

**HOLY CROSS CONVENT SCHOOL
162 KOEBERG ROAD, BROOKLYN 7405**

TEL: (021) 511-4337
FAX: (021) 511-9690

MEMORANDUM OF AGREEMENT

entered into by and between

**HOLY CROSS CONVENT SCHOOL,
BROOKLYN
WESTERN CAPE PROVINCE
(hereinafter "the School")**

and

(Parent/Guardian/Responsible Party)

(Parent/Guardian/Responsible Party)

PLEASE PRINT NAME

INITIAL _____

DEFINITIONS:

“the School” means : Holy Cross Convent School Brooklyn

“The Parents/Guardian” refers to the Person/ s responsible for the learner

“School term” refers to “The School Term as defined by the Western Cape Education Department “

“Calendar month” Includes the days from the first to the last day of any Calendar Month

“The Learner” means the child who has been enrolled at our Holy Cross Convent School, Brooklyn

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RECORDAL

- 1.1 The Parent/Guardian hereby applies to enrol _____ (hereafter the “Learner”) for education at the School.
- 1.2 The Parent/Guardian accepts that the Learner will not be considered for acceptance at the School until such time as this document has been submitted and considered by the School with the relevant, additional information attached.
- 1.3 The Parent/Guardian agrees that if the Application for admission constituted by signature of this Agreement and the relevant, additional information referred to in 1.2 above is accepted in writing by the School, then this document will become a binding contract.

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APPLICATION AND DEPOSIT

- 2.1 A non-refundable Application Fee of R50.00 is payable to the School on collection by the Parent/Guardian, of the relevant Application documentation.
- 2.2 A non-refundable school deposit of R1 000.00 per learner is payable on acceptance and R300.00 registration of the Learner.
- 2.3 The Parent/Guardian undertakes to provide the School with the information set out in Annexure A hereto.

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POLICY

- 3.1 It is the policy of the School in relation to school fees that fees due for each term’s tuition are to be paid in full by the end of each term. Fees paid monthly must be paid in full every month by the last day of the calendar month.

Failing that, acceptable arrangements are to be made by the Parent/Guardian of any Learner, whose fees are not paid in full at the end of any one term, for the payment of such fees as are in arrears **before** the end of the term concerned. The arrangement made is to be recorded in writing.
- 3.2 Learners whose Parent/Guardian fails to pay the fees as required, term by term, or who fail to make an acceptable arrangement for the payment of fees in arrears, or who fail to adhere strictly to the terms of arrangements made for the payment of fees in arrears, will be given notice in writing that this contract will be cancelled **and** after one month’s notice in writing, the Learner concerned will not be allowed to return to the School.
- 3.3 It follows, from the above, that the payment of fees in arrear, after the cancellation of this contract, will not permit the Learner concerned being allowed to return to the School.

INITIAL _____

BREACH

- 4.1 Any Parent/Guardian who fails to pay the School Fees promptly on due date will be in breach of the terms of this Agreement and the contract of any such Parent/Guardian who fails to pay fees that are outstanding and in arrear or who fails to make an acceptable arrangement for the payment of fees in arrear within no more than 10 (ten) days after receipt of a letter calling upon such Parent/Guardian to pay fees in arrear or make acceptable arrangements for such payment, will be cancelled without further notice
- 4.2 * In the event of the cancellation of this **contract** for the reason given in 4.1 above, the Parent/Guardian of the Learner concerned will be given 1 (one) term's written notice to find an alternative place for the education of the child as the child concerned will not be allowed to take up a place in the School, the contract having been cancelled.
- 4.3 A written demand for payment within a period of no more than 10 (ten) days will be given to any Parent/Guardian who has entered into a written arrangement for the payment of fees in arrears as referred to in 4.1 above and who has failed to adhere strictly to the terms of such arrangement.
- 4.4 If a Parent/Guardian, to whom a written demand for payment has been made in terms of 4.3 above, fails to comply strictly with the terms thereof, then the contract of such Parent/Guardian will be cancelled without further notice.
- 4.5 The Parent/Guardian of any child of any whose contract has been cancelled in terms of 4.4 above will be given 1 month written notice to find an alternative place for the education of the child as it will not be possible for the child concerned to take up a place in the School, the contract having been cancelled
- 4.6 Any Parent/Guardian entering into this contract with the School will remain liable for the payment of School Fees, interest and arrears until all such amounts have been paid in full, irrespective as to whether or not this contract has been cancelled and the child concerned prohibited from returning to School.

GENERAL

- 5.1 *The School reserves the right to withhold the Learner's school report in the event of the Parent/Guardian failing to pay the school fees due on the date elected by the Parent/Guardian. (as set out in 3.1 above)*
- 5.2 As the School budget is subsidized by Fundraising;
- 5.2.1 Parents are expected to support all Fundraising events/efforts
- 5.2.2 Learners are expected to attend all Fundraising events, e.g. Sports day, Big Walk, etc.
- 5.2.3 Parents are expected to be in full partnership with School at all levels.
- 5.3 Parents and learners must sign and adhere to the School's code of conduct

NOTICE

- 6.1 The parent/guardian must provide the School with one term's written notice of removal of the Learner from the School.
- 6.2 Failure to comply with this notice period will result in the Parent/Guardian being liable for payment of one term's fees in lieu of notice.

