



68 Louis Botha Drive, Amanzimtoti, 4126.

Tel: 031 943 2690

Email: info@thesycamoretreeacademy.co.za

ADMIN NO:

Learners Name: _____

Grade applying for: _____

Term/Year Applying for: _____

Start Date: _____

Aftercare ☐ (Please indicate with a Tick for yes and an X no not required)

Parent/Guardian Details: _____

Surname: _____

First Name: _____

ID Number: _____

Home Address: _____

Work Address: _____

Telephone Numbers: H _____ W _____

Cell Phone Numbers: _____ / _____

Email Address: 1. _____

2. _____

Contact Person if parents cannot be reached in case of Emergency.

Name: _____ Tel / Cell No. _____

CHILDS DETAILS

Surname: _____

Full Names: _____

ID Number: _____

Date of Birth: _____ AGE: _____

Sex: _____

Habbits: _____

Abilities: _____

How do You Discipline: _____

Any Other Information You Would Like to Supply: _____

Medical History : _____

General Health: _____

Does your Child Suffer from (Circle where applicable):

Diabetes

Epilepsy

Asthma

Allergies

Describe Precautions if any: _____

DOCTORS DETAILS

Name: _____ Tel: _____

Medical Aid: _____ Number: _____

TRANSPORT

Name: _____ Number: _____

Please return this form along with:

- A passport sized photograph (please attach to the top right-hand corner of the form).
- A certified copy of your child's birth certificate.
- A certified copy of both parent's ID Documents.
- School fee clearance letter.
- Copy of your child's latest school report.

The Sycamore Tree Academy.

Indemnity Form.

1. As the parent or Guardian of _____
(Name of The Child) I hereby grant permission for the above child to participate in all activities which form part of The Sycamore Tree Academy routine and curriculum.
2. I accept the principal and staff will take every precaution to ensure the safety and well-being of the above child.
3. I accept that The Sycamore Tree Academy and its representatives will first attempt to contact the Parent or Guardian if the above child should be sick or injured. If after reasonable attempts the Parent, Guardian, or the person to contact in case of emergency (as stipulated in the enrolment form) cannot be contacted The Sycamore Tree Academy reserves the right to seek medical assistance should it be deemed necessary. I cede my powers of authority as a Parent or Guardian to the Principal and staff in their sole discretion to determine if any medical attention is deemed necessary for the child and submit the child for such medical attention as may be deemed necessary.
4. Although every effort will be made to contact the Parent, Guardian, or the person to contact in case of emergency (as stipulated in the enrolment form) in such events I the Parent or Guardian will be liable for any cost and expenses resulting from any medical and associated assistance sought by The Sycamore Tree Academy on behalf of the child.
5. On behalf of myself the child's other parent or Guardian with their authority to do so. I hereby Indemnify and hold harmless The Sycamore Tree Academy and its employees against and from all claims of whatsoever nature that may arise in connection with any loss or damage of property or injury to the child at all material times.
6. I hereby give consent to The Sycamore Tree Academy to use all pictures taken at school and at school events to be used on the school Facebook page and school website.
7. I accept that this Indemnity shall remain in force for the full duration of the child's attendance at The Sycamore Tree Academy.
8. I have hereby read understood and accept the above Indemnity.

Name of Parent: _____ Date: _____

Relationship to child: _____

ID Number: _____

Signature: _____

CONSENT AND AGREEMENT TO PAY SCHOOL FEE'S

I / We _____

The undersigned Parent / Guardian of _____

Do hereby agree to make full payments of R _____ on 15th ☐ 25th ☐
or 31st ☐ of every month. (Tick the box for the date you wish to make payments.)

I / We acknowledge and understand my / our child will not be allowed to attend school until outstanding fees are paid in full.

Take note that one month written notice must be given if you child is to leave The Sycamore Tree Academy. Please note that one month notice will not be appliable should you give notice latter than the 1st September, should your notice be later than that the full school fees for the year will be charged to your account.

Signature Parent / Guardian.

Date

Banking Details:

Account Name: The Sycamore Tree Academy.
Bank Name: FNB
Account Number: 62824528014.
Branch Code: 220127
Branch Name: Galleria

Please use child's first name and admin number as reference when making any payments to the school.

POLICY AND GUIDELINES FOR THE SYCAMORE TREE PARENTS

- School opens at 06:30am.
- Classes start at 07:40 am.
- All vehicles to drop off / collect learners inside the school not in the street or by the gate. (Those using transport please communicate this with your drivers)
- Classes finish at 12:30pm every day for foundation phase (grade 1 – 3), and at 2:00pm for Intermediate phase (grade 4 – 7).
- Should a parent need to speak to a teacher, appointments should be made through the office.
- Snacks and lunch boxes should be healthy no fizzy drinks and sweets.
- Please clearly mark all clothing and personal items with your child's name.
- Phone calls to Teachers are not allowed during school hours all calls to be made through the office.
- Children and Teachers should not be interrupted without due course during school hours.
- No Toys or cell phone to be brought to school.
- Notebooks are to be used to communicate messages to the Teachers.
- All school fees must be paid on time every month – As per our school fees policy learners will be sent home if school fees remain unpaid 3 days after the due date.

POLICY FOR AFTERCARE.

- Children staying in aftercare must sufficient lunch packed for the day.
- Parents not paying for aftercare cannot leave their children in aftercare.
- Aftercare closes at 5:00 pm.
- Parents collecting their children after 2:30pm will pay a penalty of R50 per half hour.