

1

Telephone: 043 - 7224004

Fax: 043 - 7224004

Year: _____

Grade Applied For:		Highest Grade Passed		Year When Grade was passed:		Accession No:	
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Surname:					Initials:		Nick Name:		
First Name:					Other Names:				
Date Of Birth: YYYY			MM		DD				
Race:					Gender:				
					Male:		Female:		
Country of Residence:					Identification or Passport No:				
If SA, indicate province of residence:									
					Citizenship:				

Physical Address:				Home Telephone:								
City/Suburb				Emergency Telephone:								
Code:		Learner Email Address:										
Home Language:					Preferred Language of Instruction							
Boarder	Yes		No									
Deceased Parent		Mother			Father			Both			Mode of transport:	
Religion:		For Grade 1 only: Indicate pre-primary education			None		Non Formal			Formal		

Name of Previous School:				
Previous School Address:				
Code:		Province:		Country:

Medical Aid Number:		Medical Aid Name:	
Medical Aid Main Member:		Doctor Name:	
Doctor's Address:		Doctor Telephone Number:	
Medical Condition:			
Special Problems Requiring Counseling:			
Dexterity of Learner:	Right Handed		Left Handed
			Ambidextrous
Reg. Social Grant	YES		NO:
Rec. Social Grant	YES		NO:

1. Copy of Immunisation Records.	2. Copy of Birth Certificate
3. Progress Report from Previous School	4. Transfer Letter from Previous School

APPLICATION FOR ADMISSION TO SCHOOL

2

Siblings

Number of other Children at this school:

Position in the family (e.g first):

Please supply full names below:

Name:

Grade:

Name:

Grade:

Name:

Grade:

Parent / Guardian Information

Complete a SEPARATE parent form for each parent living at a different physical address

Title:

Initials:

Surname:

First Name:

Gender:

Male:

Female:

Home Language:

Race:

Identification Number:

Or Passport number

Account Payer:

Yes

No

Residential Street Address:

City/Suburb

Code:

Occupation:

Employer:

Surname of Spouse:

First Name:

Occupation of Spouse:

Learner resides with this parent/s

Yes

No

Spouse ID Number:

Relationship to Learner:

Marital status of parent:

Correspondence Details

Title:

Surname:

Postal Address:

City/Suburb

Code:

Other Contact Details

Home Telephone

Work Telephone

Fax Number:

Cell Number:

Spouse Work Telephone Number:

Spouse Cell Number:

E-Mail Address:

Spouse E-Mail Address:

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print):

Signature of Parent / Guardian

Date:

Office use only:

1. Date:

2. Accepted:

3. Accession Number:

4. Rejected:

5. Reason for Rejection:

6. Documentation Received:

6a Immunisation Record:

6b. Birth Certificate:

6c. Progress Report from Previous School:

6d. Transfer Letter from Previous School:

CONDITIONS OF ENROLMENT – LEGAL RESPONSIBILITIES

NB. Application does not constitute acceptance. Once a pupil has enrolled at Centre of Excellence, this contract will continue from term to term subject to the following conditions.

I may, without further obligations, terminate this contract with effect from the end of any academic term, provided that the total tuition fee owing in respect of that academic term. If she school agrees in writing to cancel this contract during the course of an academic term, I will be liable for tuition fees for that whole term.

I shall be personally liable for the tuition fees in force during each academic term as determined by the School.

I agree that should I be breach the Condition aforementioned, the School shall be entitled to suspend my child from School.

Any failure by the learner to attend classes will not reduce my liability for the tuition fees for the full academic term except with written consent and at the sole discretion of the school.

For the purpose of all proceedings hereunder, the School and I consent to the jurisdiction of the magistrate's court having jurisdiction under Section 28 of the Magistrate's Court Act of 1944 as amended, notwithstanding that such proceedings are beyond such jurisdiction. This clause shall be deemed to constitute the required written consent conferring jurisdiction upon the said Court pursuant to Section 45 of the said Act. Notwithstanding the foregoing, the school shall have the right as its sole option to institute proceedings in any other competent Court which has jurisdiction.