INITIAL _____

CREDIT REFERENCE CHECKS

By signature hereof, the Parent/Guardian consents and agrees to the School undertaking credit checks on their credit history which will *include contacting the last school or crèche attended by the learner.*

List one reference here: 1. _____ Phone Number.....
(Current school or Rental)

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WHOLE AGREEMENT

This agreement embodies the whole agreement between the Parent/Guardian and the School in respect of school fees. No indulgence and/or amendment will be valid unless reduced to writing and approved by the School board.

This done and signed at Brooklyn, this _____ day of _____ 2_____

Parent 1: _____ Parent 2: _____
FULL NAME & SURNAME FULL NAME & SURNAME

Signature: _____ Signature: _____

Witness 1: _____ Witness 2: _____

FOR OFFICE ONLY:

This done and signed at _____ this _____ day of _____
20_____

DESIGNATION:

.....
For and on behalf of Holy Cross Convent School Brooklyn

Witness 1: _____ Witness 2: _____

INITIAL _____

**HOLY CROSS CONVENT SCHOOL
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TEL: (021) 511-4337
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Admission Form

CEMIS No: _____

Section A – Personal Details:

Surname: _____

Christian Name of Learner: _____

Date of Birth: _____ Place of Birth: _____

Grade for which Application is made _____

For Year _____

Last Grade passed: _____ Has learner repeated a Grade :Yes No Grade: _____

Mother's Full Name: _____

Mother's Address: _____

Contact Numbers: Home _____ Work _____ Cell _____

Father's Full Name : _____

Father's Address: _____

Contact Numbers: Home _____ Work _____ Cell _____

Address – Learner: (If not same as parents) _____

Legal Guardian: _____

Legal Guardian Address: _____

Home Tel: _____ Cellphone _____

INITIAL _____

Section A cont.

Religious Denomination: _____ / _____ / _____
(Mother) (Father) (Child)

Is child Baptised/Christened: _____

Name of Parish/Church you attend: _____

Refugee Status: Yes/No _____

Home Language (language heard most by the child and the language spoken to the child): _____

No. of Children in Family: _____ Ages: _____

Any siblings at Holy Cross Primary: Yes/No _____ Name _____ Grade _____

Parents' Employment Details:

Occupation: Mother: _____ Father: _____

Place of employment:

Mother: _____ Tel: _____ Cell _____

Email address _____

Father: _____ Tel: _____ Cell _____

Email address _____

**** If self-employed please state nature of employment / business.....**

Marital Status: Married Divorced Separated Single

PARENTS WILL AUTOMATICALLY RECEIVE A WRITTEN REPORT PENDING FULL PAYMENT OF ALL FEES. THE PERSON RESPONSIBLE FOR THE PAYMENT OF SCHOOL FEES IS ENTITLED TO REQUEST A COPY OF THE LEARNER'S REPORT.

Current School/Nursery School attending: _____

*A letter of reference relating to the learner's disciplinary conduct and/or other is required.

Address of School/Nursery School: _____

Tel. No. of School/Nursery School: _____ (land line)

INITIAL _____

COPIES OF THE FOLLOWING DOCUMENTS TO BE SUPPLIED TO THE SCHOOL:

- Birth certificate
- Baptism /Christening certificate
- Copy of the last school report
- Transfer form
- Letter of Reference from the previous school
- Recent photograph of Learner
- Any relevant specialist reports** on learner, e.g. doctors, psychologists, occupational therapists, etc.
- Clinic card
- Copies Parents I.D Documents
- Copy of Refugee Status - all documentation
- Telephone account or FICA document showing current address
- Copy of Salary Advice Slips – both parents
- 3 month Bank statements – both parents
- If self employed SARS registration papers must be presented to the school

***NB IN THE CASE OF NON SOUTH AFRICAN CITIZENS – ALL RELEVANT PAPERWORK: CERTIFICATE / PERMIT TO RESIDE IN SOUTH AFRICA, PASSPORTS, BIRTH CERTIFICATES, ETC. – MUST BE FURNISHED TO THE SCHOOL.**

Section B – Medical History:

Name of Med. Aid: _____ Med. Aid No. : _____

Full Name and ID of Principal Member: _____

Family Doctor: _____ Tel. No.: _____

Previous illnesses: _____ Allergies: _____

Special Medication: _____

(e.g. Asthma pump; medication for allergies, insulin, etc.)

Name of person to be contacted in case of emergency: _____

Relationship to child: _____

Contact No.: _____ Cell phone: _____

(land line please)

****PLEASE SUPPLY A NAME OF SOMEONE ELSE WHO COULD BE CONTACTED IF THE ABOVE PERSON IS UNAVAILABLE.**

Name: _____ Relationship to child: _____

Contact no.: _____ Cell phone: _____

(land-line please)

INITIAL _____

Section C – Finance:

Person/s responsible for the paying of School Fees:

Name 1: _____ ID Number: _____

Address: _____

Contact no: (w) _____ (h) _____ (cell) _____
(land-line please)

Email address _____

Relationship to learner: _____

Name 2: _____ ID Number: _____

Address" _____

Contact no: (w) _____ (h) _____ (cell) _____
(land-line please)

Email address _____

Relationship to learner: _____

Method of payment: Cheque Cash Stop Order/Bank Deposit/Eft
 Monthly Quarterly Annually

***We encourage parents to please make use of your banks Stop Order Facility,
Electronic payments or direct deposits
into our school's banking account***

NB: Fees to be paid automatically without reminders! Any such reminders by letter or phone and cell calls will involve further appropriate costs.

Signed by:

Parent / Guardian 1: _____ Date _____

Signed by:

Parent / Guardian 2: _____ Date _____

School Witness _____ Date _____

Bursar _____ Date _____

INITIAL _____