

MOUNT CARMEL CHRISTIAN SCHOOL / MOUNT CARMEL SENIOR PRIMARY SCHOOL

TELEPHONE NUMBER: 033 330 872 7
21 / 25 MORLING STREET
HOWICK
3290
NPO – 067.480
P.B.O EXEMPTION NO.930021117



P. O. BOX 724
HOWICK
3290



Dear Parent / Guardian

Thank you for requesting information regarding the admission of your child / ward to Mount Carmel Christian School. Enclosed please find a copy of the following:

- | | |
|--------------------------------|---------------------------|
| 1. Application Form | 4. Declaration by Parents |
| 2. Previous School Information | 5. Consent |
| 3. Parents Details | 6. Indemnity. |

Incomplete forms will not be accepted. All the required documents must be produced or attached. The original birth certificate is the only document that can be accepted for enrolment purposes. Receipts from Home Affairs cannot be used to admit a learner. Before we can process your application, we require **ALL** of the following:

	REQUIREMENTS	RECEIVED
NB	THIS FORM IS NOT FOR SALE !!	
1	Certified copy of the child's Birth Certificate	
2	Certified copy of Identification Document of Father	
3	Certified copy of Identification Document of Mother	
4	Certified copy of updated Immunization Card	
5	Certified copy of Medical Aid Card	
6	Certified copy of Proof of Residence (not older than 3 months)	
7	Certified copy of Payslip of both parents	
8	Certified copy of Latest School Report	
9	GRADE 1 LEARNER: Must be 6 years old by 30 June 2025	

Please Note:

No photocopying will be done at the school. All changes must be initialled or signed by the parent or guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

OFFICE USE ONLY:

Date form was returned:			Interview Teacher:		
Interview Date and Time:					
Child's Name and Surname:					
Grade:		Accepted:		Not Accepted:	
				Principal / HOD Signature:	



MOUNT CARMEL CHRISTIAN SCHOOL APPLICATION FORM

FORM NO:		ADMIN NO:		ACCOUNT NO:	
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Grade for which you are applying: _____ Start date for admission: _____

Does your child have a brother / sister at Mount Carmel Christian School? Yes / No

PARTICULARS OF LEARNER: (please note that a separate form is required for each child)

Surname:								Initials:						
First Names:														
Preferred Name:														
Date of Birth:	Y	Y	Y	Y	M	M	D	D		Gender:	M	X	F	X
Identity Number:														
Country of Birth:														
Citizenship:														
Home Language:														
Religion:														
Name of Church:														
Name of Pastor:														
Pastor's Tel No:														
Deceased:	Mother	Yes	No	Fat her	Yes	No								
Who does the child stay with during term time?	Mother		Father		Grandmother		Grandfather							
	Aunt		Uncle		Guardian		Foster							
Name and Surname:														
Physical Address of child:														
	Tel:													
Current School:														
Province of School:														
Telephone No:														
Transport to school:	Car		Taxi		Bus		Walk		Other:					

Person responsible for payment of school fees: Print Name:

EMIS NUMBER: 500305509; 500498538



ire: Date:

PREVIOUS SCHOOL INFORMATION

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

LEARNER'S MEDICAL INFORMATION

Name of Medical Aid:										
Medical Aid No:										
Doctor's Name:										
Doctor's Tel No:										
Any medical conditions that the school should be aware of:										
Special problem that require counselling:										
Name of emergency contact:										
Relationship to learner:										
Contact number:										

Is the learner left or right handed?	Left		Right	
Does the learner receive a social grant?	Yes		No	
Number of Siblings:		Position in family 1st, 2nd, 3rd		
Please list the full names of other children at the School:	Name:			Grade:
	Name:			Grade:
	Name:			Grade:
	Name:			Grade:



initial:

FATHER'S DETAILS (COMPULSORY)

ID/Passport No:													
Title:		Initials:		Marital Status:		Race:							
Surname:				First Name:									
Nationality:				Home Language:									
Residential Address:													
Does the child reside with you?	Yes		No										
Postal Address:													
Home Tel No:						Work:							
Cell:						Alternate No:							
Occupation:						Employer:							
Email Address:													

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

Name of Parent: (Print Please)

Signature of Parent: Date:

Please Note: This form must be completed in full. All changes must be initialled or signed by the parent or guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.



MOTHER'S DETAILS (COMPULSORY)

ID/Passport No:															
Title:		Initials:		Marital Status:		Race:									
Surname:				First Name:											
Nationality:				Home Language:											
Residential Address:															
Does the child reside with you?	Yes			No											
Postal Address:															
Home Tel No:						Work:									
Cell:						Alternate No:									
Occupation:						Employer:									
Email Address:															

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

Name of Parent: **(Print Please)**

Signature of Parent: **Date:**

Please Note: This form must be completed in full. All changes must be initialled or signed by the parent or guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.



