



APPLICATION FORM

CHILD'S INFORMATION

Child's Name _____ Preferred Name _____

Date of Birth _____ Gender M/F _____

Present Age _____ School Attending _____

Grade _____ Teacher _____

Birth Order 1st 2nd 3rd 4th 5th 6th of 1 2 3 4 5 6

Child lives with _____

Names of Parents/Guardians _____

Physical Address _____

Home Phone _____ Mobile _____

Has your child had any previous professional assistance? (For example, Occupational Therapy, Speech Therapy etc) If so, please provide information and attach all reports.

Professional	Approximate dates	What was done?

Does your child have any difficulties with vision or hearing? Note date and results of any previous visual or hearing examination.

Learning Development

Compared to other children you know, does your child or has your child ever had difficulty with:

	Did	Does		Did	Does
Identify basic colours			Telling Time		
Learning the alphabet			Adding numbers		
Learning to count			Subtracting		
Recognizing numbers			Multiplying		
Reading			Dividing		
Spelling correctly			Print writing		
Understanding what is read			Retaining information		



Briefly describe how your child is doing in school. Note the current marks and areas of strength and weakness in school work.

Has he /she had any remedial help or special education services in school or privately?
If so, please describe and give approximate dates.

Please describe your child's attitude towards school. Note any special interests or dislikes he/she has in school.

How does your child get along with the teacher and other students in school?

Emotional Development

Has your child ever been characterized by family members, teachers or others as being:

	Yes	No		Yes	No
Restless/Inattentive			Forgetful		
Humorous/fun			Quick to anger		
Cheerful			Depressed/sad		
Daydreamer			Disruptive		
Immature			Happy		
Aggressive			Nervous/tense		

Signature(s) of parent or parents who completed this form

Father _____

Date: _____

Mother _____

Date: _____



PARENT'S INFORMATION

Parents/Guardians Information	Father/ Stepfather	Mother/ Stepmother
Surname		
First Name		
Title (Mr/ Mrs/ Dr)		
Employer's Name		
Type of Business		
Position Held		
Identity Number		
Passport Number (If not SA)		
Physical Address		
Postal Address		
Telephone Number (work)		
Telephone Number (home)		
Cellular Number		
Email Address (home)		
Email Address (work)		

DOCUMENTS TO BE ATTACHED TO THIS APPLICATION:

- *A copy of the child's birth certificate*
- *Copies of both parents/ guardian's ID*
- *Last school report*
- *Any other reports from therapists, psychologists or doctors*



PAYMENT OPTION FORM

Please complete this form and return it with your child's application.

I/ We agree to pay the fees due in terms of the home-school facilitation policy:

I/ We agree to pay the school fees and ancillary charges in accordance with the fees per pupil document. These fees will be paid either annually in full before the first Friday of school, or in 11 equal monthly payments to be made before the first day of each month, the first such payment to be made before the first working day of each month.

I/ We agree that The Turning Point Education may, in the event of non-payment of fees and or ancillary charges, which will be deemed to be a material breach of this contract, after having given me/ us seven days' notice to rectify my/ our default, and should I/ we still be in breach, summarily terminate this contract and refuse my/ our child entry to the premises.

I/ We agree that there will be 10% interest charged on overdue accounts. The Turning Point reserves the right to suspend a student from class if accounts are overdue.

I/ We agree to be held responsible for all legal costs incurred should my/ our account be handed over for collection.

I/ We agree to give a full terms written notice should I/ we wish to terminate this contract.

Yearly in Advance: I/ We choose to pay via EFT a once off payment for the year.

1. The Turning Point offers a 5% discount if the full annual fees are paid by the 15th January 2017.
2. If you choose to make an EFT payment please forward Proof of Payment to tanya@theturningpoint.co.za
3. Should we not receive your Annual Tuition Fee Payment by the 15th January 2017, both January and February's monthly fee payments will be due on the 1st February 2017.
4. Should you initially choose the yearly in advance option and thereafter wish to change to a monthly payment option, an admin fee of R500 – 00 will be charged.

Monthly in Advance: We choose to pay via EFT over 11 months

Signed at _____ on this _____ day of _____ 20_____.

Full Name

Signature

Assisted by: (where legally necessary)

Capacity: _____

Full Name

Signature



INDEMNITY FORM

I/ We, _____ (full name and surname)
the parents/ legal guardians of _____
(full name, surname and ID no of pupil) hereby confirm the admission of the child named above to:
The Turning Point Home School Facilitation.

I/ We as parents/ legal guardians accept the responsibility to take adequate insurance to cover any loss, damage or injury to the child or his/ her belongings as The Turning Point Education shall not be liable for any injury, loss or damage.

I/ We accept that all reasonable precaution will be taken to ensure the safety and welfare of my/ our child and that I/ we shall be held responsible for the payment of medical and or hospital accounts, where applicable, should any injury or loss be sustained by my/ our child. I specifically indemnify and hold The Turning Point Education and its staff harmless against any claims of whatsoever nature arising from any injury, damage or loss sustained at The Turning Point venue.

I/ We authorize the organizers and/ or their agents, in the event that I/ we cannot be contacted, or if urgency dictates, to act *in loco parentis* in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery, and on my/ our behalf to authorize any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Further, I/ we accept full liability for all costs incurred through such medical treatment or operation.

However, the persons responsible should please note the following: (Please state aspects that the teaching staff should be aware of, e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc.)



The following information is essential in case of medical treatment or hospitalization:

Name and Address of Employer: _____

Medical Aid Fund: _____

Med Aid Number: _____

Main Member: _____

Residential Address of Parent/ Guardian:

Telephone (Home): _____ (Work): _____

Alternative contact names and numbers in case of an emergency:

1. Name: _____

Contact Number: _____

Relationship to Child: _____

2. Name: _____

Contact Number: _____

Relationship to Child: _____

I/ We agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the child's enrolment with The Turning Point Education.

Signature of Parent / Guardian

ID Number

Signature of Parent / Guardian

ID Number

Signed on this _____ day of _____ 20_____.

Signature of Witness

Signature of Witness

Name of Witness

Name of Witness