



SOUTH COAST ACADEMY

APPLICATION FOR ADMISSION – 2027 GR _____

E HESS

APPROVED/NO

PLEASE COMPLETE IN BLACK PEN 2026 – GR _____ 2025 – GR _____ 2024 – GR _____

ACCEPTANCE LETTER DECLINED WAITING PP ADMIN NO. _____ SASAMS WHATSAPP **FOR OFFICE USE ONLY**

BIRTH CERTIFICATE REPORT Prov TRANSFER CONDUCT REPORT ID COPY POR POI CLINIC CARD FINAL TRANSFER

Highest Grade passed	Year when Grade passed:	App rec date:	Holding fee
Application date:	Registration date:	App rec no:	Rec no

FAMILY INFORMATION

Family Status:	Parents: Both Single Divorced Foster Recomposed	Brother/Sister Name & Grade:	Only if in South Coast Academy	
		How many children in fam:	Total number of children in family	
Are any of the parents deceased:	Father Mother Both	On mother's side:	On Fathers side:	
		Total children	Total children	
Receiving Grant:	Grant number:	Child support / Disability / Foster care / Dependency		
		Gr 1 only: Pre-primary education:	Formal	Non Formal

LEARNER INFORMATION (FULL NAMES AND SURNAME, AS IT APPEARS ON BIRTH CERTIFICATE - NO NICK NAMES)

First Name:	Initials:
Surname:	Citizenship: SOUTH AFRICAN OR NON SOUTH AFRICAN
Date of Birth: YYYY MM DD	ID number:
Religion: CHRISTIAN / HINDU / MUSLIM	Population group: BLACK WHITE INDIAN COLOURED OTHER
Citizenship:	GENDER: MALE FEMALE
Province of Residence:	Home language:
Left or Right handed: L R	Learner cell:
Learning disabilities: ADD ADHD DYSLEXIA	Mode of transport: FOOT PUBLIC PRIVATE
Pre-primary educations: FORMAL NON FORMAL	Name of driver: TRANSPORT DRIVER NAME
CONTACT IN CASE OF EMERGENCY:	Telephone number of driver:

Name & contact number of person learner resides with during school time, including address:

PREVIOUS SCHOOL

Name of previous school:	
Previous schools Address & Province:	
Tel no of previous school:	
Email address of previous school:	
1 st time registration of learner in KZN:	YES OR NO
Did the learner attend school last year:	YES OR NO
Reason for leaving:	

LEARNER MEDICAL – COMPLETE PG 4 IF THERE ARE ANY MEDICAL CONDITIONS TO NOTE

MEDICAL AID NAME:	Med aid number:
Medical Aid main member name:	Doctor name and number:
Medical Conditions:	Please supply doctors letter for serious conditions

Notes: FOR OFFICE USE ONLY

PERSON RESPONSIBLE FOR ACCOUNT / COMPANY / TRUST FUND (MAIN CONTACT)

First Name: FULL NAME AS PER ID	Title: MR/MRS/MS	Initials:
Surname: FULL SURNAME AS PER ID	Preferred name:	
Date of Birth: YYYY MM DD	GENDER: MALE	FEMALE
Race: WHITE/INDIAN/BLACK/COLOURED/OTHER	ID or passport number:	COMPULSORY
Country of Residence:	Citizenship:	
Marital status: Single Married Divorced Widow(er)	Relationship to learner:	Father Mother
Contact number: 0 _____ Compulsory	Physical Address:	*note it is your responsibility to update numbers and details that change with the school. Only names and numbers listed on the application will be communicated with.
Whatsapp number: 0 _____ Compulsory		
E-MAIL: PLEASE WRITE BLOCK LETTER BELOW		
C O M P U L S O R Y		
Home language:		
Employer:	Name of employer	Tel no:
Occupation:		
Surname and Full name of Spouse:	WIFE/HUSBAND	

Please note that this is a private institution and therefore school fees are compulsory, right to education at a government institution is free, but if you choose a private school, school fees apply. School fees are payable up front *in beginning of the month* before 15th of each month for total of 11 payments.

