

# VICTORY HOUSE

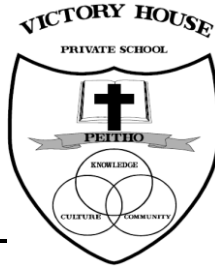
Private School CC

Reg. No. 2004/054287

23 Golf Club Terrace  
Florida 1709

Tel: 011 672 5402  
010 025 8124

G.D.E. Registration Number: 25288  
Umalusi Accreditation Number: 17 SCH01 00381 PA  
Member: 100% S.A. Austen (Mrs.)



P.O. Box 3599  
Florida 1710

Website: [www.victoryhouse.co.za](http://www.victoryhouse.co.za)

Emails: [applications@victoryhouse.co.za](mailto:applications@victoryhouse.co.za)  
[info@victoryhouse.co.za](mailto:info@victoryhouse.co.za)

ACCOUNT NO: \_\_\_\_\_

ADMIN NO: \_\_\_\_\_

Pupil's full name and surname \_\_\_\_\_

## MOST IMPORTANT

This application for admission will only be processed if **ALL** fields are completely legible, are signed and **ALL** relevant supporting documents are attached.

## ACCEPTANCE OF AND METHOD OF PAYMENT OF COMPULSORY SCHOOL FEES form for the correct year:

The language of learning and teaching at Victory House Private School is **ENGLISH**, therefore it is imperative that your child is able to speak and understand it.

- Completed **AGREEMENT OF TUITION** form
- Completed **PERSONAL DETAILS** form
- Completed **PUPIL INDEMNITY** form
- Most recent report card
- Most recent school fee statement
- Copy I.D. document of parents or legal guardians
- Birth certificate or I.D. document of the pupil
- Clinic card (Grade R - 2)
- Transfer card (if applicable)

Please advise for which Grade you wish to register your child.

Grade: \_\_\_\_\_ Effective date: \_\_\_\_\_

**Home Address**, which will serve as the domicillium citandi address in terms of the AGREEMENT OF TUITION contract.

.....

.....

.....

.....

**VICTORY HOUSE**  
Private Primary and High School

**AGREEMENT OF TUITION**

**BETWEEN**

**VICTORY HOUSE – PRIVATE SCHOOL cc**  
(herein represented by a Principal of the School)

**AND**

.....  
(Parent/Legal Guardian)  
(Full names and surname)

for the tuition and education of

.....  
(Student)  
(Full names and surname)

Please note that this form needs to be completed in full and that all pages need to be initialed by the parent/guardian.  
 Completing this application does not mean the student has been accepted.

| STUDENT DETAILS  |              |                          |             |                             |       |                          |                   |  |
|--|--------------|--------------------------|-------------|-----------------------------|-------|--------------------------|-------------------|--|
| Surname:   |              |                          |             | Initials:                   |       |                          | Accession Number: |  |
| First Name:  |              |                          |             | Nick name/other names:      |       |                          |                   |  |
| Grade applied for:   |              |                          |             | Previous/Current School:    |       |                          |                   |  |
| Highest grade passed:  |              |                          |             | Year when grade was passed: |       |                          |                   |  |
| Date of birth:   |              |                          |             | Gender:                     |       |                          |                   |  |
|  | DAY          | MONTH                    | YEAR        |                             | MALE  | FEMALE                   |                   |  |
| ID Number:   |              |                          |             |                             | Race: |                          |                   |  |
| Current age:   | Year:        |                          |             | Month:                      |       |                          |                   |  |
| Citizenship:   |              |                          |             | Home Language:              |       |                          |                   |  |
| Country of Residence:  |              |                          |             | Province of Residence:      |       |                          |                   |  |
| Physical Address:  |              |                          |             |                             |       |                          |                   |  |
| City/suburb:   |              |                          |             |                             |       |                          |                   |  |
| Code:  |              |                          |             |                             |       |                          |                   |  |
| Mom Contact Number:  |              |                          |             |                             |       |                          |                   |  |
| Mom Email:   |              |                          |             |                             |       |                          |                   |  |
| Dad Contact Number:  |              |                          |             |                             |       |                          |                   |  |
| Dad Email:   |              |                          |             |                             |       |                          |                   |  |
| Emergency Contact Number:  | Name:        |                          |             |                             |       | Number:                  |                   |  |
| Home Number:   |              |                          |             |                             |       |                          |                   |  |
| Deceased Parent:   | Mother       | <input type="checkbox"/> | Father      | <input type="checkbox"/>    | Both  | <input type="checkbox"/> | Religion:         |  |
| Medical Aid Number:  |              |                          |             | Medical Aid Name:           |       |                          |                   |  |
| Medical Aid Main Member:   |              |                          |             | Doctor's Address:           |       |                          |                   |  |
|  |              |                          |             | Doctor's Telephone Number:  |       |                          |                   |  |
| Medical Conditions:  |              |                          |             |                             |       |                          |                   |  |
| Special Problems Requiring Counselling:                                    |              |                          |             |                             |       |                          |                   |  |
| Dexterity of Pupil:  | Right Handed | <input type="checkbox"/> | Left Handed | <input type="checkbox"/>    |       |                          |                   |  |
| Names and grades of siblings who attend Victory House:                     | 1            |                          |             |                             |       |                          | Grade:            |  |
|  | 2            |                          |             |                             |       |                          | Grade:            |  |
|  | 3            |                          |             |                             |       |                          | Grade:            |  |
| Has your child or siblings attended Victory House previously? If so, when? | YES/NO       |                          |             |                             |       |                          | Dates attended:   |  |