DECLARATION BY PARENTS / GUARDIANS

I Parent/guardian of
..... (Name of Learner)

Hereby declare that:

- 1.1 The information submitted in this application for enrolment form is true and accurate.
- 1.2 I undertake:
 - a. To ensure that my child attends school regularly and, should my child be absent from school for any reason, I will notify the principal in writing within 24 hours, stating the full reason for absence.
 - b. To pay all costs incurred for damage done or losses caused by my child to school property and books.
 - c. To pay all school fees monthly in advance directly into the **School's bank account (FNB: 62014477998, branch Code: 220725)**. *I understand that my child may be kept out of school until the account is up to date for the current month.*
 - d. To give one full term's notice of intentions to withdraw my child from Mount Carmel Christian School, failing which I will be liable to pay a full term's fees.
 - e. To ensure that my child will not leave the school premises without prior permission of the Principal.
 - f. To support my child's learning by supporting the school and ensuring my child does his/her homework.
 - g. To read my child's Communication Book and return it to school every day.
- 1.3 I hereby grant full authority to the Principal and/or his/her nominee/designate to act in place in case of emergency.

SIGNATURE OF PARENT(S)/GUARDIAN:

Print name in full:

Signature: Relation to child:

Date:

Print name in full:

Signature: Relation to child:

Date:



CONSENT AND INDEMNITY

I, the undersigned (Full name of parent/guardian)

hereby give my consent and authorize the school for my child

(Full name of child) in grade

Consent in relation to POPI Act.

Permission for Photography release for my child/ward: I hereby authorize the school to publish photographs taken of my child/ward as listed on this application form for use in school's online website i.e. Facebook page or web page, including newspapers. I further acknowledge that the participation is voluntary and neither I nor my child/ward will receive financial compensation of any type associated with the undertaking or publication of these photographs or participation in the schools marketing materials or other publications. The consent is valid for the duration of my child's attendance at the School.

Dated at Howick this day of (month) of (year)

Signed: (Parent/Carer/Guardian)

Witness 1: Witness 2:

I fully understand and **accept that all such activities/treatments shall be undertaken at my child's own risk** and that none of Mount Carmel Christian School's Board, its staff, or any other person (whether employed by the school or not), will be liable for any damages arising from injuries received by my child, or for any loss or damage to property from any cause whatsoever and whether occasioned on the School premises or not. Such exemption from liability also includes any injury, damage or loss to my child during any extramural activity whilst my child, being about the affairs of the school, is nonetheless off the School's property. I hereby waive our own claims and indemnify the School, its employees and agents (for whom it may be found to be vicariously liable) against any claim of my child in respect of the event in question.

I will ensure that my child/ward is fully aware of the Code of Conduct applies by the school and will abide by it at all times. (Available at the School)

I will ensure that my child/ward is punctual and arrives at school at 07h30 every day and is collected by 14h00 (Monday to Friday).

I will ensure that my child/ward wears the proper school uniform at all times.

I will ensure that I support my child with regard to completion of homework.

I commit myself to the regular attendance at all parents meetings when requested by the school.

I will use the Communication Book as a means of contact between the school and me.

I will ensure that my child/ward come properly dresses for PE lessons and participates in all school activities.

Dated at Howick this day of (month) of (year)

Signed: (Parent/Carer/Guardian)



Witness 1: Witness 2:

UNIFORM

Please note uniforms are only available at the school. No uniform may be purchased or made outside of the school.

COMPLETE SET FOR GIRLS	GRADE 1 TO 3 INCLUDING BAGS AND TRACKSUITS	R2450.00
COMPLETE SET FOR GIRLS	GRADE 4 TO 7 INCLUDING BAGS AND TRACKSUITS	R2500.00
COMPLETE SET FOR BOYS	GRADE 1 TO 3 INCLUDING BAGS AND TRACKSUITS	R2230.00
COMPLETE SET FOR BOYS	GRADE 4 TO 7 INCLUDING BAGS AND TRACKSUITS	R2280.00
<p>NOTE: Uniform includes a tracksuit, a school bag as well as a pencil case. *THESE PRICES ARE SUBJECT TO CHANGE AT ANYTIME* Please expect changes for orders being made for the current year.</p>		

SUMMER UNIFORM:

<u>GIRLS</u>	<u>BOYS</u>
➤ Grey Culottes	➤ Grey Shorts (no longs)
➤ Yellow Golf Shirts with School Badge	➤ Yellow Golf Shirts with School Badge
➤ Grey Jersey with School Badge	➤ Grey Jersey with School Badge
➤ White ankle socks, black school shoes	➤ Grey long socks, black school shoes

WINTER UNIFORM:

<u>BOYS and GIRLS</u>
<ul style="list-style-type: none"> ➤ Full School Tracksuit with school badge ➤ Yellow Golf Shirts with School Badge ➤ Grey Jersey with School Badge ➤ Grey long socks

SPORTS UNIFORM:

<u>BOYS and GIRLS</u>
<ul style="list-style-type: none"> ➤ Black sports shorts with school badge ➤ House colour t-shirt

