

Bahia Formosa Pre & Primary School

APPLICATION FORM 2027

12 Ladywood Road
Plettenberg Bay
6600

PO Box 670
Plettenberg Bay
6600

Tel: (044) 533-1498
e-mail: info@bahiaformosaschool.co.za
Fax: 086 611 0579



BAHIA FORMOSA SCHOOL
"A HOLISTIC EDUCATION FOR ALL"

We welcome you to our School!

Bahia Formosa Pre & Primary School (Association Incorporated Under Section 21)
Registration number 2016/165792/08 NPO: 267-232 Umalusi Accreditation No: 22 SCH01 00946

Bahia Formosa Pre & Primary School: REGISTRATION FOR ADMISSION 2027

YEAR APPLIED FOR : _____

GRADE APPLIED FOR :

RR	R	1	2	3	4	5	6	7	8	9
----	---	---	---	---	---	---	---	---	---	---

CURRENT GRADE _____ LAST GRADE PASSED _____ YEAR _____ GRADE/S REPEATED _____

→ **MOST IMPORTANT**
This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are attached.

FOR OFFICE USE

Date when registration form was received _____ Notes _____ Current Admission Number _____	Approved _____ Date _____ Commencement Date: _____ Grade: _____	Family Code _____ Credit Reference _____ Siblings at 1. _____ The school 2. _____
---	--	--

NECESSARY SUPPORTING DOCUMENTS, COMPLETED SECTIONS & FORMS

Documentation Needed:

- a) Certified copy of the child's birth certificate
- b) Latest academic report
- c) Transfer card (issued from previous school)
- d) Clinic card
- e) x2 Most recent photo of the child (passport size)
- f) Certified copies of both parents' identity documents
- g) Proof of income & Proof of address

SECTION 1: LEARNER'S PARTICULARS

SURNAME _____	FULL NAMES AS ON BIRTH CERTIFICATE / ID DOCUMENT _____															
PREFERRED NAME _____	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> IDENTITY NUMBER															
DATE OF BIRTH _____	AGE _____	GENDER MALE FEMALE														
HOME & OTHER SPOKEN LANGUAGE/S: HOME _____ OTHER _____																
LANGUAGE/S OF LEARNING & TEACHING FIRST (HL): ENGLISH SECOND (FAL): AFRIKAANS																
NUMBER OF CHILDREN IN FAMILY _____ POSITION OF CHILD IN FAMILY _____																
NATIONALITY _____ COUNTRY OF ORIGIN _____ DATE OF IMMIGRATION _____																
PREVIOUS SCHOOL'S NAME: _____																

RACE	ASIAN	AFRICAN	COLOURED	INDIAN	WHITE	OTHER
------	-------	---------	----------	--------	-------	-------

RELIGION _____ RESIDENCE

PARENTS	GUARDIANS
---------	-----------

TRANSPORT TO/FROM SCHOOL

MOTOR VEHICLE	BUS	TAXI	WALK
---------------	-----	------	------

SECTION 2: LEARNER'S MEDICAL DETAILS

BLOOD TYPE

O+	O-	A+	A-	AB-	AB+	B+	B-	UNKNOWN
----	----	----	----	-----	-----	----	----	---------

FAMILY DOCTOR: NAME _____ TEL NO _____

ADDRESS _____ CODE _____

MEDICAL AID: NAME _____ MEMBER NUMBER _____

MAIN MEMBER: INITIALS & SURNAME _____ ID NUMBER _____

OPTION _____

1. Has the learner received all the necessary immunisations? If no, please state reason

YES	NO
-----	----

If NO, state reason _____

2. Has the learner suffered from any of the following illnesses? Please indicate with an **X**

☐ ASTHMA	☐ ENTERIC FEVER	☐ MEASLES	☐ SCARLET FEVER
☐ CHICKEN POX	☐ GERMAN MEASLES	☐ MUMPS	☐ TIBBITE FEVER
☐ DIABETES	☐ HEPATITIS	☐ POLIO	☐ TYPHOID FEVER
☐ DIPHTHERIA	☐ MALARIA	☐ RHEUMATIC FEVER	☐ WHOOPING COUGH