| PARENTS DETAILS (Please complete in detail)   |     |    |  |  |     |       |  |
|---|-----|----|--|--|-----|-------|--|
| <u>Mother</u>   |     |    |  | <u>Father</u>  |     |       |  |
| Title:  |     |    |  | Title:   |     |       |  |
| Initials:   |     |    |  | Initials:  |     |       |  |
| Surname:  |     |    |  | Surname:   |     |       |  |
| First Name:   |     |    |  | First Name:  |     |       |  |
| ID Number:  |     |    |  | ID Number:   |     |       |  |
| Home Language:  |     |    |  | Home Language:   |     |       |  |
| Race:   |     |    |  | Race:  |     |       |  |
| Relationship to Pupil if not biological parent:   |     |    |  | Relationship to Pupil if not biological parent:  |     |       |  |
| Occupation:   |     |    |  | Occupation:  |     |       |  |
| Employer:   |     |    |  | Employer:  |     |       |  |
| Marital Status:   |     |    |  | Marital Status:  |     |       |  |
| Spouse's Name:  |     |    |  | Spouse's Name:   |     |       |  |
| Spouse's ID Number:   |     |    |  | Spouse's ID Number:  |     |       |  |
| *<br>Responsible for account:<br>Please initial if yes                                  | YES | NO |  | *<br>Responsible for account:<br>Please initial if yes   | YES | NO    |  |
| Student resides with this parent?   | YES | NO |  | Student resides with this parent?  | YES | NO    |  |
| Physical Address:   |     |    |  | Physical Address:  |     |       |  |
| City/suburb:  |     |    |  | City/suburb:   |     |       |  |
| Code:   |     |    |  | Code:  |     |       |  |
| Cell:   | *   |    |  | Cell:  | *   |       |  |
| Home Tel:   | *   |    |  | Home Tel:  | *   |       |  |
| Fax:  |     |    |  | Fax:   |     |       |  |
| Work Tel:   | *   |    |  | Work Tel:  | *   |       |  |
| *<br>Email address: (please print clearly below as this is our method of communication) |     |    |  | *<br>Email address: (please print clearly below as this is our method of communication)                              |     |       |  |
| *<br>Alternative contact number in case of emergency:                                   |     |    |  | Relationship:<br>Contact Number:   |     |       |  |
| *<br>Alternative contact number in case of emergency:                                   |     |    |  | Relationship:<br>Contact Number:   |     |       |  |
|   |     |    |  | <b>I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.</b> |     |       |  |
| Name of Parent/ Guardian (please print):  |     |    |  | Signature:   |     | Date: |  |

**Whereas:**

- The Parent is desirous of having the Pupil admitted to the School
- The Pupil has provisionally been admitted to the School with effect from

**Date:** .....

- The parties hereby record the terms and conditions on which the Pupil will be educated and trained by the School.

