

# HOPE FOUNTAIN COMBINED SCHOOL

## FOR PRIMARY AND SECONDARY SCHOOL

REG NO 400292

PO BOX 7959 Halfway House 1685

FAX: 011 312-1954 or 086 276-1856

No. 6 Alexandra Rd Halfway House  
Midrand. 1683

NPO No. 127- 437 – NP

Tel: 011 023-5345 Cell: 079 801 9522

Tel: 011 312-4470 or 011 312-4187

E-mail:admin@hopefountainschool.co.za



## Application Procedures

### Please read and understand the following;

1. Applicant must be a parent/legal guardian who is responsible for the payment of school fees.
2. Applicant collects application form, fees structure, uniform list, stationery and textbook lists, toiletry list from the school office.
3. Applicant completes forms, attaches all required documents and returns to school office for assessment.
4. Applicant meets with principal or designate for further discussion, information, clarification and decision.
5. If satisfied Principal enters learner into school register and then issues letter of offer in duplicate.
6. Applicant proceeds to pay administration fee together with a minimum of one full Quarter's fees, buys the Learner Profile, is issued with an access card and assigned a class teacher.
7. Collecting this form from the office does not guarantee a place for the child.
8. This form should be returned to school within five working days.
9. NO PAYMENT SHOULD BE MADE AT THE BANK BEFORE THIS APPLICATION HAS BEEN APPROVED BY THE PRINCIPAL.
10. **Please note that this is a 12 months contract** which is renewable at the end of the year. There is a re-registration fee to be paid upon renewal.

# FOR PRIMARY AND SECONDARY SCHOOL

No. 6 Alexandra Avenue Half Way House. Midrand

GDE REG NO 400292

NPO No. 025-009-NPO

P.O. BOX 4786 Midrand 1685

Tel: 011 312- 4470/ 4187

Fax: 011 312-1954

011 023- 5345

086 276-1856

Email: [hopefocus2008@yahoo.com](mailto:hopefocus2008@yahoo.com)



## DOCUMENTS TO BE ENCLOSED

1. A copy of the latest report of previous school and Transfer letter
2. A certified copy of the birth certificate or ID document/P.P permit.
3. Two ID/Passport size photograph of the applicant/learner.
4. A certified copy of ID/P.P of the person liable for payment of school fees
5. Health card for Grades R to 3 and proof of residence.
6. Current Pay slip

PLEASE  
PASTE PHOTOGRAPH IN  
THIS BOX

NOTE: THIS FORM MUST BE COMPLETED BY THE PERSON RESPONSIBLE  
FOR PAYMENTS OF SCHOOL FEES [2020]

## PARTICULARS OF LEARNER

Surname					
First names					
Home language				Date of Birth	
Church					
Identity number / PP No					
Home address					
				CODE	
Home Telephone Number	Code	( )	Number		
Sex (mark with X)	Male		Female	Age	
Grade or Class					
Any Chronic disease					

## PERSON TO BE CONTACTED IN CASE OF EMERGENCY

Please provide the particulars of a person that can be contacted when mother, Father or legal guardian is not available.

Name and surname					
Relationship with learner					
Telephone number	Code	( )	Number		
Name of doctor:					
Telephone number	Code	( )	Number		

**PARENT/GUARDIAN INFORMATION****FATHER, MOTHER OR MALE GUARDIAN**

Surname					
First Name (s)					
Relation to Learner					
Identity Number		Date of Birth			
Home Address					
Email Address					
				Code	
Home Tel No.	Code	( )	Number		
Cell number.					
Occupation.					
Name of employer					
Employer's address					
Email Address					
				Code	
Department					
Telephone number	Code	( )	Number		
Surname					
First name (s)					
Relation to Learner					
Identity number					
Home address					
Email Address					
				Code	
Home Tel no.	Code	( )	Number		
Cell number.					
Occupation.					
Name of employer					
Employer's address					
Email Address					
Department					
Telephone number	Code	( )	Number		

## Please Mark With a Cross in the Applicable Box

	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Both Parents	<input type="checkbox"/>	Guardians	<input type="checkbox"/>
Stepfather	<input type="checkbox"/>	Divorced: Lives with Mother	<input type="checkbox"/>
Stepmother	<input type="checkbox"/>	Divorced: Lives with Father	<input type="checkbox"/>
Father is Widower	<input type="checkbox"/>	Separated: Lives with Mother	<input type="checkbox"/>
Mother is Widow	<input type="checkbox"/>	Separated: lives with Father	<input type="checkbox"/>

The learner is Right handed  Left handed  Other: \_\_\_\_\_

Is the learner repeating the grade? YES  NO

## Undertaking to Pay School Fees

I, the undersigned \_\_\_\_\_  
(Full Names and Surname of Person Responsible for paying fees)

acknowledge that I am indebted to and firmly bound to and on behalf of \_\_\_\_\_  
 for School fees for the year 20\_\_\_\_\_ in respect of my son/daughter/ward  
(Full names & surname of pupil)

who will attend the school. I certify that I am able to meet my financial obligations to the school and I hereby voluntarily submit the following as proof of income and ability to pay:

1. Payslip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bank statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Affidavit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge that I will pay the school fees on time at the beginning of each quarter including the **annual administration fee that is paid at the beginning of each year**. I further acknowledge that there are no refunds for any fees whatsoever.

I also acknowledge and agree that any school property lost, broken, defaced or damaged in anyway by my child shall be repaired, replaced or made good at my expense.

I also acknowledge that if I fail to make such payments on or before due date 10% interest will be charged and the full outstanding balance will immediately become due and owing. Should I fail to meet my obligation, the school has the right to take any legal action against me and I will be liable to pay all costs incurred.

Thus done and signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

Signature: Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_



# 2020 SCHOOL FEES STRUCTURE

<b>FEES</b>	<b>PRIMARY GRADE R - 6</b>	<b>SENIOR PHASE GRADE 7 - 9</b>	<b>FET GRADE 10 - 11</b>
ADMINISTRATION FEE(OLD LEARNER)	R 800.00	R 800.00	R 800.00
<b>NEW APPLICANT</b>	<b>R1500.00</b>	<b>R 1500.00</b>	<b>R 1500.00</b>
<b>MONTHLY</b>	<b>R1000.00</b>	<b>R1200.00</b>	<b>R1300.00</b>
<b>QUARTERLY FEE</b>	<b>R2750.00</b>	<b>R3300.00</b>	<b>R3575.00</b>
<b>ANNUAL FEE</b>	<b>R 11 000.00</b>	<b>R 13 200.00</b>	<b>R 14 300.00</b>

## NOTE:

1. Administration fee and new applicant fee is not refundable and is paid **annually**.
2. Children who enroll during any term will be liable to pay for the whole term.
3. Parents with more than one biological or legal child are given a discount of **R400.00** once off per year if they **provide proof**.
4. Fees are charged **quarterly, monthly or annually** and paid in **advance**. For those who pay monthly, **fees has to be paid on or before the third of every month**. Those who pay quarterly, **fees has to be paid on or before the 3<sup>rd</sup> of the first month of the quarter**. 10% interest will be charged on overdue accounts.
5. Parents who pay the full amount of fees for the whole year, **before January 31<sup>st</sup>** of each year, will be allowed a **discount 10%** of the total amount.
6. A learner must be in complete uniform.
7. As an institution we recommend public schools for students who cannot afford the school fees.
8. A learner who transfers in the middle of the quarter still has to **pay full fees**.

**I have read and understood the terms and conditions above**

**Name** : \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date** : \_\_\_\_\_

## INDEMNITY

Student's name..... Grade..... Year .....

1. **Privilege of Attendance.** I understand that my child's attendance at Hope Fountain Combined School is a privilege and not a right. If at any time my child's conduct, academic progress, or cooperation with the school's authorities is not in keeping with the school's requirements, I understand the school reserves the right to terminate my child's enrolment contract. Likewise, as a parent/guardian, I pledge my support and cooperation with the school's policies and procedures regarding my child. I further understand as outlined in other school policies (incorporated by reference as if fully set forth herein), that it is the parent's responsibility to request reenrollment for each learner in June to September, and that reenrollment is considered based on the guidelines listed therein. At the time of reenrollment my child's account must be up-to-date and be kept current to maintain my child's reenrollment status. I realize that the administration makes the final decision for my child to attend Hope Fountain Combined School for the year 2020.

In the event that circumstances are such that I cannot continue to support the school relating to the payment of school fees or the progress of my child I agree and promise to withdraw my child from HFCS in a quiet and orderly fashion. Additionally, if I voluntarily withdraw or are requested to withdraw my child from the school, I understand and accept the policy that I must provide on full term notice or pay R1000.00 in lieu of notice. There will be no refund whatsoever.

2. **Student Discipline.** I pledge to support the school in its efforts to administer strict discipline to my child in accordance with the standards the school sets for itself. I have read, understood and signed the Code of Conduct for Learners.
3. **School Activities.** In making application for my child it is my desire to have him/her to attend the school year 2020. I hereby grant permission for my child to take part in all school activities, including sports and school trips away from the school premises, and absolve the school from liability to me or my child because of any injury, illness or death to my child at school or during any school activity. I understand that some activities will be paid for separate from tuition fees and agree to pay whenever required to do so. In case of accident or serious illness, I request the school to contact me. If HFCS is unable to contact me or my emergency contact when circumstances indicate immediate action is required, the school may make whatever arrangements are required in its judgment.
4. **Release of Students.** The undersigned hereby attest that they have legal custody of the student and that no other person has legal custody of the student. The undersigned promises to notify the school in writing of any changes regarding which persons have legal physical custody of the student and any change regarding the authority of HFCS to release the writing of the existence of any custody dispute involving the student including any custody dispute existing at the time of this contract. The undersigned acknowledges and agrees that **HFCS** may release the student to the custody of any person possessing legal physical custody of the student and to any person duly authorised in writing by any person possessing legal physical custody of the student.
5. **Tuition.** All tuition and other payments will be handled through **HFCS** Accounts. An administration fee of R800.00 for reenrolling students and R1500.00 for new students, payable upon enrolment, is applicable. Uniforms and textbooks are not included in the tuition fees. All payments should be made directly into the school's bank account. No cash is accepted at the school office.



**Pledges.** I hereby pledge to pay my financial obligations to the school through **HFCS** accounts on or before the date due and understand that insufficient funds and late payments will attract a 10% interest on outstanding balance. **I hereby agree that my child/children will not be allowed into the class in the following term if the fees for the previous term has not been fully paid.**

I give permission for my child to take part in all school activities, including sports and school tours away from the school campus, and absolve the school from liability to me or my child at school, during transportation, or during any school activity and pledge to pay for such activities whenever required to do so.

I agree to uphold and support the high moral and academic standards of the school by providing a place at home for my child to study and by giving my child regular encouragement and counseling in the completion of any homework or assignments. I also agree to purchase the necessary uniforms, equipment, textbooks and stationery for my child to facilitate his/her learning. I pledge full respect for school and others' property and agree that I shall be liable for any school property lost, damaged, broken or defaced in anyway by my child.

I appreciate the high standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Word of God, or disrespect to the school staff or any other person. I hereby agree to support all school rules and regulations of the school on the applicant's behalf and authorise the school to administer discipline as it deems wise and expedient for the training of my child. I understand and agree that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline.

While I expect to be treated with the utmost courtesy and respect by the school staff, faculty, and administration I pledge to treat them with the same courtesy and respect. I also understand that repeated failure in this area could result in the withdrawal of my child from **HFCS**.

I agree to attend all school meetings. Further promise to indemnify **HFCS** against any damages arising from any misrepresentation made herein and against any damages arising from the failure to timely notify **HFCS** and pursuant to the promises set forth in the preceding paragraph. By signing this Agreement I acknowledge that they understand and agree to be bound by this document and all other **HFCS** policies.

Name of Parent/Guardian..... Signature ..... Date.....

Name of Learner .....Signature .....Date .....