3. Does the learner suffer from any allergies?

YES	NO
-----	----

If yes, please give details _____

4. Does the learner have any special medical needs?

YES	NO
-----	----

If yes, please give details _____

5. Does or has the learner suffered from any other illnesses or disabilities?

YES	NO
-----	----

If yes, please give details _____

6. Is the learner receiving medical treatment for any condition

YES	NO
-----	----

If yes, please give details _____

7. Is or has the learner suffered from or received treatment for any psychological or emotional challenges?

Yes	No
-----	----

If yes, please give details _____

8. Has the learner had any operations?

Yes	No
-----	----

If yes, please give details _____

Please specify any other relevant medical details:

SECTION 3: LEARNER'S MEDICAL DETAILS – CONSENT

In a critical medical situation, please bear in mind that there may not be time to refer to the learner's records.

The school therefore reserves the right to utilise the quickest medical service available.

I, _____ being the parent / legal guardian of

_____ hereby agree that a medical practitioner may provide emergency treatment as may be necessary.

SIGNATURE OF PARENT / LEGAL GUARDIAN: _____

SECTION 4: DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

SURNAME

FULL NAMES as indicated in the ID DOCUMENT

TEL H: _____ TEL W: _____ CELL: _____

EMAIL ADDRESS (please write legibly) _____

RELATIONSHIP: _____

SECTION 5: DETAILS OF FATHER / STEPFATHER / LEGAL GUARDIAN

Complete only if **NOT** the account holder. **REFER TO SECTION 8.**

SURNAME

FULL NAMES as indicated in the ID DOCUMENT

DESIGNATION

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	
----	-----	----	------	----	-----	------	-------	--

IDENTITY NUMBER

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

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS

WORK ADDRESS

POSTAL ADDRESS

TEL HOME: _____

TEL WORK: _____

CELL: _____

EMAIL ADDRESS (please write legibly) _____

PARENTAL STATUS

Learner Living With Parent/S	Learner's Legal Guardian	Access Rights To Learner	Access Rights In An Emergency Only
------------------------------	--------------------------	--------------------------	------------------------------------

SECTION 6: DETAILS OF MOTHER / STEPMOTHER / LEGAL GUARDIAN

Complete only if **NOT** the account holder. **REFER TO SECTION 8.**

SURNAME _____

FULL NAMES as indicated in the ID DOCUMENT _____

DESIGNATION

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	
----	-----	----	------	----	-----	------	-------	--

IDENTITY NUMBER

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

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS

WORK ADDRESS

POSTAL ADDRESS

TEL H _____

TEL W _____

CELL _____

EMAIL ADDRESS (please write legibly) _____

PARENTAL STATUS

Learner Living With Parent/s	Learner's Legal Guardian	Access Rights To Learner	Access Rights In An Emergency Only
-------------------------------------	---------------------------------	---------------------------------	---

SECTION 7: DECLARATION OF PARENTS / LEGAL GUARDIANS

We, the undersigned, _____, hereby certify that the information given by us in this Application for Admission is complete and accurate. We also agree to the conditions as set out herein.

We understand that the prescribed number of learners per class may be exceeded through the placing of a current learner that has to repeat a grade.

This Application for Admission will be reconsidered in the case where important relevant information, which should be brought to the School's attention, is withheld.

We have read the Code of Conduct and Dress Code and will accept an offer of placement for our child at the School in accordance with the terms and conditions set out herein.

NB: The signature of both parents and / or legal guardians are required where applicable.

SIGNATURE OF FATHER / STEPFATHER / LEGAL GUARDIAN

DATE

SIGNATURE OF MOTHER / STEPMOTHER / LEGAL GUARDIAN

DATE

SECTION 8: DETAILS OF ACCOUNT HOLDER

SURNAME _____

FULL NAMES as indicated in the ID DOCUMENT _____

DESIGNATION _____

MR	MRS	MS	MISS	DR	REV	PROF	OTHER	
----	-----	----	------	----	-----	------	-------	--

IDENTITY NUMBER _____

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

RELATIONSHIP _____ MARITAL STATUS _____

OCCUPATION _____ EMPLOYER _____

RESIDENTIAL ADDRESS _____

WORK ADDRESS _____

POSTAL ADDRESS _____

TEL H _____

TEL W _____

CELL _____

EMAIL ADDRESS (please write legibly) _____

SECTION 9: DECLARATION OF ACCOUNT HOLDER

We/I, the undersigned, _____, hereby certify that the information given by the Account Holder in this Application for Admission is complete and accurate.

