**MEMORANDUM OF AGREEMENT**

Made and entered into by and between

**JCS Independent School**

**Reg**

**istration Number:**

**2020/634191/08**

Hereinafter referred to as

**the School**

And

Name of Father:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID

Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of

Mother:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number

:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Herein after referred to as

**Legal**

**Guardian**



# TERMS AND CONDITIONS

**Definitions:**

**“School**”: JCS Independent School

“**Agreement**”: Parent Enrolment Agreement

**“Account Holder”** Person/s responsible for the full payment of all fees set out in the Schedule of Fees **“Parent”** Legal Guardian

**“Account Holder”** Person or entity responsible for the payment of the account.

**“Payer”** Person or entity that pays the payment of the amount.

**“Schedule of Rates”** List of applicable prices

**“Parties”** Any person or entity that are of legal age bound by this Agreement

**“Code of Conduct”** a set of rules outlining the norms, rules, and responsibilities or proper practices of the School

**“Dress Code”** a set of rules specifying the garb or type of clothing to be worn by all scholars

* By stating the singular, the plural is also implied
* By stating the masculine, the feminine is also implied

# Terms of Payment

 The signatory hereby consents to the payment of the tuition fees according to the terms and conditions stipulated in this contract.

 All monies should be paid into the following bank account:

1. ***Account Name: JCS Independent School,***
2. ***Bank Name: Standard Bank, iii. Account Number: 372986722***

 Proof of payment must be sent to oarmandjcs@gmail.com

 Furthermore, the signatory bind himself to JCS Independent School as surety and principal debtor for the payment of all monies which may be due and payable because of this contract

 No exception to the payment options will be permitted and the centre reserves the right to refuse access to the centre should any of the payment options not be adhered to. The onus is on you, parent/s / guardian/s to ensure that payment is made timeously

* Any amount outstanding in terms of this agreement shall bear interest at the prevailing prime rate as charged by Standard Bank at the prime lending rate plus three percent (3%), which may change from time to time

 In the event that JCS Independent School is obliged to instruct its attorneys, whether for advice or the recovery of any amounts outstanding, and regardless of whether summons is issued or not, the signatory to the agreement undertakes to be liable for all legal/ collection costs incurred on the attorney-client scale

# Domicilium Citandi Et Executandi

 The signatory hereby accepts the street address as set forth herein as his domicile citandi et executandi as well as the address for serving of all documents and other purposes incidental to or arising out of this agreement

# Indemnity

 The signatory expressly indemnifies JCS Independent School it’s landlords, agents, management or employees or representatives of this Company will not accept responsibility and shall not be held liable whatsoever for an injury, death or illness of a person or the loss or destruction of or damage to any personal property arising from the use of these facilities and upon entrance of this premises regardless of the cause thereof.

# Grievance Procedures for Parents

All parents, learners and staff that have a grievance are encouraged to feel free to raise the grievance with the Principal or Founder of the school without prejudice.

* Outline all the facts of the matter (times, names, exact details, etc.)
* Allow to hear the other side of the story
* Engage in a reasonable and positive confrontation to achieve a Godly solution
* Avoid an emotional outburst
* Avoid taking sides
* Avoid discussing the matter with anyone other than the proper authorities
* Avoid making vague statements (“a lot of parents feel ….”)

Make an appointment to see the principal, if the parent does not receive satisfaction from the principal a meeting will be arranged for the parent to appear at the next school board meeting.

# Medical Emergency

 In the event of an emergency, I / we authorise the school or responsible staff member to employ the services of any emergency service, medical doctor, hospital or other competent person, any cost for such services will be borne by the signatory

# Record of Signatories

 I the signatory, hereby declare that I have read and fully understand and agree to abide by JCS Independent School policy. I declare that I/we are duly authorised to sign this document and that to the best of my knowledge all information provided is true and correct and contains no errors or omissions. I agree to inform JCS Independent School in writing of any changes as might be necessary from time to time as may.  For and on behalf of the School

Signed and dated on at

Name Signature Designation

 For and on behalf of the Legal Guardian

Signed and dated on at

Name Signature Designation

# PARENT ENROLMENT AGREEMENT

 JCS Independent School is dedicated to delivering accessible, high-quality education that encompass Service, persistence, achievement, responsibility, and kindness in the classroom, on the playground and in the community.

 The admission policy has been drafted in accordance with section 29 of the South African Schools Act 84 of 1996 and the National Education Policy Act No. 27 of 1996.

 The admission and enrolment of scholars to the school is at the discretion of the principal

who may or may not refuse a scholar’s admission to the school without providing reasons for the decision. The principal may or may not grant temporary or provisional enrolment to the school subject to all further terms and conditions which the principal may impose. The principal may, at his/her sole discretion, cancel enrolment in accordance with this Parent Enrolment Agreement and/ or Code of Conduct.