**Now therefore the Parties agree as follows:**

**1. SCHOOL FEES**

- 1.1 The yearly school fees shall be payable to the School in accordance with the “**ACCEPTANCE OF AND METHOD OF PAYMENT OF COMPULSORY SCHOOL FEES**” as completed by the Parent, forming an integral part of this agreement.
- 1.2 In the event of the Parent failing to pay the school fees on or before due date thereof, a “Late Fee” fine shall be imposed at the rate of R10-00 per day for every day that the fees are late, until the fees are paid.
- 1.3 The School shall have the right to amend school fees stipulated as well as the terms and conditions relating to the payment thereof, from time to time, providing a notice period of at least one calendar month is given and such notice shall be in writing.
- 1.4 In the event of the Parent failing to pay the fees when requested to do so once they are due, the full amount owing together with the imposed “Late Fee” as mentioned in clause 1.2 shall immediately become due and payable and the Parent shall also be liable for all legal costs, including collection commission, on a scale as between Attorney and client, incurred by the School in the collection of such fees.
- 1.5 The School reserves the right to refuse the learner/student access to class/exams, in the event that the Parent continues to fail paying due fees, or defaults on a payment agreement.
- 1.6 When the School intends to implement the procedure in 1.5, the School will endeavour to contact the parent to inform him/her that the learner is at risk of being denied access to classes. This will be done by means of a letter given to the learner in a sealed envelope. Electronic and Telephonic communication may also be used in addition to the letter.
- 1.7 The Parent confirms that this document informs them of the procedure stipulated in 1.5 and 1.6 above, and that acknowledgement of receipt of communication informing intent to refuse a learner access to classes is not required.
- 1.8 Should a learner be sent to school after access to classes has been denied, the Parents will be contacted to fetch the learner and take him/her home.
- 1.9 The learner may only return to the School once permission has been granted by the School. This will happen when all outstanding fees have been settled to the School’s satisfaction.

## **2. DURATION OF AGREEMENT**

This agreement shall commence on the date of signature hereof by the Parties hereto and shall expire against the relevant notice being given or alternatively, at the end of Grade 12. Notice conditions must be adhered to as per clause 3.1 should a pupil be removed from the school before completing Grade 12.

## **3. REMOVAL OF PUPIL FROM THE SCHOOL**

**3.1** The Parent shall **give one full calendar month's written notice (such notice to run from the beginning of the following month)** before removing the Pupil from the School (during the first 3 terms of the school year) and this obligation shall be applicable irrespective of the reasons for the removal of the Pupil from the School. **If any pupil is leaving the school during the fourth term or at the end of an academic year, then a term's notice is required, being the 4<sup>th</sup> Term of the school year. Liability to pay the prescribed school fees will cease at the end of the notice period, providing payment of the amount owing up until then has been settled.**

**3.2** **In the event of the Parent failing to give the required notice as mentioned in clause 3.1, the Parent shall remain liable for the prescribed fees for the remainder of the particular year.**

## **4. TUITION OF PUPIL**

The School shall provide tuition to the Pupil in accordance with the core curriculum, core syllabuses, time allocation and evaluation applicable to the Pupil's educational phase. The curriculum shall meet with the criteria which apply to schools as provided in relevant Acts of Parliament and Regulations issued in respect thereto.

## **5. DISCIPLINARY MATTERS**

The School has a code of conduct with rules designed to ensure the happiness and safety of all Pupils. The rules are kept to a minimum and designed to be effective. Consistent bad behavior by a Pupil on an on-going basis will result in the Parent being requested to meet with the School to discuss further action. All disciplinary matters pertaining to the education and training of the Pupil in all its facets shall vest in a Principal of the School or in a person authorised thereto in writing by a Principal. Control, expulsion, suspension and discipline shall ultimately vest in a Principal of the School.

## **6. UNDERTAKINGS BY THE PARENT**

The Parent undertakes as follows:

- 6.1 To comply with the regulations pertaining to medical inspections as contained in the Education Affairs (House of Assembly) Act 1988.
- 6.2 To have Pupil immunised against normal infections and/or contagious diseases and to submit proof of such immunisation.

- 6.3 To mark all clothing and belongings of the Pupil clearly.
- 6.4 To exempt the School from any liability for loss or damage suffered for any articles brought to the School by the Pupil.
- 6.5 To notify the School immediately of any absence of the Pupil from the School and to provide reasons for such absence, if requested to do so and in the case of absenteeism for Cycle Tests and Examinations, provide a Doctor's note.
- 6.6 To provide the necessary transport for the Pupil's attendance at school, ensuring that the Pupil can arrive at school timeously.
- 6.7 To attend Parents Evenings and any other meeting with the Pupil's teacher, if requested to do so.