The School shall be entitled to recover from me all legal costs incurred by the School in order to enforce its right under this contract, including attorney and own client fees and collection charges as well as all tracing charges.

My physical address as set out in the application form shall serve as mu Domicilium citandi et executandi for all purposes in terms of this contract. All notices posted by prepaid registered post to my domicilium as aforesaid or handed to the learner shall be deemed to have been received by me on the second business day after the posting thereof, or on the day such notices are handed to the learner, as the case may be.

No amendment or agreed cancellation of the contract shall be of any force or effect unless recorded in writing and signed between the School and myself.

The School is not bound by any warranty, representation, promise, term or condition not stipulated herein expressed or implied.

I do hereby specifically, irrevocably and indefinitely indemnify and hold blameless CENTRE OF EXCELLENCE and its staff against any and all loss, damage or injury which may be sustained by my child at school or on route thereto, or therefore, or in the course of any extra-mural activity, or any school outing in which he or she must participate. I also hereby consent for the School to arrange any medical assistance where the school sees fit.

No child shall be admitted to the School unless the Registration Fee as determined has been paid (non-refundable) on the day of registration. I also;

- accept liability for any damage which my child/ward may cause to any property in this institution.
- accept liability for the chair and table/desk that my child will be issued with and in the event of any damage/breakage to such items I will refund the purchase of a new chair/desk.
- accept that as a condition for admission of my child/ward to this institution that he/she shall be subject to the disciplinary rules of the school and shall perform such duties as may be required of him/her by the authorities of the institution.

Centre of Excellence reserves the right to refuse this application which will be declared null and void.

I UNDERSTAND AND ACCEPT THAT SCHOOL FEES ARE TO BE PAID MONTHLY, ON THE FIRST DAY OF EVERY CALENDAR MONTH AND THAT A 3% INTEREST WILL BE CHARGED TO MY ACCOUNT, PER MONTH, ON ANY FEES THAT ARE IN ARREARS.
ALL PHONE CLASS/EMAILS/SMS'S AND VOICEMAILS WILL BE DEBITED TO MY ACCOUNT AT R5.00 PER CALL.

I, _____, Parent/Legal Guardian of

_____, agree to the Conditions of Enrolment as outlined above.

Signed on this _____ day of _____ 20_____.

Signature: _____
(Parent/Legal Guardian)

Witness: _____

REGISTRATION FEE IS NON-REFUNDABLE

CENTRE OF EXCELLENCE

4 Saint Marks Road

East London

5200

Telephone: 043 722 4004

EMIS: 200201069



SCHOOL FEE PAYMENT POLICY

Attached herewith a debit order and a general information form to be completed. Please check the information form and do the necessary corrections and sign.

Debit order: Initially when the debit order is loaded you will be sent an electronic mandate from your bank which you will need to approve within 24 hours of receiving the request. Should this not be approved the debit order will not be authorised to continue. Once you have approved the initial mandate the debit order will be set for the year. Please ensure that you have updated your details (cell phone number and email) at the bank as they will send the mandate to the cell phone number that they have on file. Should they not have your correct details, you will NOT get the mandate to approve, and no debit order will be taken from your account. If any Debit order fails a fine of R200 per failed Debit order will be added to your account.

Please make sure all forms are signed.

Resolution: In terms of the South African Schools Act, No 84 of 1996 (hereafter referred to as 'the Act'), the school must take all reasonable measures within its means to supplement the resources supplied by the state in order to improve the quality of education provided by the school to all pupils at the school. School fees are determined according to the needs and financial commitments of the school as indicated in the annual budget approved by the school.

ACCORDING TO SECTION 39 OF THE ACT, SCHOOL FEES ARE COMPULSORY.

School fees constitutes a statutory debt and needs to be paid before other debts. IN TERMS OF SECTION 40 OF THE ACT, THE SCHOOL GOVERNING BODY IS LAWFULLY ENTITLED TO PROCEED FURTHER FOR THE NONPAYMENT OF FEES.

Centre of Excellence has to fund the entire operation of the school from the school fees.

UNDERTAKING (SCHOOL FEES)

Do hereby state that:

1. I am the father/mother/guardian of the learner _____ in grade _____ and I hereby agree herewith in writing to pay school fees every month. See below fee structure indicated below.

Grade 8 – R2300 pm

Grade 11 – R 2550 pm

Grade 9 – R2300 pm

Grade 12 – R 2700 pm

Grade 10 – R2450 pm

Fees are payable for 11 months.

2. I hereby state that I will give one (1) months' notice before removing my child/children from the school.
3. I agree that should I neglect to abide by conditions hereof, the school shall be emitted to suspend my child from school.
4. If for any reason the learner does not attend classes, I am still obligated to pay the monthly required fees for the full academic year.
5. I shall be liable to pay amounts owing any further give consent to the school applying for judgement for the amount outstanding and consent to the issues of an enrolment attachments order against my employer/business for payments of the amount owing here in.
6. If I neglect to give a written notice to the school, of the termination of the contract in terms of clause, I shall be liable for payments, until such time the school receives written notice.
7. The school shall be emitted to recover from me for all legal costs incurred by the school in order to enforce its fight under this contact, including attorney, own client fees and collection charges and all tracing charges.

- PARENT/GUARDIAN NAME: _____

- PARENT/GUARDIAN SURNAME: _____

- IDENTITY NUMBER: _____

- HOME LANGUAGE: _____

- NAME OF EMPLOYER: _____

- CONTACT NUMBER OF EMPLOYER: _____

- DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

- WITNESS: _____

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Please take note that the billing of school fees on your statement for **2026** will reflect the full year's fees on request and this amount will be reduced as payments are made. The annual school fees are charged per child.

THIS FEE IS OVER 11 MONTH PERIOD TO ASSIST PARENTS AND IS DUE AND PAYABLE IN ADVANCE i.e. FROM 1 FEBRUARY TO 1 DECEMBER OF EACH YEAR.

****OUR PREFERRED METHOD OF PAYMENT IS VIA DEBIT ORDER****

Should you have more than one child, kindly complete a separate debit order form for each child. However, should you wish to make a lump sum payment in advance our banking details are:

BANKING DETAILS

Account Name: Centre of Excellence / Clear definition
Account Number: 62592695989
Bank: FNB
Branch: Vincent Branch
Ref: Child's name, surname and grade.

All money received will first be allocated to the current year school fees that are in arrears. In the event of a pupil leaving the school, one month's notice is required. Application for withdrawal must be in writing and addressed to the principal. Failure to do so would require payment of a month's fees in lieu of notice.

SCHOOL FEE PAYMENT BREAKDOWN

Below is the fee payment breakdown. The costs are shown in three different ways if you should wish to pay either yearly, quarterly or monthly.

	Monthly payments	Yearly payments
GRADE 8	R 2300 x 11 months	R 24 300
GRADE 9	R 2300 x 11 months	R 24 300
GRADE 10	R 2450 x 11 months	R 26 100
GRADE 11	R 2550 x 11 months	R 27 000
GRADE 12	R 2700 x 11 months	R 29 700

Should you need clarification on any of the above you may contact the office on **043 722 4004**.

Date: _____

Sign: _____

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PRINCIPLES OF OUR CODE OF CONDUCT – AGREEMENT

National legislation in education requires schools to operate according to a constitution and code of conduct for learners and educators. This code of conduct Endeavour's to encourage and ensure appropriate behaviour of conducting business at School are observed and that all are given the opportunity of teaching/learning in a safe and productive environment.