 The Parent Enrolment Agreement regulates the enrolment and admission of the scholar to the School, the relationship between the school, the scholar, the parent and/or the payer once the scholar is admitted and enrolled with the school.

 Parent Enrolment Agreement will only be received upon the successful completion and acceptance of the Application. The scholar is only considered to be formally enrolled at the school when:

 The Agreement is signed, and

 the enrolment Fee (non-refundable) has been paid in full.

 This will be considered as irrevocable acceptance and agreement by the Parent and/or the Account Holder responsible for the payment of all fees as set out in the Schedule of Fees.

 Considering the above, you agree and acknowledge that failure to settle the account in full and on time will result in termination of this Agreement. By terminating the Agreement, the enrolment is terminated with immediate effect with us without written consent from both Parties.

 The application form requires the parents to furnish the school with the following:

 An unabridged birth certificate for the candidate.

 A vaccination/immunization certificate, with all pages and the scholar’s name clearly visible, for the candidate.

 A current report card for the candidate.

 Proof of residence for the parent/Account Holder.

 A certified copy of the parent/payer’s identity document.

 A signed copy of the parent enrolment contract including parent/payer’s initials on every age of the contract as well as scholar, parent, and payee detail.

 Signed contract.

Proof of payment using the Account Holder ID as reference, this is provided to you during the enrolment process).

SCHEDULE OF FEES

|  |  |  |
| --- | --- | --- |
| **Description** |  | **Amount** |
| Grade 1 to Grade 3 | |  |
| Administration Fee |  | R 750.00 |
| Book Fee |  | R1 100.00 |
| Monthly Fee |  | R1 500.00 |
| Aftercare Fee |  | R 895.00 |

|  |  |  |
| --- | --- | --- |
| **Description** |  | **Amount** |
| Grade 4 to Grade 6 | |  |
| Administration Fee |  | R 750.00 |
| Book Fee |  | R1 200.00 |
| Monthly Fee |  | R1 650.00 |
| Aftercare Fee |  | R 895.00 |

|  |  |  |
| --- | --- | --- |
| **Description** |  | **Amount** |
| Grade 7 to Grade 9 | |  |
| Administration Fee |  | R 750.00 |
| Book Fee |  | R1 400.00 |
| Monthly Fee |  | R1 780.00 |
| Aftercare Fee |  | R 895.00 |

 Registration including the First Month Fee must be paid in full for the enrolment to be considered for the 2025, school year.

 The parent/Account Holder will be required to furnish full personal details of both parents and scholar. This will include but are not limited to the following:

 Required documents regarding scholar:

 2 (Two) x ID Photos

 Unabridged Birth Certificate or ID Document

 Clinic /Immunization card

 Latest School Report

 Transfer letter from previous school

 Complete Assessment Form

 Copies of the parent ID Document

 3 (Three) Months Bank Statements

 *Once a scholar is enrolled at JCS Independent School, they will assume the following responsibilities:*

 Adherence to the values of the School.

 Adherence to the Code of Conduct and the Dress Code

 Always respect the school leaders and staff

 Refrain from bringing any illegal substances into the school ground

 Total co-operation is needed to enable the School to fulfil its obligations.

 Placement will only become final when all the above has been processed and authorised by the enrolment department.

**JCS INDEPENDENT SCHOOL**

## INDEMNITY FORM

 The JCS Independent School does not accept any responsibility for any claims that were brought against loss, damage, injury, illness, or any other cause during the time of stay or journey to, back and from an event.

 I, the undersigned (lawful parent / guardian) irrevocably agree to Clause 1 above and give my permission that my child may participate in the GROUP ACTIVITIES AND FUNCTIONS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s surname | |  | | | | Name | | |  |
| Home address | |  | |  | | | | | |
| Parent/ Guardian Tel (H) | |  | |  | | Tel (C) |  | | |
| Doctor | |  | | | | Tel |  | | |
| Allergies/ Medical Condi | | tions | |  | | | | | |
| Prescribed Medication | |  | |  | | | | | |
| Medical Aid |  |  | | | Medical Aid Number | | |  | |
| Signed at (City) | | On (date) | | | | | | | |
| Signature of Parent/  Guardian | |  |  | | Name of Parent/ Guardian | | |  | |

## PERMISSION FORM

I, herewith give my permission that a doctor has the right to examine and treat my child in case of an emergency while I could not be contacted – during my child’s stay at JCS Independent School

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medical Aid |  | | NOTE: Please note that should your child be injured, we will take him / her to the nearest hospital, while you will be contacted by our personnel. In case of illness the child will be in the sickbay, and you will be notified, when you are not reachable, he / she will be taken to the doctor | |
| Medial Aid Plan |  | |
| Medical Aid Number |  | |
| Main Member |  | |
| Doctor |  | |
| Doctor tel. nr |  | |
| Allergies |  | |
| Signed at (City) | On (date) | | | |
| Signature of Parent/  Guardian |  | Name of Parent/  Guardian | |  |