness of my/our child's age;
 - b) to inform the school in writing of any change of address or telephone number;
 - c) to inform the school in writing of any infectious illness / diseases in my/our household;
3. I/we undertake to:
 - a) ensure that my/our child/ward attends school regularly ;
 - b) ensure that my/our child/ward complies with the rules and regulations of the school
 - c) pay all costs incurred for damage done or losses caused by my/our child/ward to school property, books and equipment.
4. I/we agree that the Principal or an educator in control at the school may act in my/our place and consent to necessary treatment in the event of any injury or accident in which my/our child/ward may be involved. I/we agree that I/we shall be responsible for any medical expenses incurred .
5. We undertake to comply with the written Fee Collection Policy which I/we confirm I/we have read and understood, which Policy document I further undertake to complete and sign annually within 7 days of the commencement of the school year. In the event of my failing to sign said Policy annually the last completed and signed Policy document shall prevail subject to the right of the school to levy the current school fees.

IMPORTANT NOTES

- A) **ENGLISH** is the medium of instruction.
- B) The following documents **MUST** be attached.

- 1. COPY OF BIRTH CERTIFICATE***
- 2. MOST RECENT SCHOOL REPORT & THE PREVIOUS YEAR END REPORT***
- 3. COPY OF ELECTRICITY ACCOUNT / RATES CERTIFICATE / TELEPHONE ACCOUNT***
- 4. COPY OF BOTH PARENTS' I.D. DOCUMENTS***
- 5. CERTIFIED COPIES OF PAYSLIPS***

- C) Upon acceptance to the school the applicant shall pay R1800.00 a non-refundable admissions fee.

ACCOUNT INFORMATION

School fees, essential to the existence of the school are without exception compulsory and are payable in advance. The sum of the fees is determined by the School Governing Body and is directly related to the costs of running and maintaining the school

(N.B. I understand that should any document have been sent to me at the chosen address, in law I will have been deemed to have received such document, notwithstanding the fact the I/we may subsequently have moved from that address, unless I have advised the School, in writing, of my new address.)

- (i) In the event of a learner being removed from the school before the completion of a Grade ,
A FULL TERM'S NOTICE IN WRITING shall be given to the Principal.
- (ii) Should such notice not be received by the Principal before the commencement of the learner's last term at the school, then the fees for the following term may, at the discretion of the Governing body, become payable in lieu of notice.
- (iii) In the event of a learner being unable to attend the school as a result of illness or incapacity for any length of time, no refund of any part of the fees will be considered for any reason whatsoever.
I/we, the undersigned, jointly and severally, undertake to pay all school fees levied by the Governing Body and to enter into the agreement relating thereto.

..... I.D. number :Date :

Signature of Father/Guardian

..... I.D. number : Date :

Signature of Mother/Guardian

N.B. THIS APPLICATION FORM MUST BE SUMITTED BY ONE OF THE SIGNATORIES

Failure to comply with the above may result in delays in processing of the application



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AGREEMENT TO PAY SCHOOL FEES

entered into between:

MARITZBURG CHRISTIAN SCHOOL ("THE SCHOOL")

And

FULL NAMES OF FATHER/GUARDIAN

RESIDENTIAL ADDRESS (DOMICILIUM CITANDI ET EXECUTANDI):

FULL NAMES OF MOTHER/GUARDIAN

RESIDENTIAL ADDRESS (DOMICILIUM CITANDI ET EXECUTANDI):

TELEPHONE NUMBERS:

EMPLOYMENT ADDRESS (FATHER/GUARDIAN):

EMPLOYMENT ADDRESS (MOTHER/GUARDIAN):

NAME AND ADDRESS OF A FAMILY MEMBER WHO DOES NOT RESIDE WITH YOU:

NAMES OF PUPILS:

1. **PREAMBLE**

- 1.1 The School is an independent school as defined by Sections 45 and 46 read with Section 1 of the South African Schools Act 84 of 1996.
- 1.2 The School's Board of Governors meet annually to determine the school fees payable by parents of the School.
- 1.3 All relevant considerations are taken into account when the school fees are determined to ensure that the School can meet its obligations and to ensure that the highest level of education is afforded all children who attend the School.
- 1.4 The obligation to pay school fees is contractual and all parents must complete and return an agreement to pay school fees annually.