In terms of Section 9 (3) of South Africa Act of 1996, the following behaviour by a learner is deemed as serious misconduct

A learner at school -

- Has been convicted by a court of a criminal offence.
- Used or had in his/her possession intoxicating liquor or drugs during a school activity/event.
- Is guilty of assault, theft gross, in subornation or immoral conduct.
- Has been repeatedly absent without leave from school and / classes intentionally and without excuse.
- Seriously threatens, disrupts or frustrate teaching or learning in class.
- Engages in a conspiracy to disrupt the proper functioning of the school.
- Insults the dignity of the staff member.
- Cheats in a test examination.
- Participates in any form of bullying.
- Distributes a test or examination materials that may enable another person or him/her to gain an unfair advantage.
- Sexually harasses another person.
- Is found in possession or distributes pornographic materials.
- Supplies false information or falsifies documentation to gain an unfair advantage at school.
- Is in possession of dangerous weapons or uses it to threaten any person.
- Engages in any act of public indecency.
- Engages the safety and violates the rights of others.
- Fights, swears or falsely identifies him or herself.
- Threatens fellow learners or educators.
- Uses hate speech, asks himself/herself guilty of racism or apply harmful graffiti.
- Vandalises , destroys or defaces school property.
- Repeatedly violates school rules or the code of conduct.
- Conduct him/her in a disgraceful, improper or unbecoming manner.
- No colour or fancy hair styles are accepted by boys and girls.
- No short skirts accepted.
- No fancy shoes accepted only school shoes.
- No cell phones to be brought to school, if brought it will be confiscated till the end of the year.
- The school is also not liable for any stolen items/loss e.g. cell phones ect.

It is the right of every learner –

- Experience quality education that will enable him/her to learn and grow as an individual
- Behave responsibly and in a socially acceptable manner at all times
- Have a pleasant, safe and healthy school environment
- Participate in an extra mural programme
- Be in a school well regarded by the community
- Be safe and free from threat
- Respect and adhere to the school rules and code of conduct.

Vision

Creating an environment in which learners can develop a moral approach to maintaining a high quality of education, leading to the learner becoming a responsible adult who will gain meaningful employment.

We aim to

- Provide the opportunity for the individual learner to realise his/her potential in a caring and disciplined environment.
- Educate the pupil holistically, by providing a well-balance, all round education in a caring environment.
- Foster positive attitude of self-discipline, commitment, good manners, politeness, empathy, cheerfulness and sportsmanship.
- Maintain the highest standards of discipline, behaviour, dress and appearance.
- Instil self-confidence, integrity and leadership in the learners. Encourage teamwork through the development of harmony, tolerance and cooperation.

The following is important to note:

- Although the ultimate responsibility for learners' behaviour rests with the parents, educators have the right to discipline the learner during school hours and/or when the learners is representing the school.
- Learner's representing the school should always be dressed appropriately and behave in an acceptable manner. Uniform, latecomers, cell phone, assessment, homework and all other policies are available to parents/guardians upon request. Adhere to the criteria laid out in these policies is essential.
- **School attendance is compulsory.** Should a learner be absent from school, or any school activity his/her parents/guardian must notify the school to explain the absenteeism from any forms of assessment, both formal and informal requirements e.g. such a medical certificate.
- Learners may NOT receive visitors or phone calls during school hours. Messages are to be left at reception and will be conveyed to relevant learners during break time or after the days of formal teaching.

AGREEMENT CONTRACT: CODE OF CONDUCT

I, (full names and surname) _____ parent/legal guardian

of (Learner's name and surname) _____

have read the above rules and regulations and am familiar with the content of the Centre of Excellence Code of Conduct. I understand its purpose and relevance and agree to abide by its principles. I also undertake to support the school in its ethos and objectives to maintain a high standard of education in a safe environment.

Signature of parent/legal guardian

Date

Signature of learner

Date

CENTRE OF EXCELLENCE

4 Saint Marks Road

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INDEMNITY FORM

The following Indemnity Form, if signed, gives your consent for your child to participate in all school excursions and sport matches for the duration of the child's stay at this school.

This indemnity form also indemnifies Centre of Excellence against any injury or loss caused while on/off Centre of Excellence property and while the learner is in the care of the staff of Centre of Excellence.

You will note that if you do not want your child to go on a particular excursion, you may naturally exercise this option by submitting the request in writing.

NOTE: Every care will be taken to ensure the safety of your child on any education outing.

I, hereby, give permission for my child _____ (print) to participate, under the supervision of the school, in all educational excursions and/or extra-mural activities while he/she remains a learner at Centre of Excellence.