SCHOOL FEES 2027		
<u>Grade</u>	<u>Per month</u>	<u>PER YEAR</u>
Gr 1 – 3	11 x R2300 p.m. Jan - Nov	R25 300
Gr 4 – 7	11 x R2400 p.m. Jan - Nov	R26 400
Gr 8 – 11	11 x R2500 p.m. Jan - Nov	R27 500
Gr 12	11 x R2600 p.m. Jan - Nov	R28 600

CONTRACT OF PAYMENT

Agreement between SOUTH COAST ACADEMY and _____ (Name and surname of person responsible for the payment of fees) with regards to the payment of school fees.

- Accept responsibility for the payment of fees for above child before or on the fifteenth (15th) day (in advance, up front) of each month and for 11 payments or the yearly fee upfront:
- I agree to inform the DIRECTOR in writing if I am unable to pay the fees.
- I understand that the school will take the necessary legal steps to recover any outstanding fees.
- I agree to give one (1) calendar months' notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.
- I understand that a monthly fee is payable in advance by no later than the 15th of each month and if I can't pay by the 15th to arrange with the accounts department.
- I declare that the forms have been completed correctly, and that I am responsible for payment of school fees.
- I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature person responsible for the account: _____ Date: _____

Please ensure that all the information is correct and is kept updated with the main office of the school, it is important that we can get hold of the parents in case of an emergency. Please communicate changes to the office on sca2@lantic.net or sca3@lantic.net.

P.T.O. —————>

PARENT/GUARDIAN 1 (if not the same as person responsible for account)

First Name: FULL NAME AS PER ID			Title: MR/MRS/MS	Initials:
Surname: FULL SURNAME AS PER ID			Preferred name:	
Date of Birth: YYYY MM DD	GENDER: MALE FEMALE		FEMALE	
Race: WHITE/INDIAN/BLACK/COLOURED/OTHER			ID or passport number:	COMPULSORY
Country of Residence:			Citizenship:	
Marital status: Single Married Divorced Widow(er)			Relationship to learner: Father Mother	
Contact number: 0 ----- Compulsory	Physical Address:		*note it is your responsibility to update numbers and details that change with the school. Only names and numbers listed on application will be communicated with.	
Whatsapp number: 0 ----- Compulsory	the			
E-MAIL: PLEASE WRITE BLOCK LETTER BELOW				
C O M P U L S O R Y				
Home language:				
Employer:		Name of employer	Tel no:	
Occupation:				
Surname and Full name of Spouse:		WIFE/HUSBAND		

PARENT/GUARDIAN 2 SECONDARY CONTACT

First Name: FULL NAME AS PER ID			Title: MR/MRS/MS	Initials:
Surname: FULL SURNAME AS PER ID			Preferred name:	
Date of Birth: YYYY MM DD	GENDER: MALE FEMALE		FEMALE	
Race: WHITE/INDIAN/BLACK/COLOURED/OTHER			ID or passport number:	COMPULSORY
Marital status: Single Married Divorced Widow(er)			Relationship to learner: Father Mother	
Contact number:	Compulsory		*note it is your responsibility to update numbers and details that change with the school. Only names and numbers listed on the application will be communicated with.	
Whatsapp number:	Compulsory			
E-MAIL: PLEASE WRITE BLOCK LETTER BELOW				
C O M P U L S O R Y				

By signing this Contract, you give us your consent to:

