



LEPRO INSTITUTE

(Private school)

1st Street Cnr Derby road,
Bezuidenhout valley,
Johannesburg 2094.

Tel: 011 487 1731

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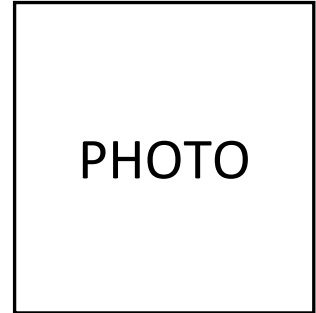
E- mail: info@leproinstitute.co.za

ADMISSION FORM

SURNAME OF LEARNER: _____

NAME OF LEARNER: _____

DATE OF BIRTH: ___/___/___ YEAR APPLIED FOR: _____



ADMISSION NUMBER:

L	P				
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 DATE: _____

GRADE APPLIED FOR		TELEPHONE NO OF FORMER SCHOOL	
HIGHEST GRADE PASSED		YEAR WHEN GRADE PASSED	
LAST SCHOOL ATTENDED			
PHYSICAL ADDRESS OF SCHOOL			

SECTION 1: REQUIRED DOCUMENTS.

No.	DOCUMENTS	YES	NO	REMARKS
1	Learner's birth certificate (copy) or Identity Document.			
2	Parent's identity document (copy)			
3	Proof of residential address (copy)			
4	Two (2) Passport size photos			
5	Latest progress report(original or certified copy)			
6	Transfer letter			
7	Admission form signed			
8	Indemnity form signed			
9	Parent contract signed.			

FOR OFFICIAL USE

DATE	ADMIN NO.	ACCEPTED	REJECTED	REASON FOR REJECTION	SIGNATURE

SECTION 2: APPLICATION FOR ADMISSION.

IMPORTANT: This form must be completed in full. All details requested for are essential for record keeping and assisting the learner at school. All changes and errors in this form must be initiated by the parent or guardian. Completing and submitting this form to the office does not guarantee you acceptance for your child.

LEARNER'S INFORMATION

Surname						Initials				
First name						Other Names				
Date of Birth	YYYY		MM		DD	Gender	Male		Female	
Identity number or Passport No.						Nationality				
Home Language										
Race						Religion				

MEDICAL CONDITION OF THE LEARNER	YES	NO	SUPPLY DETAILS
1. Is the learner's health good?			
2. Does the learner suffer from any illness?			
3. Does the learner suffer from any allergies?			
4. Is the learner on any chronic medication			
5. Does the learner use any medical equipment or aid? E.g. a pump for asthma			
6. Does the learner have hearing defects?			
7. Does the learner have eyesight defects?			
8. Is the learner epileptic?			
9. Does the learner have any abnormalities?			
10. Is the learner attending any regular medical therapy or check up?			
11. Is the learner attending any counseling?			
12. Is there any other information necessary:			

NEXT OF KIN DETAILS			
Next of kin			Relationship with the learner
Physical address			Home Phone Number
Identity number			Cell Phone Number

PARENTS' PARTICULARS	FATHER	MOTHER	GUARDIAN
1. Surname			
2. First Names			
3. Date of Birth			
4. Nationality			

PARENTS' PARTICULARS	FATHER	MOTHER	GUARDIAN
5. Identity Number			
6. Race			
7. Home Language			
8. Any disabilities			
9. Physical address			
10. Occupation			
11. Name of company			
12. Address of company			
13 . Town/City			
14. Cell Phone Number			
15. Phone Number(Home)			
16. Phone Number(Work)			
17. E-mail address			

SECTION 3: SUBJECT SELECTIONS

REGISTERED SUBJECTS			
FOUNDATION PHASE (Grade R- Grade 3)			
1	Life skills(LS)		
2	English (HL)		
3	Isizulu(FAL)		
4.	Mathematics(MTC)		
INTERMEDIATE PHASE (Grade 4 to Grade 6)			
1.	Life skills(LS)		
2.	English (HL)		
3.	IsiZulu(FAL)		
4.	Mathematics(MTC)		
5.	Social Sciences(SS)		
6.	Natural sciences and Technology(NSTECH)		
SENIOR PHASE (Grade 7 to Grade 9)			
1.	Life orientation(L.O)	2.	English (HL)
3.	isiZulu (FAL)	4.	Mathematics (MTC)
5.	Social sciences(SS)(Geography and History)	6.	Natural sciences(NS)
7.	Technology(TECH)	8.	Economics and Management sciences(EMS)
9.	Creative arts(CA)		

