

■ Together towards a bright future

Application Form



www.mountainviewacademy.co.za

THANK YOU FOR SHOWING AN INTEREST IN MOUNTAIN VIEW ACADEMY!

Kindly take note of the following:

- Kindly complete and submit an application form together with the necessary supporting documentation such as reports from health care and educational professionals as well as a copy of your (parents/guardians) ID.
- You can submit your application form with supporting documentation electronically via email or you can submit these hard copies of these documents to Mountain View Academy's reception.
- If the application is unsuccessful a letter will be sent advising you of Mountain View Academy's decision. Please take note that no further correspondence will be entered into.
- Once the non-refundable registration fee is received, your child's file will be opened and the space allocated accordingly.

PARTICULARS OF THE APPLICANT (PUPIL)

First Name: Last Name:

Preferred Name:

ID:

Date of Birth: Gender:

Nationality: Home Language:

Other Languages Spoken:

Current Grade: Siblings in School: Yes No

Religious Denomination:

Child lives with: Both parents only mother only father legal guardian

Other

Parents Deceased: Both parents Mother Father None

PROPOSED GRADE: Please indicate with a tick proposed grade and below insert year of entry

GRADE	1	2	3	4	5	6	7
✓							
YEAR							

PARTICULARS REGARDING PERSON RESPONSIBLE FOR THE EDUCATION OF THE APPLICANT:

Accounts should be addressed to:

Correspondence should be addressed to:

Reports should be addressed to:

DETAILS OF PARENT OR GUARDIAN (PERSON 1)

DETAILS PERSON 1: Mother Father Grandparent Stepmother Stepfather Guardian	
Title: Mr/Mrs/Ms/Dr	<input type="text"/>
First Name(s):	<input type="text"/>
Surname:	<input type="text"/>
Preferred Name:	<input type="text"/>
Marital Status:	<input type="text"/>
Work Telephone:	<input type="text"/>
Cell Number:	<input type="text"/>
Email Address:	<input type="text"/>
Employer - Business Name:	<input type="text"/>
Occupation/Profession:	<input type="text"/>
ID/Passport Number:	<input type="text"/>
Religious Denomination:	<input type="text"/>
Physical Address	Complex <input type="text"/>
	Street Name & Number <input type="text"/>
	Suburb <input type="text"/>
	City <input type="text"/> <input type="text" value="Code"/>
Postal Address: <small>*if different to Physical Address</small>	<input type="text"/>
	<input type="text"/>
	<input type="text"/> <input type="text" value="Code"/>
Address of Student: <small>*if not residing with parent</small>	<input type="text"/>

DETAILS OF PARENT OR GUARDIAN (PERSON 2)

DETAILS PERSON 2: Mother Father Grandparent Stepmother Stepfather Guardian	
Title: Mr/Mrs/Ms/Dr	
First Name(s):	
Surname:	
Preferred Name:	
Marital Status:	
Work Telephone:	
Cell Number:	
Email Address:	
Employer - Business Name:	
Occupation/Profession:	
ID/Passport Number:	
Religious Denomination:	
Physical Address	Complex
	Street Name & Number
	Suburb
	City Code
Postal Address: <small>*if different to Physical Address</small>	
	Code
Address of Student: <small>*if not residing with parent</small>	

EMERGENCY CONTACT

Full Name:	<input type="text"/>	Relation to learner:	<input type="text"/>
Number:	<input type="text"/>	Email:	<input type="text"/>

MEDICAL INFORMATION

Name of Medical Aid:	
Medical Aid Number:	
Main Member Full Name:	
Main Member ID:	
Preferred Hospital:	
Family Dr's Name:	
Family Dr's Number	

MEDICAL INFORMATION (CONTINUED)

Please list any serious medical conditions (eg asthma, allergies, diabetes, epilepsy etc)

Please list any medication currently being taken by your child

Kindly outline any emotional trauma the applicant has experienced *eg loss of a parent

Kindly outline any details of remedial teaching or therapy the applicant has received

Kindly outline any physical/learning disabilities the applicant may have and/or any known learning problems the child has experienced

FEES, LEVIES AND CHARGES FOR 2024

ENROLMENT

NON-REFUNDABLE REGISTRATION FEE	R 10 000	Payment upon application
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ANNUAL LEVY

PRIMARY SCHOOL	R 3 500
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SCHOOL FEES

GRADE	12 MONTHLY PAYMENTS (1 January - 1 December)	ANNUAL FEE DISCOUNT - 10% (payable by 31 January 2024)	SIBLING DISCOUNT - 5%
Gr 1 - 6	R 6 600,00	R 71 280,00	R 6 270,00
Gr 7	R 6 900,00	R 74 520,00	R 6 555,00

BANKING DETAILS

BANK	ABSA Bank
NAME	Mountain View Academy CC
ACCOUNT NUMBER	408 458 6929
BRANCH	Parow
CODE	63 20 05
REF	Learners Name and Surname

MEMORANDUM OF AGREEMENT

Between Mountain View Academy and the parents, guardians, or person responsible for fees.