1. I, herewith, declare that I shall not hold the aforementioned School or its bona-fide representative liable for any damage or injury sustained by my child while he/she is on an educational excursion, and/or extra mural activity arranged by the school.
2. I also undertake to indemnify the bona-fide representatives of Centre of Excellence against all claims by me, or any third parties, arising from any cause, or action whatsoever, and will not hold the School or its representatives liable for any injury, loss or any damages consequent thereto.
3. I accept that the Principal and his/her staff will take every reasonable precaution to ensure the safety of my child.

Name of Parent/ Legal Guardian (Please Print):

Relationship to Child (Parent/ Legal Guardian):

Signature of Parent/Legal Guardian:

Date: _____

CENTRE OF EXCELLENCE

4 Saint Marks Road

East London

5200

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EMIS: 200201069



ACKNOWLEDGEMENT OF DEBT:

(BOTH BIOLOGICAL PARENTS/GUARDIANS TO SIGN)

Full name of Father /Legal Guardian	
Identity number of Father/Legal Guardian	
Full name of Mother/Legal Guardian	
Identity number of Mother/Legal Guardian	
Full name of learner	
Identity number of learner	

I/We have received, read and understood the contents of the documents entitled, **School Fee Payments Policy for 2026**, and we are lawfully indebted to Centre of Excellence Primary School for educational services.

Payable according to the following options available:

- Pay over 11 months via DEBIT ORDER, monthly in advance i.e. from 1 February to 1 December (**OUR PREFERRED METHOD OF PAYMENT IS VIA DEBIT ORDER**).
- Pay over 11 months via EFT/DIRECT DEPOSIT, monthly in advance i.e. from 1 February to 1 December.
- Direct swipe is payable at our office.

We undertake to adhere to the terms and conditions of this agreement. In the event of our failing to make any payment promptly on or before the due date, Centre of Excellence High school shall have the right to demand the immediate payment of the total amount owing to the school. We further accept that in such circumstances, we shall be liable for the payment of all legal fees on the attorney and client scale of cost, including collection commission and expenses incurred by Centre of Excellence High School in demanding and enforcing compliance with our obligations in terms hereof.

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We understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents or information submitted, the school reserves the right to lay a criminal charge.

THIS COMMITMENT IN ITS ENTIRETY WILL BE VALID FOR THE YEAR 2026

We hereby select the following physical address(es) as our domicilium citandi et exectutani. The place where you live/residential address and proof of employment for all purposes of this acknowledgement of debt.

(Please attach proof of residential address and proof of employment)

Physical address of Father/Legal Guardian	
Email address of Father/Legal Guardian	
Physical address of Mother/Legal Guardian	
Email address of Mother/Legal Guardian	

SIGNED AT _____ ON THE _____ DAY

OF _____ 20____

Signature of Father/Legal Guardian	
Signature of Mother/Legal Guardian	

CENTRE OF EXCELLENCE

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Dear Parents

We have experienced that some parents have not updated their contact details, we therefore would appreciate your assistance with this. Please complete these details in full and indicate with a tick which parent should receive sms's sent out by the school. Please note that only one parent can receive sms's from the school.

Child's name: _____ Child's surname: _____ Gr: _____

MOTHER'S DETAILS: ☐ Please tick block of which parent is to receive sms's from the school.

Name: _____ Address: _____

Cell No: _____

Home No: _____

Work No: _____

Employer: _____ Email: _____

Employer Add: _____

Email address: _____

FATHER'S DETAILS: ☐ Please tick block of which parent is to receive sms's from the school.

Name: _____ Address: _____

Cell No: _____

Home No: _____

Work No: _____

Employer: _____ Email: _____

Employer Add: _____

Email address: _____

In case of an emergency and no parent can be contacted, please fill in details of a guardian/family member/ family friends.

Name: _____

Contact No: _____

Signature: _____

FOR OFFICE USE:

THE FOLLOWING CHECKS WERE PERFORMED	SIGNATURE
All documents were checked, found to be in order and are attached	
All signature areas have been checked and are in order	
All information areas have been completed	
Name of staff member (PLEASE PRINT)	