We accept joint and several liability to BAHIA FORMOSA PRE & PRIMARY SCHOOL for the due and punctual payment of the once-off non-refundable book / educational & equipment fee, school fees, and any other amounts which may become due and payable to the School in respect of participation in or attendance of any extracurricular activity.

We accept the Financial Terms and Conditions of which a copy has been kept in school policies.

NB: The signature of the Account Holder and that of a 2nd parent / a parent / or legal guardians are required where applicable.

SIGNATURE OF ACCOUNT HOLDER _____

DATE _____

SIGNATURE OF 2ND PARENT / A PARENT / LEGAL GUARDIAN _____

DATE _____

SIGNATURE OF AN AUTHORISED SCHOOL REPRESENTATIVE _____

DATE _____

SECTION 10: FINANCIAL TERMS AND CONDITIONS

1. ACCEPTANCE OF LIABILITY

- 1.1 The person responsible for the account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the account, alternatively binds him/herself as co-debtor and surety for payment of all fees to the School.
- 1.2 The legal guardian, as described in the Application, binds him/herself as surety and co-debtor for the payment of all legal fees by the Account Holder or any other payments that may arise from this Agreement.

2. TERMS OF PAYMENT

- 2.1 It is recorded that fees are determined at the end of the year and that the Account Holder is informed of the result in writing.
- 2.2 The Account Holder shall immediately inform Bahia Formosa School if he/she has not received a statement at the beginning of every month which reflects the payment that he/she has done.
- 2.3 Fees for 11 (eleven) months are payable monthly in advance by means of direct deposit or EFT, on or before the 3rd (third) day of each calendar month or annually in advance by 28 February, depending on the fee payment option exercised by the Account Holder in the Application.
- 2.4 The School reserves the right to charge interest of **10% (ten per cent) on all accounts that are in arrears by 30 (thirty) days or longer.**
- 2.5 Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the School.
- 2.6 In the event where **an existing account is / has not been managed in the proper manner, no further Applications will be considered.**

3. BREACH OF CONTRACT

In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the School may in its sole discretion:

- 3.1 **Refuse the learner entry to the School's premises until the breach has been remedied; or**
- 3.2 **Claim damages from the Account Holder and / or the surety and legal guardian; or**
- 3.3 **Take whatever legal steps that may be necessary.**

4. GENERAL

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill of exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

5. JURISDICTION

This Agreement is subject to South African law.

6. CREDIT INFORMATION

The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

7. DOMICILIUM

The parties choose as their domicilium citandi et executandi the addresses set out in the Application.

8. LEGAL FEES

In the event where the School takes legal action against the Account Holder, he/she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

9. CANCELLATION

9.1 The Account Holder undertakes to give 30 (thirty) calendar days written notice of termination of the enrolment of a learner, failing which the liability for the full amount of the following term's fees shall be owing.

9.2 The School shall be entitled to terminate the enrolment of any learner under the following circumstances:

9.2.1 Summarily, and with immediate effect, if the learner is guilty of any offence which, in the sole opinion of the School, renders his/her continued enrolment at the School impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such learner.

9.3 In the event of emigration, which is a long process, the School requires 1 (one) full term's written notice in advance.