2. **UNDERTAKING & CONCESSION**

- 2.1 I/We, the undersigned, hereby acknowledge liability for the annual school fees and I/We undertake to pay the annual applicable schools fees referred to in annexure "A" annexed to this agreement.
- 2.2 School fees are due and payable in advance on the 1st day of January each year, notwithstanding date of signature hereof.
- 2.3 Notwithstanding 2.2 above, the School is prepared to accept payment of school fees in monthly instalments, subject to the completion and return of this agreement, in which case the School will accept payment of school fees in 12 equal instalments commencing on or before the first day of January each year and thereafter on or before the first day of each succeeding month until all the school fees for 2014 is paid in full.
- 2.4 In addition to payment of the school fees for the applicable year, I/We undertake to make punctual payment of all additional costs which may from time to time be levied which relate, but are not limited, to Personal Accident Insurance, ACSI membership fees, school camps, medical requirements, transport, books and any other costs
- 2.5 Which may arise during the course of the year. I/We undertake to pay these additional costs upon presentation of a request for payment from the School.

- 2.6 I/We further undertake:
- 2.6.1 To pay the school fees punctually in accordance with the provisions of this agreement;
- 2.6.2 In the event of my/our child / ward leaving the school, a full term's notice must be given in writing to the Headmaster, failing which I/we will be liable for a full term's fees in lieu of notice.

- 2.7 I/We undertake to pay the school fees as follows (indicate your choice)
(Mark with an "X"):
- 2.3.1 A single payment of the full amount: _____
- 2.3.2 12 equal instalments: _____

2.8 No indulgence or latitude will be construed as a waiver or novation of any rights the School might have.

2.9 We request that School fees are paid into the Maritzburg Christian School Bank Account - ABSA Bank Pietermaritzburg , Main Branch, Account No: 4053 476 270, Branch Code : 632005.

2.10 Should I/we require any special concessions regarding the payment of fees, I/we shall present a written request to the School Board of Governors for consideration. Until such time as any concession is granted by the School, I/we shall be liable to pay the full fees in accordance with the agreement.

3. **DEFAULT**

- 3.1 In the event that I/we fail to make any payment promptly and on or before due date, the full amount then due to the school will immediately become due, owing and payable and the School shall have the right to proceed against me/us for the full amount owing without further notice to me/us.
- 3.2 In the event of non-payment of school fees as envisaged by paragraph 3.1 above, the School may, but will not be obligated to, terminate further services and to ask a learner(s) to leave the School.
- 3.3 Should I/we fail to make payments in accordance with this agreement, the School may institute legal action against me/us for collection of the arrear school fees, in which event I/we will be liable for costs on the scale as between attorney and client, including collection commission and tracing fees.

3.4 A certificate signed by the Principal or the Bursar shall be *prima facie* proof of any amount outstanding in terms of this agreement.

4. **GENERAL**

- 4.1 Parents/Guardians shall be jointly and severally liable for payment of school fees.
- 4.2 No variation or amendment of this agreement will be of any force or effect, unless it is reduced to writing and signed by the parents/guardians and the school.
- 4.3 I/We nominate the abovementioned address as my/our *domicilium citandi et executandi*.

Dated at _____ on this _____ day of _____ 2015.

FATHER/GUARDIAN

MOTHER/GUARDIAN

HEADMASTER/BURSAR

FOR OFFICIAL OFFICE USE ONLY:

- 1. Birth Certificate
- 2. Report
- 3. Certified Copies of pay slips.
- 4. Identity Documents and ID photo
- 5. Municipal Accounts

- 6. Financial Feedback Form Received:
- 7. Fee agreement and undertaking
- 8. Code of Conduct tear- off slip received
- 9. Debit Order Received
- 10. All Documents Received:

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Principals comments :

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Initial Application accepted:

Initial Application rejected:



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Confidential Questionnaire:
Re: Financial Feedback

To be completed by school and returned via fax directly to MCS

Fax Number : (033) 386 1941

Att: Admissions Secretary

(Please note: This form must be returned ASAP. The application will remain as pending until it has been received)

Name of learner :	DoB :	School :
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FINANCE:

Current fees per month:	
Are fee payments always up to date?	
Has the school ever had to hand learner's account over?	

Any other relevant information:

We thank you for your time and effort

BURSAR SIGNATURE _____

PRINT NAME _____

DATE _____

SCHOOL STAMP



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BANK DEBIT ORDER INSTRUCTION

Name (Debtor): _____	Date : _____
Address : _____	Contact Tel : _____
_____	Debit Amount : _____
Statement No: _____	Start Date : _____

The details of my/our account are as follows:

BANK : _____	ACCOUNT NAME : _____
BRANCH NAME : _____	ACCOUNT NO. : _____
BRANCH CODE : _____	TYPE OF A/C : _____

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorize you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 days' notice and sent by prepaid registered post or delivered to your address indicated above. Please note that Debit orders will be automatically amended as fees are increased annually.

The individual payment instructions so authorized to be issued must be issued and delivered as follows

- On the _____ day ("payment day") of each and every month. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;
- Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

Signed at _____ on this _____ day of _____ 20__

 NAME (IN PRINT LETTERS)

 SIGNATURE (AS USED FOR SIGNING CHEQUES)