## **7. BREACH**

- 7.1 The Parent shall be deemed to be in breach of this agreement in the event of failure by the Parent to comply with the terms and conditions stated in this agreement and after the Parent has failed to remedy such breach within seven days after a written notice of such breach has been dispatched by the School to the Parent at the chosen domicillium citandi recorded.
- 7.2 A certificate signed by the School Administrator or Principal as to the amount owing by the Parent to the School in terms of this agreement or as to any other fact arising out of this agreement shall be prima facie proof.
- 7.3 Should a learner be suspended from school for disciplinary reasons or for non-payment of school fees, this will not obviate the Parent's liability to continue paying the school fees and fees will continue to accrue notwithstanding the fact that the learner might not be at school.
- 7.4 The school furthermore reserves the right to withhold school reports should fees be in arrears.

## **8. REMEDIES**

- 8.1 In the event of the Parent being deemed to be in breach of this agreement provided in clause 7, the School shall have the right, but shall not be obliged to enforce its rights in terms of this agreement by way of appropriate legal action or otherwise.
- 8.2 The School's remedies under this clause shall not be exhaustive and shall be in addition to and without prejudice to any other remedies the School may have in law, as well as the immediate suspension of any tuition and training to the Pupil.

## **9. EXCURSIONS AND DAY TRIPS**

An outing will be scheduled for each term so that the Pupil extends learning outside the boundary of the classroom. These outings are educational and usually coincide with the curriculum. Advance notice will be given to the Parent as they will be required to meet the cost thereof and possibly assist with transport if able to do so.

## 10. GENERAL

- 10.1 No alteration, cancellation, variation of, or addition hereto shall be of any force or effect, unless reduced to writing and signed by the Parties to this agreement.
- 10.2 This document together with the **APPLICATION FOR ADMISSION TO THE SCHOOL** and the **ACCEPTANCE AND METHOD OF PAYMENT OF COMPULSORY SCHOOL FEES** and the **PUPIL INDEMNITY**, contain the entire agreement between the Parties and neither party shall be bound by undertakings, representations or warranties not recorded therein.
- 10.3 No indulgence, leniency or extensions of time which either party (“the grantor”) may grant to the other, shall in any way prejudice or preclude the grantor from exercising any of their rights in the future, or be construed as a waiver thereof.
- 10.4 Neither party may cede or assign their rights or delegate their obligations in terms of this agreement without prior written approval of the other party, which shall not be unreasonably withheld.
- 10.5 The headings appearing in this agreement have been used for reference purposes only and shall not affect the interpretation.
- 10.6 The Parent hereby chooses domicillium citandi et executandi for all purposes under this agreement at the address as stated in the **APPLICATION FOR ADMISSION TO THE SCHOOL**, and the Parent shall be entitled by written notice to the School to change the chosen domicillium provided that such change shall only become effective seven days after service of the notice in question.
- 10.7 Any notice to be given to the Parent in terms of this agreement shall be delivered by hand to the Parent (via the Pupil) or sent by registered post to the chosen domicillium in terms of this agreement and it shall be deemed to have been received within seven days after posting as aforesaid to the Parent.
- 10.8 Should the Pupil attend the Victory House After-Care-Centre, the terms and conditions contained in this agreement shall also be applicable and relevant for the After-Care-Centre.



**DECLARATION OF PARENTS/LEGAL GUARDIANS**

We the undersigned, (print full name and surname) \_\_\_\_\_, 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 accept that **Victory House Private School** is based on Christian principles and undertake that this will not be undermined.

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 accept joint and several liability to **Victory House** for the due and punctual payment of the monthly school fees, and any other amounts which may become due and payable to the school or 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.

Thus done and signed at..... on.....

Print Name and Surname: .....

Sign: .....

**(Parent or legal guardian)**

**POPI Compliancy:**

Personal details Parents and Students - (I hereby agree and acknowledge that Victory House Private School may process and use the information provided in this document, in order to record and process my application for enrolment at Victory House Private School. I understand that my information will be processed and maintained as per the procedures and policies outlined by the Protection of Personal information act, stipulated by the Government of South Africa and the Victory House Private School POPI Policy)

Print Name and Surname: .....