I/We, the undersigned, hereby undertake the following, being the persons responsible for the fees for:

Full name and surname of applicant: _____

- To secure enrolment, a non-refundable registration fee is payable within two weeks from the date of acceptance of the offer of enrolment with a cooling off period of ten days.
- This application, acceptance, and commitment by the parents, guardians, or persons responsible for fees shall remain in place for the duration of the above-mentioned child/children's studies/schooling at Mountain View Academy.
- Fees are payable monthly in advance on or before the 1st working day of each month over a period of 12 months. Please note that Mountain View Academy is self-funded, and is dependent on your payment of full school fees by the 1st working day of every month so as not to disadvantage the full-paying parents and their child/children. Should you default, you will be liable for all legal recovery costs.
- Fees are reviewed annually and any adjustments will be reflected on an applicable scale of fees circulated during the 4th term.
- Mountain View Academy reserves the right to raise levies and fees from time to time in order to meet funding requirements. Such levies and fees will, after prior notification, be added to school fee accounts.

INDEMNITY FORM

I/We, the undersigned

(full name and surname)

Being the legal guardian/s of

(full name and surname)

Members of the teaching staff and officials of the school act "in loco parentis" whilst the above-mentioned child is attending the school.

I/we hereby indemnify Mountain View Academy against any claims that may arise as a result of my child's participation in a sporting, cultural, and educational tour/excursion arranged by Mountain View Academy, with the proviso that due notice is given of such tour/excursion, and generally in all of Mountain View Academy's activities.

Whilst it is recognised that Mountain View Academy will take every precaution to ensure the safety and well-being of my/our child, I/we hereby indemnify and hold blameless Mountain View Academy, its employees, agents, and parents against all claims which may arise in consequence of the death of or injury sustained or damage suffered by my child during the course of my child's participation in aforesaid, from whatsoever cause arising. The school, members of the teaching staff, and officials will not incur any liabilities in respect of any loss, theft, or damage to my/our child's personal belongings or in respect of any injuries suffered within the grounds of the school, in transit, or elsewhere.

In the event of my/our child being injured, or in the event of illness, I/we hereby authorise Mountain View Academy and/or its agents and parents to procure such medical treatment/surgery as may be deemed necessary, hereby authorising them, on my/our behalf, to sign inter alia a consent to surgical and other procedures with the understanding that Mountain View Academy and/or its agents will endeavour to contact and inform the parents/legal guardian prior to such consent being signed.

I/we hereby indemnify Mountain View Academy, its employees, agents, or parents from all medical and hospital costs occasioned thereby, during sporting, cultural, and educational tours, should the organisers and/or their agents deem it advisable to make special travel arrangements for the above-mentioned child to be returned home due to unforeseen circumstances arising, I accept full liability for the additional costs which shall be incurred thereby.

I/we fully understand and accept that all tours and excursions are undertaken at my/our child's own risk and I/we hereby absolve the school, members of the teaching staff, and officials from any claims whatsoever that may arise in connection with any loss or damage to property or injury and hereby indemnify the school, members of the teaching staff and officials against such claims.

During sporting, cultural, and educational tours/trips and excursions, I authorise Mountain View Academy and/or its agents to discipline, within reason, the abovementioned child as may be deemed advisable. I further authorise Mountain View Academy and/or its agents, in the event of gross and/or persistent misconduct on the part of the child, as they do determine at their sole discretion, to send my child home by such means as may be deemed advisable, and accept full liability for the costs thereof. I further accept that no portion of the money paid for the tour/trip/excursion will, in the above event necessarily be refunded.

Signature:

Date:

ACADEMY POLICIES

Mountain View Academy's school policies are reviewed regularly. Whilst representing Mountain View Academy, both on and off the school campus, all pupils are required to abide by and adhere to these policies at all times. These policies are available on request.

SOCIAL MEDIA

Mountain View Academy makes a constant effort to keep parents updated on school activities via the school's website, the official Facebook page, Instagram, etc. By signing this document, I hereby authorise the following:

- I grant Mountain View Academy permission to photograph/video record my child (mentioned on page one of this application form) while involved in activities at Mountain View Academy.
- I grant the school permission to use any photographs/video footage/voice recordings of my child taken during their activities at Mountain View Academy to be posted on the school's website, Facebook page, the school's Instagram page, brochures, flyers, school magazine or any other school-related publication or printed medium.
- I understand that I have the right to request, in writing, to have a photo removed from the website, Facebook page or Instagram within 30 working days.
- I understand that all rights, title and interest in the photography or videography obtained belongs to Mountain View Academy and that I will receive no financial compensation for the use of these photos and/or videos.

CERTIFICATION AND CONSENT

I/We, hereby certify that all the information recorded above and on the accompanying document is, to the best of my/our knowledge, true and correct.

I/We agree to abide by the understanding given in the sections above and supplied on previous pages of this application.

I/We hereby give our consent for the Applicant's present/current school to release information that may be necessary and/or relevant to this application.

I/We, the undersigned

(full name and surname)

Agree, as a member of the school's family, and on behalf of the applicant, to abide by all the stipulations as set out in this Application Form.

Signature:

Date:

Signature:

Date: