

Tulip Centre, cnr Van Wyk
& Paragon Streets, Roodepoort
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www.tulipcombinedschools.com

TULIP COMBINED SCHOOL

Established: 1994

(Non Profit Company)

1. A registration fee of R500.00, to be deposited into the account reflected on the admission form as follows:

BANK DETAILS

BANK NAME: ABSA

ACCOUNT NUMBER: 405 445 7742

BRANCH: JOHANNESBURG CENTRAL

BRANCH CODE: 632005

REFERENCE: NAME, SURNAME AND GRADE

TULIP COMBINED SCHOOL APPLICATION FOR GRADE R ADMISSION

HALF DAY

FULL DAY

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.

NECESSARY SUPPORTING DOCUMENTS, COMPLETED SECTIONS AND FORMS

- COPY OF CHILD'S BIRTH CERTIFICATE
- COPY OF CHILD'S VACCINATION RECORDS IF AVAILABLE
- COPY OF LEARNER'S RESIDENCE/STUDY PERMIT, IF FOREIGN
- ALL SECTIONS COMPLETED AND SIGNED
- PARENT(S) I.D COPIES AND PROOF OF EMPLOYMENT
- PARENT AND LEARNER PHOTOS

SECTION 1: CHILD'S PERSONAL DETAILS

Surname

Full names as on birth certificate/id document

Nickname
I.D No.

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

Date of birth _____ Age _____ Gender _____

Home and other spoken languages/s Home _____ Other _____

Language/s of learning and teaching First _____ Second _____

Number of children in family _____ Position of child in family _____

Nationality _____ Country of origin _____

Religion _____

Transport to/from school

TRANSPORT DRIVER	PARENT	WALKS TO SCHOOL
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Person dropping child at school _____ Contact _____

Person collecting child from school _____ Contact _____

SECTION 2: PREVIOUS DAY SCHOOL/NURSERY

Name of school/institution _____

Address _____ Code _____

Tel No _____ Fax _____

Contact person _____

Has admission to any other nursery school(s) ever been refused? If yes, please state reason

YES	NO
-----	----

SECTION 3: CHILD'S MEDICAL DETAILS

BLOOD TYPE

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

Family doctor name _____ Tel no _____

Address _____ Code _____

Medical aid Name _____ Medical Aid _____

Main member Initials and Surname _____

Main member ID no.

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

Medical aid option _____

Has the child received all the necessary immunizations? If no, please state reason

YES	NO
-----	----

Reason _____

Has the child suffered from any of the following illnesses? Please indicate with an X.

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Enteric fever | <input type="checkbox"/> Measles | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> German measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tickbite fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Polio | <input type="checkbox"/> Typhoid fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Malaria | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Whooping cough |

Does the child suffer from any allergies?

YES	NO
-----	----

If yes, please give details _____

Does the child have any special needs?

YES	NO
-----	----

If yes, please give details _____

Does or has the child suffered from any other illnesses or disabilities?

YES	NO
-----	----

If yes, please give details of illness or disability _____

Is the child receiving medical treatment for any condition?

YES	NO
-----	----

If yes, please give details _____

Is or has the child suffered from or received treatment for any psychological
or emotional disorder?

YES	NO
-----	----

If yes, please give details _____

Has a child had any operations?

YES	NO
-----	----

If yes, please give details _____

Please specify any other relevant medical details. _____

SECTION 3: CHILD'S MEDICAL DETAILS – CONSENT

In a critical medical situation, please bear in mind that there may not be time to refer to the child's record. The school therefore reserves the right to utilize 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 FATHER/STEPFATHER/LEGAL GUARDIAN

Complete only if **NOT** the account holder. Refer to section 7.

Surname Full names as on birth certificate/id document

Designation

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

Relationship ID

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

Occupation _____ Marital Status _____

Employer _____

Residential address	Work address	Postal address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tel H _____ Tel W _____ Cell _____

Email address (please write legibly) _____

Relationship

CHILD LIVING WITH PARENT/S	CHILD'S LEGAL GUARDIAN
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SECTION 5: DETAILS OF MOTHER/STEPMOTHER/LEGAL GUARDIAN

Complete only if **NOT** the account holder. Refer to Section 8.