- I, parent / guardian of _____ hereby give permission that he / she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
 - I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid driver's licenses may be asked to transport them.
 - I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon.
 - I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency, but I take responsibility for any accounts that may arise.
 - I undertake to inform the school if any of the above information change.
 - I undertake to support my child to obey the Code of Conduct and the disciplinary system of SOUTH COAST ACADEMY as included in the Policy of the school.
 - I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.
 - I understand that my child must live with his/her parents or legal guardian.
 - I hereby indemnify South Coast Academy of any injury/damage/loss of personal property of my child.
 - Collect, store and use *Your*, the *Payer's* and your *Child's* Personal information in the proper management and operation of the *School*.
 - Collect, store credit information about you, the *Payer*, and any Parent responsible for paying *Fees*;
 - Collect, store and process names and contact details about *You*, the *Payer's* and your *Child*;
 - Manage relationships between the *School*, the *Parents*, the legal guardians, the *Payer* and the pupils;
 - Supply information and a reference for your *Child*, including any outstanding *Fees* or disciplinary issues associated with your *Child* to any educational institution which you propose your *Child* may attend.
- Without detracting from any of the above, please note that we agree that you have the right:**
- Of access to and the right to rectify the personal information the *School* has collected regarding you or your *Child*;
 - Given the undertakings of the *School* neither you nor your *Child* will be prejudiced by the non-compliance with *POPI*, this especially since your rights in this *Contract* are in addition to and do not affect the statutory rights and remedies you may have under *POPI*.
 - You acknowledge that the School uses ("CCTV") to provide a safe and secure environment of the private property. The use of CCTV images is subject to the *School's* data protection provisions and the Privacy Policy and applicable privacy laws and the relevant provisions of *POPI*.

P.T.O →

18. You have the right to cancel this *Contract* at any time. To cancel, you must give us a full *1 month's* notice, in writing of your intention to do so. If you do not give us a full *month's* notice before you withdraw your *Child* from the *School* then you must pay a full *months' fees* in lieu of notice. If you choose to pay *Fees* yearly in advance, we will credit those amounts to your account and refund the balance to you.
19. The school have the right to cancel this *Contract*. To do so, we shall, give you a full *month's* notice in writing of our intention to end this *Contract*, unless there are disciplinary action involved. After the end of the *month* in question, your *Child* shall no longer be admitted to the *School*.
20. If we cancel the *Contract*, we do not lose our rights to claim other amounts or action from you.
21. If you or your *Child* commits a material breach of this *Contract* and the material breach is not remedied within twenty ("20") business days of receiving notice from us to do so, then we have the right to:
 - a. cancel the *Contract* immediately on written notice to you;
 - b. ask you to remove your *Child* immediately from the *School*;

A material breach is considered to exist where you or your *Child*:

 - breaches or fails to uphold the *Codes of Conduct* or *Policies*; or
 - fails to pay any *Fees* by their due date; or
 - fails to fulfil any legal requirements necessary for your *Child* to attend the *School*, for example, fails to obtain a valid study permit for your *Child* if a foreign citizen;
 - or become seriously and unreasonably uncooperative with the *School* or in the opinion of the *Principal* or *Director*.
 - you or your *Child's* behaviour negatively affects your *Child's* or other pupils' progress and wellbeing at the *School*, *School* staff, or is fundamentally incompatible with the *School's* ethos or brings the *School* or the *School* staff into disrepute or in those circumstances.
22. Promotion to the next grade at the end of each academic year, as well as admission to the next institutional level within the *School* (i.e. from Primary school to the High School), is not automatic or guaranteed, re-registration is compulsory, and such promotion or admission, as the case may be, is subject to the Principal and Director's discretion, acceptable academic progress and acceptable conduct on the part of your *Child* and all *Fees* payable under this *Contract* having been paid timeously and in full.

23. Electronic communications

You consent to you and your *Child* receiving communications from the *School* electronically and agree that all such agreements, notices, disclosures and other communications sent by the *School* satisfy any legal requirements, including but not limited to the requirement that such communications should be "in writing". It is your and your *Child's* responsibility to ensure that the electronic contact details held by the *School* are correct and you undertake to notify us immediately should there be any amendment to the electronic contact details. The *School* shall not be liable for any adverse consequences, loss, harm and / or damage incurred by you or your *Child* due to the failure to ensure that the electronic contact details are correct and accurate at all times.

Signed at _____ on _____ day of _____ 20_____.

Name and Surname of Parent/Guardian: _____

ID number of signee: _____

Signature of Parent / Guardian: _____