FET PHASE (Grade 10 to Grade 12)

1	English (HL)	6.	Physical sciences
2.	isiZulu(FAL)	7.	Economics
3.	Life orientation	8.	Tourism
4.	Mathematics/Mathematical literacy	9.	History
5.	Life sciences	10.	Business studies

SECTION 4: TERMS AND CONDITIONS OF REGISTRATION

The following terms and conditions have been agreed upon for registration by both parties.

- a) All registration fees/deposits are required up-front and are non-refundable.
- b) The learners' failure to attend classes for whatever reasons shall in no way entitle him or her to a reduction in fees, nor it will absolve him/her or other signatories
- c) No cancellation of this contract shall be of force or effect without written consent there to by an authorized office of Lepro academy.
- d) The right to attend classes and write exams is non-transferable.
- e) Lepro institute shall have the right to alter all time tables, school commencement dates and completion dates, where and whenever necessary as well as during holiday and vacation durations if need arises.
- f) Lepro institute reserves the right to create and apply rules, including due performance; the learner hereby agrees to be bound by all such rules.
- g) Lepro institute has a right to exclude a learner from classes or examinations as it may be deemed necessary without in any way detracting from the right of recovering the fees payable by the student to the academy and to withhold a learner's examination results or to dismiss him/her for failing to pay all or part of the required fees or for failing to comply with any school rules or the terms of the contract.
- h) The parent/guardian hereby agree to pay all tuition and other fees whenever they fall due to Lepro institute without any further notice being issued. Should the Academy institute legal action against a fees defaulter, the liability of all the costs involved will fall on the parent/guardian who signed this contract with Lepro academy.
- i) Where tuition fees are payable to Lepro institute in installments, the failure to pay any single installment in time will result in the full balance becoming immediately due and payable without further notice.
- j) For delayed or no responses to fees payments, the school will send reminders to the parent, failure to respond to them will be followed by phone calls for at least two times, should the parent still fail to make or honor payments, this will be followed by a demand letter to the parent, finally the school shall institute legal action against a defaulter, the liability of all costs involved will fall on to the parent/guardian who signed the contract with Lepro academy.

- k) Tuition fees payable to Lepro institute does not include examination fees, accommodation fees stationery or any other items to be used during the course of the year that are not known in advance, the parent therefore accepts all quotations or changes thereof whenever made in the course of the study programme.
- l) The learner's failure to register or write examinations for whatever reason shall in no way entitle him or her to any sort of deductions in tuition fees, nor will it absolve him or her from full liability for the payment of school fees due.
- m) No relaxation, variation or indulgence granted by Lepro institute to other signatories hereto in respect of this agreement shall constitute waiver of any rights vested in Lepro institute in terms hereof.
- n) Lepro institute shall be deemed to include any of its division /branch or any other juristic person to whom the rights and obligations of Lepro institute as contained herein may be assigned.
- o) In addition to these terms of registration, the signatories further agree to abide by the learners' *code of conduct* as well as learner's/students' residence rules and regulations which are in line with Department of education's schools' constitution.
- p) Malicious damage to the property of Lepro institute will be regarded in a most severe light and may result in claims for damages and/expulsion of the learner(s) responsible for the damage. Interest will be charged at an interest rate of 5% per month should any amount in respect of any damages claim is not settled within 30 days of such claim. Any such expulsion will not absolve the concerned learner/parent from paying the relevant fees in terms our contract.
- q) Whereas every effort will be made to provide a safe and secure environment, it is specifically recorded that Lepro institute cannot be held liable for accidents, injuries or total disability caused to learners within the school premises and while in transit to and from the Academy. Lepro institute is not liable for any loss or damage to learner's or parent's property while on its premises or elsewhere.

DECLARATION OF OATH TO HAVE READ UNDERSTOOD AND ABIDE BY THE TERMS OF REGISTRATION AS STIPULATED IN THE ABOVE SECTION:

Parent/Guardian name:.....Date:.....Signature:.....