Sign: .....

**(Parent or legal guardian)**

**For office Use:**

**(Principal, duly authorised thereto)  
For and on behalf of Victory House Private School cc**

Thus done and signed at..... on.....

Print Name and Surname: .....

Sign: .....

# VICTORY HOUSE

Private Primary and High School



## PUPIL INDEMNITY

I, .....  
(must be completed and signed by father/ mother or legal guardian)

the parent/or legal guardian of .....  
(name and surname of learner)

hereby give consent for my child to take part in the extra-curricular activities of the school, including educational excursions, as well as the use of educational and play equipment at the school.

I fully understand and accept all excursions and school activities shall be undertaken at my child's own risk and I undertake on behalf of myself, my executors, my wife and my child aforesaid, to indemnify, hold blameless and absolve **Victory House**, the Principal and/or staff, paid or unpaid, temporary assistants, against and from any or all claims whatsoever that may arise in connection with any loss of or damage to the property of, or injury, accident or any other cause to the person of my child aforesaid, in the course of any such excursion or school activity, including time spent at the After-Care-Centre, in the knowledge that the Principal and staff will take all reasonable precautions for the safety of my child.

I hereby authorise **Victory House** to take all steps that it, in its absolute discretion, may deem necessary, to have my aforesaid child admitted to hospital and/or treated by a doctor or other medical attendant, should it not be possible for the Parent/Legal guardian of the pupil to be contacted or approached timeously.

### PERMISSION TO USE PHOTOGRAPHS

I understand and acknowledge that, from time to time, informal photographs are taken of the **Victory House** school's learners, and that, insofar as these photographs are placed in the possession or control of the school, these photographs, might be used by the school in the electronic and/or printed media, including the school's website, newspaper advertisements, magazines advertisements, brochures, flyers, billboards, banners, flippers and signage on buildings and vehicles, which use will be solely for purpose 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.

\_\_\_\_\_  
Signature of Father/ or Mother /or Legal Guardian

Contact number: \_\_\_\_\_

Medical aid: \_\_\_\_\_

Medical aid number: \_\_\_\_\_

Signed at ..... on .....20.....

# VICTORY HOUSE

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[info@victoryhouse.co.za](mailto:info@victoryhouse.co.za)

## UNDERTAKING TO PAY SCHOOL FEES

I (We) the undersigned (please print full names and surname)

|               |
|---------------|
| <b>Mr:</b>    |
| <b>ID No:</b> |
| <b>Of:</b>    |

(residential address)

|                    |
|--------------------|
| <b>Mrs / Miss:</b> |
| <b>ID No:</b>      |
| <b>Of:</b>         |

(residential address)

**Are you aware of the fee structure for the current year Yes / No**

**Do you consider yourself financially capable of meeting the required fees? Yes / No**

Hereby jointly or severally undertake to pay Victory House the school fees as set out in the fees structure in respect of the following learner.

|  |
|--|
| <b>Learners full name and surname:</b> |
|--|

I declare that I have read and do understand the Financial Terms and Conditions as contained herein.

### Notice Period:

1.1 I (We) also undertake to give one full calendar month's written notice (such notice to run from the beginning of the following month) before removing the Pupil from the School (during the first 3 terms of the school year) and this obligation shall be applicable irrespective of the reasons for the removal of the Pupil from the School. If any pupil is leaving the school during the fourth term or at the end of an academic year, then a term's notice is required, being the 4th Term of the school year. Liability to pay the prescribed school fees will cease at the end of the notice period, providing payment of the amount owing up until then has been settled.

Should the school not receive a term's notice timeously, then notice of 3 months will run from the beginning of the next month once notice is received by the school.

All notice to be in writing.

1.2 In the event of the Parent failing to give the required notice as mentioned in clause 1.1, the Parent shall remain liable for the prescribed fees for the remainder of the particular year.

|                               |                               |
|-------------------------------|-------------------------------|
| <b>Signature:</b>             | <b>Signature:</b>             |
| <b>Relationship to child:</b> | <b>Relationship to Child:</b> |
| <b>Date:</b>                  | <b>Date:</b>                  |