- Girls may wear their culottes with grey winter stockings (**NO fancy stocking allowed**)
- Boys and Girls may wear plain grey woollen caps (**beanies**), plain grey woollen scarf and plain grey woollen gloves (**NO fancy patterns allowed**)
- **NO fancy earrings**, only small plain gold stud earrings allowed
- **NO nail polish allowed**

Please ensure that the boys' hair is always short and neat, girls' hair is to be neatly plaited or brushed and ties up. **NO braids allowed.**

****WE RESERVE THE RIGHT FOR TRADITIONAL ANIMAL BANGLES NOT TO BE WORN AT THE SCHOOL****

Signed atthis day Of.....20

Signature:

Name:

Date:

EMIS NUMBER: 500305509; 500498538



CONTRACT OF AGREEMENT FOR LEARNERS/PARENTS/CARERS/GUARDIANS

PREAMBLE

It is in keeping with our school policy that this contract between the School and the Parent(s)/Carer(s) be signed. This contract will become effective on the date that the child has been accepted to Mount Carmel Christian School. By adding my signature to this document, I commit to adhering to this contract.

CONDITIONS OF THE CONTRACT

I (Name of Parent/Carer)
agree to this contract and will abide by it throughout my child/ward's attendance at Mount Carmel Christian School.

IDENTIFICATION NUMBER OF PARENT/CARER/GUARDIAN:

Name of Learner: in **Grade:**

1. I commit to paying the administration fee of **R750.00 (Seven Hundred and Fifty Rand Only)** (non-refundable) as a deposit on my child/ward's acceptance at school.
2. **Annual Fee Payment:** The **annual** instalment of **R18600.00 (Eighteen Thousand Six Hundred Rand Only)** shall be paid in advance on or before the first of attendance of the child at the School or on or before Friday 09th January 2026. The School offers an incentive to the Signatories to effect payment in advance:
 - Payment per annum of **R18600.00 (Eighteen Thousand Six Hundred Rand Only)** (Payable on or before Friday 09th January 2025) **5% early bird discount;**
3. **Termly Fee Payment:** The **termly** instalment of **R4650.00 (Four Thousand Six Hundred and Fifty Rand Only)** shall be paid on or before the first day of each term:
4. **Monthly Fee Payment:** The monthly instalment of **R1550.00 (One Thousand Five Hundred and Fifty Rand Only)** which is payable over **12 months** from the **01st January 2026** to **01st December 2026** (first day of each calendar month for that month, i.e. 01st January FOR January).
5. **Monthly school fees breakdown:**

Month	Amount
January	R1550.00
February	R1550.00
March	R1550.00
April	R1550.00
May	R1550.00
June	R1550.00
July	R1550.00
August	R1550.00
September	R1550.00
October	R1550.00
November	R1550.00
December	R1550.00

School Fees for 2026 are subject to change. Please note school fees paid on acceptance of learner is non-refundable.

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6. **Payment Options:** Please tick relevant box: Annual Termly 12 Months
 EFT Debit Order ATM (Attracts Bank Charges)
7. **Refunds:** No fees will be refunded or waived for the absences through sickness or any other health reasons; or if a term is shortened or vacation extended.
 - No refunds on excursions, due to any reasons.
8. The Signatories agree to pay the School on demand for all disbursements made to or on behalf of your child, in terms of the agreement and fee structure of the School, during the period of this contract.
9. The Signatories agree and understand that bank charges for ATM payments will be paid by themselves and not by MCCS.
10. I will insure, by enrolling my child at Mount Carmel Christian School, that I will pay the annual affiliation fees to ACSI (Association of Christian School International) (2025: R200.00 once off).
- **I AGREE THAT SHOULD I DEFAULT IN MY MONTHLY PAYMENT OF THE SCHOOL FEES AS PER THE AGREEMENT THAT MY CHILD/WARD MAY BE KEPT OUT OF SCHOOL UNTIL THE ACCOUNT IS UP TO DATE FOR THE CURRENT MONTH.**
 - **I AGREE THAT SHOULD MY OUTSTANDING SCHOOL FEES BALANCE BE OVERDUE BY TWO MONTHS AND MORE, MY ACCOUNT WILL BE HANDED OVER TO THE SCHOOLS ATTORNEYS WITHOUT ANY FURTHER NOTIFICATION.**

Name of parent/Carer:

Signature of Parent/Carer: Date:

Name of Principal:

Signature of Principal: Date:

OFFICE USE ONLY:

Date form was returned:			
Enrolling Officer:		Signature:	
Form Checked By:		Signature:	

FINANCIAL CLEARANCE CERTIFICATE

This form must be completed by the Principal or the Bursar of the previous school that the child attended

Name of Learner:

Name of School at which the learner is currently enrolled:

.....

School Address:

.....
.....
.....

Telephone Number:

Grade: **Year:**

Name of Parent/Guardian responsible for the payment of school fees:

.....

ID number of Parent/Guardian responsible for payment of school fees:

.....

Annual School Fees:

Fees paid to Date:

Fees Outstanding:

Comments:

.....
.....
.....

.....
Signature of Principal/Bursar

Date

