



BEACON COLLEGE  
MALELANE

DAY & BOARDING SCHOOL  
CNR IMPALA AND MARULA STREETS, MALELANE

P.O.BOX 1198, MALELANE, 1320  
CONTACT DETAILS: 013 790 1730/ 071 579 0972  
EMAIL: [beaconmalelane@gmail.com](mailto:beaconmalelane@gmail.com)  
REG NO: 8000 35518

## APPLICATION FORM FOR ADMISSION

Note: This form must be completed in full. All changes must be signed by parent /guardian.

### SECTION A: LEARNER INFORMATION

Grade applied for: ..... Year: ..... Previous Grade passed: Grade: ..... Year: .....

Surname: ..... Initials: .....

Forenames: ..... .....

Date of birth: ..... I.D. No: ..... Nationality: .....

Physical Address: .....

.....Code: .....

Postal Address: .....

.....Code:.....

Home telephone with code: ..... Cell no: .....

Emergency Telephone: .....E-mail: .....

Home Language: ..... Religion: .....

Previous School Information: .....

Learner Medical Information: .....

Medical Aid Name: ..... Medical Aid Number: .....

Doctor Name: ..... Contact No: .....

**Particulars of Person with whom the child is/will be residing:**

Surname: ..... Forename: .....

Physical Address:  
.....

Tel: ..... Cell: .....

I hereby declare that the above information furnished by me is true according to my knowledge. I am aware that any false information supplied by me will jeopardize my admission.

Signature of Applicant: ..... Date: .....

Note: Please fill in Section B and Section C for Parent/ Guardian information and the person responsible for payment of fees.

**SECTION B: Parents/ Guardian Information**

**Father:** Title: ..... Initials: ..... Surname: .....

Forenames: ..... .....

Home Telephone: ..... Cell: .....

I.D. NO: ..... Passport No: .....

**Mother:** Title: ..... Initials: ..... Surname: .....

Forenames: ..... .....

Home Telephone: ..... Cell: .....

I.D. NO: ..... Passport No: .....

**SECTION C: Person Responsible for payment of fees:**

Title: ..... Initials: ..... Surname: .....

Forenames: ..... .....

Home Telephone: ..... Cell: .....

I.D.NO: ..... Passport: .....

**Bank Account Details:** Bank Name: .....

Account Holders Name: ..... Type of Account: .....

Account Number: ..... Branch Name: ..... Branch Code: .....

I hereby take full responsibility of the payment of tuition fees/hostel fees/ both tuition fees and hostel fees (delete which is not applicable) as stipulated in the prospectus in time and act according to the decision taken by the management of the school. If I am violating the terms and conditions of the payment of the fees, I further agree that the school will have the mandate to take any legal action against me to recover the money with interest and legal cost.

Signature of the Parent: ..... Date: .....

Signature of the Person Responsible for payment: ..... Date: .....

**GOOD LUCK!!!**

Enjoy your learning at Beacon College. Enjoy your stay at Beacon College hostel.

Here is the door open for you for a bright future.

## **BEACON COLLEGE, MALELANE**

### **CONDITIONS OF ADMISSION TO BEACON COLLEGE**

I understand that:

1. Beacon College is an English Medium School and all communications, should be expressed in the English Language.
  2. My behaviour will be in accordance with the code of conduct of Beacon College and I will behave in such a manner that will create a conducive learning/teaching environment.
  3. I will do my homework, assignments, projects and tasks and hand them in at the stipulated time. I will not copy homework. I understand if I fail to adhere to the above conditions I shall be issued (3) three months written notice. I may be expelled should the disciplinary committee decide as such or a fine may be imposed. Parents may check each child's exercise book.
  4. Beacon College is a gun, alcohol and drug free zone. The college will not tolerate any form of substance abuse. Should the school become alert or aware of such or suspects the behaviour of the learner is on effect of substance abuse the school has the right to have the child tested without prior notification to the parents/ guardian. No weapons of any kind are allowed in the premises of the college, e.g. Knives, Guns etc. If a learner is found in possession of such mentioned above weapons, immediate dismissal will be effected.
  5. Stealing of any properties/items or fraudulently issue of altered deposit slip, is reported to the police.
  6. I will be responsible for all items I use at school. Should I damage or distort/disuse or abuse any item e.g. writing on the school desks or breaking school furniture etc, BEACON COLLEGE has the right to claim the full replacement amount from myself, my parent or guardian.
  7. The bringing and use of cell phones, during school hours is strictly prohibited. Should it be necessary for a child to have a cell phone, it is to remain switched off at all times while on the school premises. An arrangement between the parents and the principal must be made before the learner is allowed to bring a cell phone into the school. The school does not take any responsibility for cell phones lost or stolen. Any learner found using a cell phone during class will have the phone confiscated and will be given at the end of the year.
  8. Intimidation racial remarks rudeness or strong language will not be tolerated
  9. Should you want to discuss/or communicate with any educator, you need to complete an appointment form. No learner must be found in any staff room for whatever reason except class reps that bring and collect books.
  10. The school has the right to change/ add to the school rules from time to time, and I agree to abide by these rules.
  11. For any damage to any school property students account will be debited and should the damage occur within a class or situation where more than one person was present then the class or individuals will be held liable should they not name the guilty person or that the guilty person does not come forward.
  12. Beacon College has a school uniform. Should I not be dressed in the school uniform, or my appearance is not in accordance with the dress code of the school, the school reserves the right to bar me from attending classes and my attendance will be marked as absent. Both girls and boys, No jewellery is permitted
    - Girls are allowed to wear one pair of small plain studs (no gemstones or sleeper earrings or hanging earrings.)
    - Both girls and boys, no rings, neck chains ankle chains.
    - Both girls and boys, no piercing or visible tattoos are allowed nose studs/rings and tongue studs.
    - Both girls and boys, hair emphasis should be on neatness and acceptable style.
    - Boys: are required to be cleanly shaven each day, neat haircut, no fancy haircut/styles, no beard and partly shaven heads.Undercuts, ridges, gelled spilled and dreadlocks are UNACCEPTABLE.
- Girls: hair to be tidy at all times. Hair to be clipped, tied, and be branded away from the face, while shoulder hair must be tied up. Clips must be plain; no decorations such as sparkles or patterns are permitted.
- Girls: No make-up is allowed, nails for both sexes have to be kept short and tidy. No nail vanishes.
- Skirts are not to be shorter than 7cm above the knee
  - Both girls and boys: Ties will be worn every Mondays, Tuesday and Thursday during the year.
13. I (parent/guardian) accept that I will be charged or account for all telephone calls and extra administration costs should these become necessary due to circumstances that I/we are responsible
  14. School fees have to be paid in ADVANCE on or before the 1<sup>st</sup> of each month, should my parents/guardian be unable to pay school fees, interest will be charged at 13% per month. Parents/Guardian should make arrangements

for outstanding payments and the school reserves the right to request a guarantee in the form of an insurance policy or fixed property of affidavit letter. We further understand that no learner will be allowed to attend lessons, if the account is in arrears, and no prior arrangements have been made in writing and approved by the school principal or financial director in writing please make an appointment with our accounts department to discuss arrears should it become necessary.

15. Learners are to be on time for school, late comers will be punished accordingly.

**B. I FURTHER GIVE THE SCHOOL PERMISSION TO CONDUCT ANY FORM OF PUNISHMENT ON MY CHILD IN CASE OF INDISCIPLINE.**

Signature: \_\_\_\_\_  
Parent

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Learner

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Principal

Date: \_\_\_\_\_

## **FINANCE - GENERAL TERMS AND CONDITIONS**

### **1. ACCEPTANCE OF LIABILITY**

- 1.1. The person/s responsible for the account (hereafter "the responsible person") as set out in the standard Beacon College application for admission ("the application form") herewith assumes liability for the account, alternatively binds himself as co-debtor and surety for payment of all school fees to Beacon College ("the School")
- 1.2. The guardian, as described in the Application Form, bind himself as surety and co-debtor for the payment of all school fees by the responsible person or any other payments that may arise from this agreement.

### **2. TERMS OF PAYMENT**

- 2.1. It is recorded that school fees are determined at the beginning of the year and responsible persons are informed of the result in writing.
- 2.2. The responsible person shall immediately inform the school if he has not received at the start of the academic year.
- 2.3. School fees are payable monthly, quarterly or yearly in advance depending on the fee payment option exercised by the responsible person in the Application Form.
- 2.4. Payments are to reach the school's account without any deductions or set off on or before the first day of the month, quarter or year.
- 2.5. Enrolment/registration fees are not refundable if the scholar leaves the school.
- 2.6. The school reserves the right to charge interest of 13% (thirteen percent) on all accounts that are in arrears by 30 (thirty) days and longer.
- 2.7. Payment of monthly school fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fees at the school.