Parent/Learner advisor's name:.....Date:.....Signature:

INDEMNITY FORM WITH LEPRO INSTITUTE

Letter of permission for a learner to participate in activities /events at school as well as permission to travel while participating in sports or other extra-curricular activities/educational tours /excursions.

I _____ (Full name and surname), ID number _____

The parent/Guardian of _____ in grade _____ hereby give permission for him/her to go on tours and excursions that are necessary in the course of such activities.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of the medical and /or hospital bills, where applicable, should any injury be sustained which cannot be ascribed to negligence on the part of the staff responsible.

I cede my powers as parent/guardian to the principal of the school or his/her representative, should medical treatment/surgery be deemed necessary for my child. As far as I know, he/she is physically capable of participating in the above mentioned activities and he/she is in good health conditions.

However, the person responsible should note the following: (State aspects that the teaching staff should be aware of. E.g. allergies, epilepsy, and tendency towards bleeding or others) .

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

Doctor's Name: _____ Cell No: _____

Name of medical aid: _____ Medical aid No.: _____

Mother's name: _____ Cell No: _____

Father's name: _____ Cell No: _____

Next of kin's name: _____ Cell No: _____

Signature of parent/guardian: _____ Date: _____

Witness

Name: _____

Signature: _____ Date: _____

PARENT'S CONTRACT WITH LEPRO INSTITUTE

I _____ the (Parent/Guardian) of the undersigned learner _____ do here by declare that I am responsible for the payment of all school fees, text books and any other fees due for this learner, payable in advance by the 2nd day of each month. I agree to pay annual fees as approved by the board of Governors of Lepro institute and myself.

Learner's Name: _____ Grade: _____ Fee per Annum: R

Account Payee Details:

Name: _____ Signature: _____ Date: _____

Witness:

Name: _____ Signature: _____ Date: _____

PAYMENT OPTIONS AND CONCESSIONS (CAN TICK MORE THAN ONE BOX)

ONE FULL PAYMENT		CHEQUE	
TERMLY		DIRECT DEPOSIT	
MONTHLY		ELECTRONIC TRANSFER	
DEBIT ORDER			

Whole year payment by 28 February entitles the payee to a 10% discount. PLEASE **CONFIRM AMOUNTS WITH THE OFFICE.**

THE FULL PAYMENT OF THE REGISTRATION FEE IS COMPULSORY FOR EVERY CHILD. Registration fees must be settled in full before your child will receive any Textbooks where applicable. **Please note that all payments are non-refundable.**

SCHOOL'S BANKING DETAILS

NAME OF ACCOUNT	LEPRO INSTITUTE (PTY) LTD
BANK	FNB
ACCOUNT NUMBER	630 433 76 359
BRANCH NAME	KILLARNEY, JHB 486
BRANCH CODE	250 6550
REFERENCE:	Name of the Child, Admission number and Grade Example: ROBERT LP0045 GR4

IMPORTANT NOTICE

Please inform the school if you have made a payment by Direct Deposit or Electronic Transfer, by sending the transaction record Slip or the Deposit Slip, to school with your child, or Fax the slips to the school so that your account could be updated and a receipt could be issued to you. The total amount of fees payable per year is to be paid in **Twelve (12) equal** monthly installments from January to December.

ACKNOWLEDGMENT BY PARENT /GURDIAN TO PAY LEARNER'S SCHOOL FEES ON INSTALLMENT BASIS

Learner's Name		ADMISSION No.	
I.D Number		Grade	

You Fees structure will be as shown below

Fees Description	Amount	Agreed Date of payment	Remarks
1. Registration Fees			
2. Uniform Fees (Where applicable)		Ask for the amount at the reception.	
3. School Fees PER Month		10% Discount will apply on full year payment done by 28 th -Feb, FOR Monthly installments (No discount)	

I _____ (Full name and surname), I.D number _____

Hereby acknowledge that, I have been explained to, the fees and payment information of the school. I fully agree to this information as presented in this document.

Once again, I hereby agree to pay the school fees as follows.

TOTAL FEES FOR THE YEAR: NO. OF INSTALLMENTS:

1st installment from (Month) _____, 20__ and Last installment in (Month) _____, 20__

Individuals	Name	Signature	Date	Place
Parent/Guardian				
School official				