SIGNATURE OF ACCOUNT HOLDER

DATE

SECTION 11: GENERAL INDEMNITY

1. The School and its staff as well as the School Governing Body and Directors undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all learners, educators and visitors to the School.
2. The School and its staff as well as the School Governing Body and Directors do not accept any responsibility for accidents, harm or loss that may take place in the class, on the school terrain.
3. Each parent is therefore requested to complete this form as proof that you accept the position of the School and its staff as well as the School Governing Body and Directors as set out above as well as the risks involved therewith.
4. I, _____, being the parent / legal guardian of _____ who is enrolled as such and accepted by the School, subject to the terms set out herein, indemnify the School and its staff as well as the School Governing Body and Directors for the time being of the Bahia Formosa Pre and Primary School, Reg no. 2016/165792/08) for any injury, losses or damages in general, however they may occur, that I as parent / legal guardian of the above learner may suffer as a result of any occurrence whereby the learner may be involved, whether as the causing or suffering party, whilst participating in any school activity.
5. In particular, I authorise that the aforesaid learner may be involved in all excursions undertaken by his/her group or class during school days as part of his/her learning experience and where applicable, I agree that he/she may utilise the transport arranged by the School for such excursions. I also indemnify the School and its staff as well as the School Governing Body and Directors for any damages or losses that I as parent / legal guardian of the above learner may suffer under such circumstances and voluntarily accepts the risks associated therewith.
6. In the event of the aforesaid learner making use of the bus/taxi service to and from the School, I acknowledge that I am aware that such service is operated by an independent contractor and that neither the School and its staff as well as the School governing Body and Directors accepts any responsibility therefore.

SECTION 12: PERMISSION TO USE PHOTOGRAPHS

I understand and acknowledge that, from time to time, informal photographs are taken of the School's learners, but that, insofar as these photographs are placed in the possession or control of the School and its staff as well as the School Governing Body and Directors, these photographs might be used by the School and its staff as well as the SGB and Directors in the electronic and/or printed media, newspaper advertisements, magazine advertisements, brochures, flyers, posters, billboards, banners, flippers and signage on buildings and vehicles, which use will be solely for purposes of marketing the School. As all marketing material of the School portrays excellence, the School will at all times, insofar as the use and publication of photographs are placed in the control of the School ensure that these photographs are used in good taste.

SIGNED AT _____ ON THIS _____ DAY OF _____

AS WITNESSES:

1. _____

2. _____

SIGNATURE OF PARENT / LEGAL GUARDIAN



BAHIA FORMOSA SCHOOL
"A HOLISTIC EDUCATION FOR ALL"

BAHIA FORMOSA SCHOOL

P O Box 670
PLETTENBERG BAY
6600

Tel : (044) 5331498 Fax : (086) 6110579

MEMORANDUM OF AGREEMENT: SCHOOL FEES

entered into by and between

MR/DR/MRS/MISS :(Full names & Surname)

PHYSICAL ADDRESS:

PARENT/GUARDIAN OF : GRADE
and

THE GOVERNING BODY OF BAHIA FORMOSA SCHOOL, PLETTENBERG BAY

As parent/guardian of the above pupil/s at Bahia Formosa School, I/we undertake to ensure that the school fees are paid in terms of the conditions stated herein. I/We agree to the jurisdiction of the Magistrates Court, and further consent to pay costs on the scale of attorney own client for any legal action that might arise out of this agreement. I/We choose the above address as my/our domicilium citandi et executandi for any execution or delivery of any notice or legal process that may arise out of this agreement.

School fees are payable in advance on a monthly basis. Arrangements can be made to pay arrears monthly. Should such payments not be up to date, the full arrears amount becomes due and payable immediately. We advise that interest at current rates may be charged on overdue accounts. This agreement is binding for the full period and after, your child/ren attend/s Bahia Formosa School.

I/We have elected to pay as follows : (Please tick only ONE block)

Cash deposit/ EFT / Stop order

Yearly in advance	Monthly in Advance	Date of payment			
		1st	15th	25th	31st

**** NB. Should you agree to do cash deposit by the bank for any reason, I/we agree to pay a fee of R20.00 per deposit to cover additional bank charges & administration.**

Occupation of Payer : Employer :

Postal Address of Payer : Code :

Telephone No. of Payer : (Home) (Work) :

Cellphone No. :

Email Address of Payer :

I.D. Number of Account Payer:.....

SIGNATURE OF ACCOUNT PAYER : Date :