### **3. BREACH OF CONTRACT**

- 3.1. In the event where the undersigned surety, responsible person or guardian commits a breach of contract of any terms of this agreement, the school may in its sole discretion:
  - 3.1. Refuse the scholar entry to the school's premises until the breach has been remedied; or
  - 3.2. Claim damages from the responsible person and/or the sureties and guardian
  - 3.3. Take whatever legal steps that may be necessary

### **4. GENERAL**

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment or consensual cancelation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of this Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or any Agreement, bill of exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

### **5. JURISDICTION**

This Agreement is subject to South African law

### **6. CREDIT INFORMATION**

The responsible person, surety or guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the Credit Act 2005

### **7. DOMICILIUM**

The parties choose as their domicilia citandi et executandi the addresses set out in the Application Form.



**8. LEGAL FEES**

In the event where the School takes legal action against the responsible person he will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

**9. CANCELLATION**

- 9.1. The responsible person undertakes to give 30 (thirty) calendar days written notice of termination of the enrolment of a scholar, failing which the liability be incurred for the full amount of the following term's fees.
- 9.2. Beacon College shall be entitled to terminate the Enrolment of any scholar under the following circumstances:
  - 9.2.1. Summarily, and with immediate effect, if the scholar is guilty of an offence which, in the sole opinion of the school renders his continued enrolment at the school impossible, in which event the responsible person, after deduction of all amounts otherwise owing to the school, will be refunded a pro-rata proportion of any Fees already paid in advance in respect of such scholar.
- 9.3. In the event of emigration, which is a long process, Beacon College requires one term's written notice in advance.

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE

## TERMS AND CONDITIONS OF PAYMENT

Registration fee of R700.00 (Non-refundable)

**Note: School fees MUST be paid in full NOT later than 1 November of the academic year. All balances will attract interest @ prime + 13% monthly debited on the 2<sup>nd</sup> (after cut off date for payments) on the whole amount outstanding.**

Person responsible for payment of account and or the surety agrees to pay all legal costs incurred to collect such fees or any costs relating to the collections of any outstanding amounts, between client and the school.

### PAYMENTS

BY DEBIT ORDER NO ADDITIONAL FEE

CHEQUES (ONLY BANK ISSUED CHEQUES WILL BE ACCEPTED) NO POST DATED CHEQUES WILL BE ACCEPTED

**METHODS OF PAYMENT: PREFERRED METHOD OF PAYMENTS** into our Bank ACCOUNT:  
Bank Details – Account Name: **BEACON COLLEGE**, Account Number: **030424402**,  
Bank: **STANDARD BANK**, Branch: **MALELANE**, Branch Code: **053252**.

When payments are made directly into our bank account the following information should be given in the space provided for depositor's details – **Surname, Name and Student number of the learner. NO OTHER DETAILS-PLEASE!!** It is the responsibility of the parent to notify the school of any payments made into the school bank account – **please fax or email a copy of the processed deposit slip or send a copy to school with your child. If the correct details – as requested above – are not used as depositor's details.** The school cannot be held responsible for incorrect allocations.

**Cash:** Money can only be deposited at the bank, **we do NOT accept cash.** Please ensure that your child provides you with a receipt and check the amount. We do not accept any responsibility for school fees not paid by the learners when instructed to do so by a parent.

**Debit Orders & Stop Orders:** Supply the school with a processed copy of your debit order, clearly stating the Student Number, Surname and Name of your child. Make sure that your Bank also has these details as it will reflect on your Bank Statement. We do not take any responsibility for incorrectly filled in Debit and stop orders: once again the onus is on the Parent to ensure that this information is correct, and that the money is paid over to the school.

**Correspondence / Statement:** - Statements and correspondence will be handed out to your child on or before the 25<sup>th</sup> of each month – please encourage him/her to hand it to you. The school cannot be held liable for correspondence not handed to parents. Should your child not live with you please encourage him/her to hand it to you. Please do not expect the school to make alternative arrangements, it is the responsibility of the parent/guardian to follow up with his/her own child. Should the school be requested to Fax or post statements an admin fee of R50.00 per statement will be charged. SMS notifications will attract R10.

**Overdue accounts:** Interest of 13% per month will be added to all overdue accounts. Should school fee be in arrears your child will be excluded from class.