 Surname Full names as on birth certificate/id document

Designation

Mr	Mrs	Ms	Miss	Dr	Rev	Prof	Other
----	-----	----	------	----	-----	------	-------

 Relationship ID

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

Occupation _____ Marital Status _____

Employer _____

Residential address	Work address	Postal address

Tel H _____ Tel W _____ Cell _____

Email address (please write legibly) _____

Parental status

CHILD LIVING WITH PARENT/S	CHILD'S LEGAL GUARDIAN
-----------------------------------	-------------------------------

SECTION 6: DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

 Surname Full Names

Tel H _____ Tel W _____ Cell _____

Email address (please write Eligibly) _____

Relationship: _____

SECTION 7: SCHOOL FEES

GRADE R - FULL DAY		GRADE R – HALF DAY	
Registration	Monthly fees	Registration	Monthly fees
R500.00 (non - refundable)	R2000.00 (non - refundable) INCLUSIVE OF MEALS	R500.00 (non - refundable)	R1600.00 (non - refundable) INCLUSIVE OF MEALS

- The rates quoted are payable monthly, in advance, on/ or before the last day of each month.
- Please note that school fees are payable in full.

N.B: UNIFORM WILL BE SOLD AT SCHOOL

SECTION 8: DETAILS OF ACCOUNT HOLDER

 Surname Full names as on birth certificate/id document

Designation

Mr	Mrs	Ms	Miss	Dr	Rev	Prof	Other
----	-----	----	------	----	-----	------	-------

 Relationship ID

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

Occupation _____ Marital Status _____

Employer _____

Residential address	Work address	Postal address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tel H _____ Tel W _____ Cell _____

Email address (please write legibly) _____

Parental status

DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

1. Name _____ Gr _____
2. Name _____ Gr _____
3. Name _____ Gr _____
4. Name _____ Gr _____
5. Name _____ Gr _____
6. Name _____ Gr _____

SECTION 9: COMPULSORY SCHOOL FEE PAYMENT

PARENT SHOULD KNOW THAT THIS IS AN INDEPENDENT SCHOOL THEREFORE THE SCHOOL FEE IS COMPULSORY.

PARENT

I, have read, understood and commit myself to comply with and fulfill all the terms and conditions of this admission contract.

Signed:

Date:

SECTION 10: SIGNATURE OF PARENTS/LEGAL GUARDIAN AND/ OR ACCOUNT HOLDER

PLEASE READ, SIGN AND RETURN TO THE SCHOOL

COMPLETION OF THE APPLICATION FORM DOES NOT GUARANTEE ACCEPTANCE OF YOUR CHILD(REN) INTO THE SCHOOL.

TERMS AND CONDITIONS

The parent (or legal guardian) agrees to the following:

1. All fees are payable monthly in advance.
2. The fee tariff will be determined by the School from time to time and will be advised to the parent (legal/guardian), in writing, at least one month prior to the next payment being due.
3. Interest will be levied on overdue accounts at the appropriate rate.
4. Once a pupil has been admitted to the School, a term's notice of her withdrawal must be given in writing to the School Management. If such notice is not given, a full term's fees at the rate applicable for the next succeeding term will be paid in lieu thereof.
5. The parent, by signature hereto, agrees that any grievance shall be directed firstly to the specific teacher. Should such parent not be satisfied, such parent may approach the relevant Phase H.O.D; hereafter such parent may lodge a written complaint to the Principal.
6. The School may from time to time prescribe rules and regulations for the proper running of the school. The parent agrees to be bound by such rules and regulations and the School shall notify the parent of any material amendments thereto.
7. The parent understands and accepts that the school is a Christian organization and that the rules may prescribe Christian conduct. The school supports religious and educational policies at the school takes place in accordance with this ethos; this involves attendance of bible study classes.
8. The School and its representatives are hereby indemnified in relation to any death or injuries, damages, or loss to property sustained by its pupils within or outside the school boundaries, whether such pupil is in transit, or whether such incident occurs whilst in the company and/or control of a representative of the school, and whether death, injury or loss sustained can or cannot be ascribed to any act, omission or negligence on the part of the School, its teachers, its employees or representatives.
 - 8.1 It is hereby agreed that a parent or legal guardian or any other third party who assists in the supervision and/or transport of a pupil will, for the purposes of this clause, be deemed to be a representative of the School.
 - 8.2 This indemnity will also extend to after school care and all other extra mural activities.
9. The School reserves the right, without notice, to vary these conditions from time to time, but failure by the School to enforce conditions shall not constitute a waiver of its rights.
10. In the event of any default by the Parent/Legal Guardian of any provision of this agreement, the Parent/Legal Guardian hereby consents and authorises Tulip Combined School to furnish the name, credit record and repayment history of the Parent/Legal Guardian to any credit bureau or credit authority as a delinquent debtor.

PLEASE PRINT:

I, _____ parent /

Guardian of _____

hereby certify that I am duly authorized to sign this Application for the registration of the abovementioned pupil and I confirm that I am aware of the terms and conditions as stated on this form, and that, by my signature hereto, I bind myself to such terms and conditions which shall be applicable to any pupil or pupils I have enrolled at your School. I acknowledge that any reference as to parent in this form will be applicable to me.

