



# MISEVE CLASSICAL SCHOOL

CHILDREN ARE ARROWS - CHRIST THE TARGET

**PLEASE COMPLETE THE 2024 ENROLMENT FORM IN PRINT AND ATTACH ALL REQUIRED DOCUMENTATION.**

Copy of the child's birth certificate	Copy of Road to Health/ Immunisation (preschool ONLY)
Copy of parents'/ guardians' ID documents	Proof of Payment of enrolment fee

**For Office use only:**

Date of enrolment: \_\_\_\_\_

## PERSONAL INFORMATION

Child's Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex (Please mark by X): M  F

Method of transport (**Please circle**): Walk/ Private car/ Taxi/ Bus

Mother/ Guardian's Name: \_\_\_\_\_

Work place: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_ ID number: \_\_\_\_\_

Father/ Guardian's Name: \_\_\_\_\_

Work place: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_ ID number: \_\_\_\_\_

Child's address	
PHYSICAL	POSTAL

People authorized to pick up child (**Other than parent/s listed above**)

Name	Relationship to child	Contact number
1.		
2.		
3.		



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Level applying for (Please mark by X):

Level offered	Time	Tuition p/m	Food offered	Mark here (X)
Preschool	07h00 – 13h30	R 495-00	Breakfast and snack	
Preschool and extended care	07h00 – 16h30	R 595-00	Breakfast and snack	
Grade R	07h45 – 13h30	R 795-00	None	
Grade R and extended care	07h45 – 16h30	R 895-00	None	
Grade 1	07h45 – 13h30	R895-00	None	
Grade 1 and extended care	07h45 – 16h30	R 995-00	None	

**LATE FEE: R50 PER EVERY 1-30 MINUTES LATE PER DAY PER CHILD**

Method of school fees payment: EFT (via banking app)/ DIRECT Payment at school.

The parent/guardian understands that the quarterly school **tuition payment is due by the 7<sup>th</sup> of each month/quarter** and that no permission will be granted to any child to attend school without the settlement of their school fees, apart from that a late fee of 10% (p/m) or 30% (p/q) will be charged for late payments. The parent/guardian understands that scheduled days are established by the school. **Fees will not be waived or refunded for school days missed due to family vacations, illness, or for any other reason.** The parent/guardian understands that the only days they will not be billed for are the days the Learning Centre is closed outside of Public Holidays.

### Affordability

I confirm that I am in a sound financial position and can afford the fees set out in the current fee structure.

Initial here: \_\_\_\_\_

### Payment of fees

I understand that should my child be accepted, I will be liable for all fees payable in accordance with the school's policy. I understand that a term's written notice, 3 months prior, is required for the withdrawal of my child or a term's fees payable in lieu of notice.

**IF SOMEONE OTHER THAN THE ABOVE PARENTS/ GUARDIAN WILL BE RESPONSIBLE FOR FINANCES, PLEASE PROVIDE THEIR DETAILS AND ATTACH A PROOF OF ID.**

Mr/Mrs/Ms: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell number: \_\_\_\_\_ ID number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_



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### HEALTH INFORMATION (Please attach a separate sheet if necessary)

1) Any medical condition (Please list): \_\_\_\_\_

\_\_\_\_\_

2) Allergies/Reactions and treatment (Please list): \_\_\_\_\_

\_\_\_\_\_

3) Any concerns regarding your child's development (behavior, speech, language, mobility, etc) or any health issues which the school needs to be aware (seizures, asthma, vision, hearing, etc... (Please list and describe):

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL AID INFORMATION (If applicable)

Doctor's Name/Clinic: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Child's care card number: \_\_\_\_\_ Medical Aid Number: \_\_\_\_\_

### Consent for Emergency care

I, \_\_\_\_\_, authorize the staff of Miseve Classical School to call the emergency referrals or medical practitioner/ambulance in the case of illness or accident of my child, if the parents cannot be reached immediately. I assume full financial responsibility for any fees or expenses related to emergency treatment.

Signature of parent/s or guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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### Permission to Photograph

Documentation of the school's activities is part of the program. From time to time your child's pictures and videos may be taken and used for school related activities, such as display in child's personal scrapbook, facility's scrapbook or bulletin boards and on the School's website (media) for school marketing and advertisement. The pictures may also be used in school's brochures to hand to current parents and for YouTube promotional videos. By giving consent to this permission, the parent/s or guardian understands that photos of their child may be taken as they take part in the daily activities of the preschool/School.

I, \_\_\_\_\_, consent to give permission to Miseve Staff to take photos of (Child's name): \_\_\_\_\_ for the above mentioned purposes. I understand it is my responsibility to update this form and that it will remain in effect during the term of my child's enrolment.