**Other Charges:** Other charges are due and payable at the end of the month in which they are invoiced – check your statement, namely:-

1 ream of 500 sheets of photocopying papers per term or R60 per term for a ream. Any damages caused to school property will be divided by the number of children within the class or school or hostel to cover the expenses should the person responsible not identified. Text Books are for each parents account and not part of School Fund.

**School Uniform:** School Uniform will not be invoiced on your account as this is totally separate entity and does not form part of School Fees.

**Student Loan:** The School does not facilitate Student Loans; please ensure that your child has sufficient funds available for bus fare etc.

**Reports:** reports will not be issued to learners whose fees are in arrears.

**Liability:** The school, its owners and staff do hereby state that they do not take any responsibility for any accident, property stolen or damaged by any person entering the school property. Clients and students enter the school/ office grounds at their own risk. Liability is placed on the person who enters the said school property.



## DEED OF SURETYSHIP // AUTHORITY

**To be signed by the person responsible for the payment of school fees**

I ..... ID No .....

(full name(s) and surname) am, the lawful parent/guardian of (Student name & Surname) ..... ID no .....

do hereby declare that this offer was made with my permission and I hereby bind myself as the surety and principal debtor for the above person, for the fulfilment of the student's and parent's obligations arising out of or in terms of the agreement with the School. As well as the contract signed by the said student/parent/guardian, I do hereby state that I have read, understood and subject myself /ourselves to the contract and agreement. *We/I hereby consent to the jurisdiction of the Magistrate's court for the settlement of any dispute or action that may arise out of this Deed of Surety ship. Should the School in its sole discretion deem it necessary to instruct its attorneys to take legal action against me to exercise its rights in terms of this Deed of Surety Ship. I hereby bind myself to pay all the legal costs of the college/ institute based on a scale as between attorney*

*and client, which costs include collection commission calculated at the maximum allowed by the current law of the land of all amounts collected to the credit of the college/ institute, as well as tracing fees where applicable.* This Deed of Surety ship shall remain in full force and effect until such time as all financial obligations of the student as set out in the contract are settled in full.

**IN THE EVENT OF NON PAYMENT I HEREBY CONSENT TO AN AMULMENTS ORDER AGAINST MY SALARY FOR THE FULL OUTSTANDING BALANCE** and all the legal costs that are involved, and that interest will be charged at Bank Prime plus the maximum allowed by the current law of the land.

Signed at ..... on this ..... day of ..... 20 .....

Signature of surety ..... ID Number .....

Witness ..... ID Number .....

**\*\*\*\* COPY OF I.D /PASSPORT MUST BE ATTACHED.**

**I understand that this contract can only be cancelled on a three months' written notice (school term) period, no refunds will be given for money paid.**

**On withdrawal of a child, parents are expected to give the school a full Term notice in writing. This is to be addressed to the head. Where this is not given, parents will be liable for the fees of the whole year OR in the case of expulsion of a child the parent/guardian is liable to pay for 3 months school fee.**

Signature of person legally permitted to sign this document

.....

Signature

I.D No.....

Witness 1. ....

Witness 2.....

I.D.....

I.D.....

**A. DOCUMENTS CHECK LIST**

1. Parent / Guardian ID


2. Learner's ID Document


3. Parent / Guardian Proof of Residence

4. Learner's previous school report

5. Learner's Colour Passport Photos

6. Transfer letter

CONTRACTED AMOUNT: R.....

Checked By..... Signed..... Date.....

**B. CONTRACT ACCEPTANCE**

Accepted / Not Accepted

PRINCIPAL SIGNATURE..... DATE.....

## INDEMNITY FOR A PUPIL TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES

1. I, \_\_\_\_\_ (Full Name and Surname)  
The Parent/Guardian of \_\_\_\_\_ (Full Name, ID Number of Pupil)  
Hereby give permission for him/her to participate in the following extra-curricular activities of the school and to go on tour and excursions that are necessary in the course of such activities.  
Outreach  
Leadership and coaching clinic camps  
Travelling by bus / combi/car  
Outings  
Sport  
School Educational Activities / School trips
2. I accept 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 medical and hospital accounts, where applicable, should an injury be sustained which cannot be ascribed to negligence on the part of the staff responsible.
3. I cede my power as Parent/ Guardian to the Principal of the School, or his 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 activities, and he/she is in good health.
4. However, the persons responsible should please note the following:  
(Please state aspects that the teaching staff should be made aware of: e.g. allergies, tendency towards abnormal bleeding, epilepsy. etc.)  
\_\_\_\_\_  
\_\_\_\_\_

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

Name and address of employer \_\_\_\_\_

Name of Medical Aid Fund \_\_\_\_\_

Membership card \_\_\_\_\_

Force Number (Permanent Force, SA Police, Government, etc.) \_\_\_\_\_

Residential Address of Parent/Guardian \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

ID NUMBER

DATE

**PLEASE INCLUDE PHOTOCOPY OF MEDICAL AID CARD IF APPLICABLE**

Emergency Contact and Medical information for a Child Student No. ....

