



APPLICATION/ENROLMENT FORM

Tel:041 5812395/Email: alphastep@mweb.co.za

Pupil-First Name/s.....**Surname:**.....

Date of birth (yyyy/mm/dd)..... Gender: Male Female

Childs "calling" name.....

First day of attendance:..... Full day Half day Attendance

Home language..... HomeTel.No.

HOME ADDRESS:

Street number/name.....

Suburb.....

Town.....

Previous school attended by pupil.....

Immunisations up to date Y/N - It is a requirement that all immunisations are up to date at the time of admission.

List any Allergies/medical problems?

.....

Name and Surname of Father

ID no:.....

EMPLOYER:.....

Occupation.....

Work address

Work tel. Cell Phone No :.....

E-mail address

Name and Surname of Mother

ID no:

EMPLOYER:..... Occupation.....

Work address

Work tel. Cell phone No.

E-mail address

Other children in the family

Name 1..... Age.....

Name 2..... Age.....

Medical Aid:.....

Membership Number:.....

Doctor.....

Telephone No.....

Who will be transporting/collecting the child to/from School:

.....

Nobody else but listed persons will be allowed to collect your child from school unless very specific arrangements are made.

If your child should be ill at school who else could we contact in an emergency?

1. Name..... Telephone No.....
Relation (e.g. grandmother?).....
2. Name..... Telephone No.....
Relation
3. Name..... Telephone No.....
Relation

Please bring along a copy of the parents ID, a copy of the child's birth certificate, copy of the medical aid card (if applicable) and vaccination card.

We acknowledge and accept that this is a Christian based centre and that my child will be read bible stories and will celebrate Christian occasions e.g. Easter/Christmas and will say a Christian based grace before eating a meal.

SCHOOL FEES (Please Sign next to your choice).

Annual Payment – 10% Discount

Term Payment - 5% Discount

I undertake to pay the term fee on or before the first day of each term per EFT (There are 4 terms in a year)

Monthly Payments – FEES ARE PAYABLE IN ADVANCE

Per:- DEBIT ORDER:

R50.00 Discount on fees per month – only for enrolments from January annually.

Payment is scheduled on or before the last day of each month-December – November (both months inclusive)

Per:- EFT.....

I undertake to pay the fee before or on the first day of initial attendance and on or before the last day of each month thereafter, for the coming month.

School fees must reflect in our bank account by the 4th day of the month/term to ensure your child's continued acceptance in his/her class.

PLEASE NOTE: Children will be suspended with immediate effect if a debit order is unpaid/fees not reflecting in bank account on or before 4th day of each calendar month.

I understand that my child may not attend school from the 5th of the month if school fees have not been paid.

I undertake to give the school a month's written notice before my child will leave the school alternatively I will pay a full month's fee.

I understand that November and December cancellations will not be accepted.

If pupils arrive late in the term after a prolonged holiday, e.g. only arrives in February, parents will still be responsible for the full term fee.

STATIONERY AND OTHER REQUIREMENTS.

I further acknowledge and undertake to supply the stationery items (mandatory) and other incidental items as listed on the relevant form, failing which an amount in lieu of the incidental items will be charged to my account.

A non-refundable enrolment fee is payable on submission of your application

R450.00 - all pupils aged 12 months to Grade 00

R850.00 – Grade R

Bank Details for payment of the non-refundable enrolment fee:

Account Name: Alpha Step Educare

Bank: Nedbank Branch Code: 11371700

Account Number: 109 693 4825

As we perform credit checks a consent to credit check form will need to be completed and submitted with your application form.

Please note: Should you have an adverse credit record your child will be admitted however proof of payment will need to be furnished on the 1st business day of each month for continued attendance.

.....
SIGNATURE

DATE

.....
SIGNATURE

DATE

Person/s responsible for payment.

**PLEASE ADVISE US IMMEDIATELY SHOULD ANY OF THE DETAILS FURNISHED HEREIN CHANGE
E.G. EMPLOYER/ADDRESS/CONTACT NUMBERS**

CONSENT FOR CREDIT CHECK

I, _____
(PARENT, GUARDIAN, PERSON RESPONSIBLE FOR PAYMENT OF FEES)

Of _____ (name of child/children)

Accept that Alpha Step Educare (Private Educare Centre) reserves the right to conduct appropriate credit checks on prospective parents / persons responsible for payment of school fees and requires the consent to do so from the person (s) responsible for payment of fees, in order to consider and process this application.

The applicant hereby acknowledges and agrees that Alpha Step Educare (Private) may:

- a) Perform a credit search on the applicant's record with one or more registered Credit Bureaus when assessing the applicant's application for admission.
- b) Monitor the credit applicant's behaviour by researching his/her record at one or more of the Credit Bureaus.
- c) Use new information and data obtained from the Credit Bureaus.
- d) Record the existence of the applicant's account with any Credit Bureau.
- e) Record and transmit details of how the applicant has performed in meeting his/her financial obligation to the School.

Father's details:

ID No: _____ RSA ID: **OR**

Passport Number Country of Origin.....

Title: _____ Surname _____ Full Names: _____

Marital status: _____ Date of birth: _____

Home Address: _____

Postal Address: _____

Telephone: _____ (H) _____ (W)

Employment: _____ (Occupation)

Employer: _____

Signature

Mother's details:

ID No: _____ RSA ID: **OR**

Passport NumberCountry of Origin.....

Title: _____ Surname _____ Full Names: _____

Marital status: _____

Date of birth: _____

Home Address: _____

Postal Address: _____

Telephone: _____ (H) _____ (W)

Employment: _____ (Occupation)

Employer: _____

Signature