#### **Declaration by parents/ guardians**

- The information furnished by me in this form is true and correct.
- I undertake to inform the school if any of the above information may change.
- I agree with and subscribe to the schools rules, norms, and ethos.
- I give full permission for my child to participate in extra-curricular activities.
- I accept the Executive Head/ Principal or his representative as a guardian if necessary.
- I confirm that all medical information supplied in this enrolment form for my child is accurate and complete. This information may be used in case of an emergency.
- I understand that if my child is accepted that I will still be liable for all fees payable in accordance to the school's policy, even if I have indicated that the fees will be paid by a third party.
- I agree to make sure that all fees due are paid on or before the due date.
- I agree to give a term's written notice of withdrawal of my child or to pay a term's fees in lieu of notice if the proper notice is not given.
- I have received and read the school policy, and therefore I agree to abide by the policies therein.
  - **By signing and initialing this enrolment form, you agree to the terms and conditions contained in this document as well as any terms and conditions contained in the Policies of the School and School Fees as detailed below, which form part of this enrolment form. If there is any provision in this document that you do not fully understand, please ask for an explanation before signing.**

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

SIGNATURE: \_\_\_\_\_



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## 2024 SCHOOL FEES SCHEDULE

Registration fee/Enrolment fee R250-00				
LEVEL	MONTHLY TUITION	QUARTERLY TUITION (3 Months)	YEARLY (12 Months)	YEARLY (10% discount)
Preschool	R 495-00	R 1 485-00	R 5 940-00	R 5 346-00
Preschool and extended care	R 595-00	R 1 785-00	R 7 140-00	R 6 426-00
Grade R	R 795-00	R 2 385-00	R 9 540-00	R 8 586-00
Grade R and extended care	R 895-00	R 2 685-00	R 10 740-00	R 9 666-00
Grade 1	R 895-00	R 2 685-00	R 10 740-00	R 9 666-00
Grade 1 and extended care	R 995-00	R 2 985-00	R 11 940-00	R 10 746-00
<b>DUE DATES FOR SCHOOL FEES</b> 1. ENROLMENT FEE – DUE ON THE DATE OF APPLICATION SUBMISSION 2. BEFORE THE 7 <sup>TH</sup> OF (JAN - DEC) 3. TRIPS/ EVENTS AS ORGANISED BY THE RELEVANT COMMITTEE				
<b>Discounts on tuition</b> 1. A <b>10% discount</b> on fees will be offered for yearly payments.				
<b>SIBLINGS DISCOUNTS</b> <b>10% DISCOUNT</b> ON 2 <sup>nd</sup> STUDENT'S TUITION IF ENROLLING 2 OR MORE SIBLINGS				
<b>FINES AND PENALTIES</b> 1. LATE PAYMENT PENALTIES – <b>30%</b> OF BALANCE OVERDUE PER QUARTER. FEES MUST BE PAID IN FULL <b>BEFORE</b> FIRST DAY OF CLASSES OR STUDENT WILL NOT BE ALLOWED TO ATTEND. (PRESCHOOL Full-Day, Quarterly: <b>R1,930-00</b> if late) 2. LATE ENTRY ENROLMENT –R250				
<b>BANKING DETAILS</b> Name: The Tiyani Foundation Bank: FNB Account: 62906047198 Branch: Louis Trichardt Branch code: 250655 <b>Reference for school fees : Fee + Child's Name + First letter of surname. (e.g: FeeMasanaM )</b> Reference for other: MCS + Child's Name + First letter of surname (e.g: McsMasanaM ) <b>Enrolment fee is R250*</b> <b>Please email proof of payment to <a href="mailto:miseveschool@gmail.com">miseveschool@gmail.com</a></b> *nonrefundable				



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STATIONERY LIST			
Item	Quantity (Preschool)	Quantity (Grade R)	Quantity (Grade 1)
Ream of printing paper (Typek or Rotarim)	1 (500 papers)	2 (500 papers)	2 (500 papers)
A4 72 pages Exercise books	2	4	4
2 Quire (quad margin)	1	1	1
50 pages flip file	3	5	5
Pritt jumbo glue stick (43 g)	1	1	1
Pencil crayons (12 pack)	1	1	1
Pencil case (big enough to fit stationary)	1	1	1
Eraser	1	1	1
Metal sharpener	1	1	1
Pencil (STAEDTLER)	2	4	4
Ruler	1	1	1
Scissor 130mm	1	1	1
Toilet paper	18 rolls	18 rolls	18 rolls
Box of tissues (2 ply 180+)	1 boxes	1 box	1 box
Baby wipes	1 pack (56)	1 pack (56)	1 pack 56)
Soap	3	3	3
GRADE R UNIFORM			
Item	Tops	Bottoms	Additions
<b>BOYS</b>	1. White shirt (No tie) 2. Royal blue fleece/ jersey	1. Gray pants	1. Gray socks 2. Miseve T-Shirts/ Shirts/ Tracksuit - Top
<b>GIRLS</b>	1. White shirt (No tie) 2. Royal blue fleece/ sweater/pullover	1. Royal blue skirts	1. White socks 2. Miseve T-Shirts/ Shirts/ Tracksuits