Sex:

Child's Name

Date of Birth

Male/Female

Parent/s /Guardian/s Name

Parent's Guardian/s Name Main member's name  
Medical Aids reference

Home Phone

Work Phone

Home Phone

Work Phone

Town, Country, Postal Code

Town, country, Postal Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

Town, Country, Postal Code

Town, Country, Postal code

Medical Information

Hospital /Clinic Preference

Medical Aid Name and membership no of child

Doctor's Name

Phone Number

Insurance Company

Policy Number

Very important

Allergies/ special Health Considerations please state below. If none, state none. If yes give the names of medicines used.

I authorize all medical and surgical treatment, X-ray laboratory, anaesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending doctor and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent /guardian can be reached in the case of an emergency.

Parent's/ Guardian's Signature

Date

I give permission for my child to go on field trips. I release Beacon College and individuals from liability in case of an accident during activities related to Beacon College, as long as normal safety procedures have been taken.

Parent's/Guardian's signature

Date

Witness signature

Date

### DEBIT ORDER INSTRUCTION

FROM: (NAME OF DEBITOR) \_\_\_\_\_  
(ADDRESSES) \_\_\_\_\_

TO: BEACON COLLEGE, MALELANE, 1320

Bank Details – Account Name: **BEACON COLLEGE**, Account Number: **030424402**,  
Bank: **STANDARD BANK**, Branch: **MALELANE**, Branch Code: **053252**.

Dear Sir/Madam

Agreement proposal dated \_\_\_\_\_  
The details of my/our bank account are as follows:

Bank \_\_\_\_\_

Branch Name and Town \_\_\_\_\_

Branch Number

Account Number

Type of account (Cheque, Savings/ Transaction)  
(Delete where not applicable)

I /We hereby "instruct and" authorize you to draw against my/our account with the above mentioned bank (or any other bank or branch to which I /We may transfer my/our account) the sum of R \_\_\_\_\_  
(and amount in words) \_\_\_\_\_

The amount necessary for payment of the monthly instalment/premium due in respect of the above mentioned agreement made on \_\_\_\_\_ and continuing until termination of our agreement or until cancelled by me/us in writing. All withdrawals from my/our bank account by you shall be treated as though they had been signed by me /us personally.

I/ We understand that the withdrawals hereby authorized will be processed through a compromised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or an accompanying voucher.

I/We agree to pay and bank charges related to this debit order instruction.

This authorisation may be cancelled by me/us giving you thirty days' notice in writing sent by prepaid, Registered post, but I/We understand that there shall not be any refund of amounts which you have withdrawn while this authority was in force, if such amount we legally owing to you. Receipt of this instruction by you shall be regarded as receipt therefore by my /our bank (whichever it is or will be)

#### ASSIGNMENT:

I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its right to any party without my/our account may not cede or assign any of its right to any party without my/our prior written consent and that I /we may not delegate any of my/our obligations in terms of this contract/ authority party.

Signed at.....on this..... day of..... 20.....

SIGNATURE OF CLIENT .....

ASSISTED BY: ..... CAPACITY: .....

**HOW DID YOU KNOW ABOUT BEACON COLLEGE?**

- |                                      |                      |
|--------------------------------------|----------------------|
| 1. News paper                        | <input type="text"/> |
| 2. Fliers / Prospectus               | <input type="text"/> |
| 3. Radio                             | <input type="text"/> |
| 4. Posters at shops                  | <input type="text"/> |
| 5. Passer by                         | <input type="text"/> |
| 6. Present learner at Beacon College | <input type="text"/> |

Name of Learner \_\_\_\_\_

- |                  |                      |
|------------------|----------------------|
| 7. Word of mouth | <input type="text"/> |
|------------------|----------------------|

Referred By \_\_\_\_\_ (Name of Parent or Learner)