Date _____

Signed _____

INFORMATION

Please note that the completion of application forms does not guarantee your child a place, as your child will have to fulfill the following requirements:

1. Pay an application fee of R100.00, to be deposited into the account reflected on the application form as follows:

BANK DETAILS

BANK NAME: ABSA

ACCOUNT NUMBER: 405 445 7742

BRANCH: JOHANNESBURG CENTRAL

BRANCH CODE: 632005

REFERENCE: NAME, SURNAME AND GRADE412

2. **SIT FOR AN ENTRY TEST, TO BE WRITTEN ON 3 OCTOBER 2017 AT 8:30. OF WHICH RESULTS WILL BE RELEASED ON THE 06 OCTOBER 2017**
3. **ON THE EXAM DAY YOUR CHILD MUST BE IN FULL SCHOOL UNIFORM OF HIS/HER CURRENT SCHOOL.**
4. **GRADE 11 REPEATERS NEED NOT APPLY**
5. **REGISTRATION FEE FOR 2018 CAN BE PAID (50% OR IN FULL) BEFORE OR AFTER A LEARNER SITS FOR AN ENTRY TEST.**
N.B. THE ENTRY TEST IS NOT A REQUIREMENT FOR GETTING A PLACE.
6. **APPLICATION DEADLINE – 2 OCTOBER 2017.**

TULIP COMBINED SCHOOL APPLICATION FORM

MOST IMPORTANT

THIS APPLICATION FORM WILL ONLY BE PROCESSED IF ALL FIELDS ARE COMPLETED LEGIBLY, ARE SIGNED AND ALL NECESSARY SUPPORTING DOCUMENTS ARE ATTACHED.

NECESSARY SUPPORTING DOCUMENTS, COMPLETED SECTIONS AND FORMS

- COPY OF CHILD'S BIRTH CERTIFICATE
- COPY OF LEARNER'S LATEST REPORT CARD
- ALL SECTIONS COMPLETED AND SIGNED

SECTION 1: CHILD'S PERSONAL DETAILS

Surname

Full names as on birth certificate/id document

Nickname

I.D No.

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

Date of birth _____ Age _____ Gender _____

Home and other spoken languages/s Home _____ Other _____

Language/s of learning and teaching First _____ Second _____

Number of children in family _____ Position of child in family _____

Nationality _____ Country of origin _____

Religion _____

Transport to/from school

TRANSPORT DRIVER	PARENT	WALKS TO SCHOOL
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Person dropping child at school _____ Contact _____

Person collecting child from school _____ Contact _____

SECTION 2: PREVIOUS DAY SCHOOL

Name of school/institution _____

Address _____ Code _____

Tel No _____ Fax _____

Contact person _____

Has admission to any other school(s) ever been refused? If yes, please state reason

YES	NO
-----	----

SECTION 3: CHILD'S MEDICAL DETAILS

BLOOD TYPE

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

Family doctor name _____ Tel no _____

Address _____ Code _____

Medical aid Name _____ Medical Aid _____

Main member Initials and Surname _____

Main member ID no.

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

Medical aid option _____

Has the child received all the necessary immunizations? If no, please state reason

YES	NO
-----	----

Reason _____

Has the child suffered from any of the following illnesses? Please indicate with an X.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Enteric fever	<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet fever
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> German measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Tickbite fever
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Polio	<input type="checkbox"/> Typhoid fever
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Malaria	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Whooping cough

Does the child suffer from any allergies?

YES	NO
-----	----

If yes, please give details _____

Does the child have any special needs?

YES	NO
-----	----

If yes, please give details _____

Does or has the child suffered from any other illnesses or disabilities?

YES	NO
-----	----

If yes, please give details of illness or disability _____

Is the child receiving medical treatment for any condition?

YES	NO
-----	----

If yes, please give details _____

Is or has the child suffered from or received treatment for any psychological

YES	NO
-----	----

or emotional disorder?

If yes, please give details _____

Has a child had any operations?

YES	NO
-----	----

If yes, please give details _____

Please specify any other relevant medical details. _____

SECTION 4: CHILD'S MEDICAL DETAILS – CONSENT

In a critical medical situation, please bear in mind that there may not be time to refer to the child's record. The school therefore reserves the right to utilize 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 5: DETAILS OF FATHER/STEPFATHER/LEGAL GUARDIAN

Complete only if **NOT** the account holder.

Surname Full names as on birth certificate/id document

Designation

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

Relationship ID

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

Occupation _____ Marital Status _____

Employer _____

Residential address	Work address	Postal address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tel H _____ Tel W _____ Cell _____

Email address (please write legibly) _____

Relationship

CHILD LIVING WITH PARENT/S	CHILD'S LEGAL GUARDIAN
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SECTION 6: DETAILS OF MOTHER/STEPMOTHER/LEGAL GUARDIAN

Complete only if **NOT** the account holder. Refer to Section 8.

Surname Full names as on birth certificate/id document

Designation

Mr	Mrs	Ms	Miss	Dr	Rev	Prof	Other
----	-----	----	------	----	-----	------	-------

Relationship ID

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

Occupation _____ Marital Status _____

Employer _____

Residential address	Work address	Postal address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tel H _____ Tel W _____ Cell _____

Email address (please write legibly) _____

Parental status

CHILD LIVING WITH PARENT/S	CHILD'S LEGAL GUARDIAN
-----------------------------------	-------------------------------

SECTION 7: DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

EMERGENCY CONTACT PERSON 1

Surname Full Names

Tel H _____ Tel W _____ Cell _____

Email address (please write Eligibly) _____

Relationship: _____

EMERGENCY CONTACT PERSON 2

Surname Full Names

Tel H _____ Tel W _____ Cell _____

Email address (please write Eligibly) _____

Relationship: _____

SECTION 8: DETAILS OF ACCOUNT HOLDER

Surname _____

Full names as on birth certificate/id document _____

Designation _____

Mr	Mrs	Ms	Miss	Dr	Rev	Prof	Other
----	-----	----	------	----	-----	------	-------

_____ ID

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

Relationship _____

Occupation _____ Marital Status _____

Employer _____

Residential address	Work address	Postal address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tel H _____ Tel W _____ Cell _____

Email address (please write legibly) _____

Parental status

DETAILS OF CHILDREN IN YOUR CARE WHO ARE CURRENTLY AT THIS SCHOOL

- 7. Name _____ Gr _____
- 8. Name _____ Gr _____
- 9. Name _____ Gr _____
- 10. Name _____ Gr _____
- 11. Name _____ Gr _____
- 12. Name _____ Gr _____

SECTION 9: SIGNATURE OF PARENTS/LEGAL GUARDIAN AND/ OR ACCOUNT HOLDER

PLEASE READ, SIGN AND RETURN TO THE SCHOOL

COMPLETION OF THE APPLICATION FORM DOES NOT GUARANTEE ACCEPTANCE OF YOUR CHILD(REN) INTO THE SCHOOL.

TERMS AND CONDITIONS

The parent (or legal guardian) agrees to the following:

- 11. All fees are payable monthly in advance.
- 12. The fee tariff will be determined by the School from time to time and will be advised to the parent (legal/guardian), in writing, at least one month prior to the next payment being due.
- 13. Interest will be levied on overdue accounts at the appropriate rate.
- 14. Once a pupil has been admitted to the School, a term's notice of her withdrawal must be given in writing to the School Management. If such notice is not given, a full term's fees at the rate applicable for the next succeeding term will be paid in lieu thereof.
- 15. The parent, by signature hereto, agrees that any grievance shall be directed firstly to the specific teacher. Should such parent not be satisfied, such parent may approach the relevant Phase H.O.D; hereafter such parent may lodge a written complaint to the Principal.
- 16. The School may from time to time prescribe rules and regulations for the proper running of the school. The parent agrees to be bound by such rules and regulations and the School shall notify the parent of any material amendments thereto.
- 17. The parent understands and accepts that the school is a Christian organization and that the rules may prescribe Christian conduct. The school supports religious and educational policies at the school takes place in accordance with this ethos; this involves attendance of bible study classes.
- 18. The School and its representatives are hereby indemnified in relation to any death or injuries, damages, or loss to property sustained by its pupils within or outside the school boundaries, whether such pupil is in transit, or whether such incident occurs whilst in the company and/or control of a representative of the school, and whether death, injury or loss sustained can or cannot be ascribed to any act, omission or negligence on the part of the School, its teachers, its employees or representatives.
 - 18.1 It is hereby agreed that a parent or legal guardian or any other third party who assists in the supervision and/or transport of a pupil will, for the purposes of this clause, be deemed to be a representative of the School.
 - 18.2 This indemnity will also extend to after school care and all other extra mural activities.
- 19. The School reserves the right, without notice, to vary these conditions from time to time, but failure by the School to enforce conditions shall not constitute a waiver of its rights.
- 20. In the event of any default by the Parent/Legal Guardian of any provision of this agreement, the Parent/Legal Guardian hereby consents and authorises Tulip Combined School to furnish the name, credit record and repayment history of the Parent/Legal Guardian to any credit bureau or credit authority as a delinquent debtor.

PLEASE PRINT:

I, _____ parent /

Guardian of _____

hereby certify that I am duly authorized to sign this Application for the registration of the abovementioned pupil and I confirm that I am aware of the terms and conditions as stated on this form, and that, by my signature hereto, I bind myself to such terms and conditions which shall be applicable to any pupil or pupils I have enrolled at your School. I acknowledge that any reference as to parent in this form will be applicable to me.

Date _____

Signed _____