

THE BRITISH ACADEMY

APPLICATION FORM

SUPPORT DOCUMENTATION

STUDENT NUMBER:

LEVEL APPLIED FOR:



Applicant
ID
Photograph

Applicant ID Photograph

Submit the following documentation with your application:

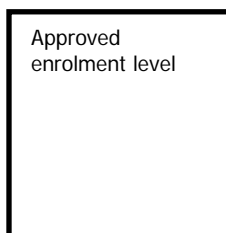
1. Copies of most recent school report and most recent therapeutic report if applicable
2. A current passport sized photograph
3. Copy of applicant's ID and Passport
4. Copies of both Parents / Guardian's ID's
5. Study Permit for International Students
6. Proof of Address i.e. utility bill
7. Completed Direct Debit Form
8. Completed Indemnity Form
9. Completed Medical Form

LEARNER DETAILS

Date of Application:	First Name (s):	Preferred Name:
Surname:	Gender: Male/Female	ID/Passport No:
Date of birth:	Nationality:	Home Language:
Last School:	School Grade:	
Applicant Home Tel:	Applicant Cell No:	Applicant Email:
Current address:		
Nr:	Street:	Suburb:
City:	Province:	Postal Code:
Medical Aid:	Medical Number:	
Doctors Name:	Doctor's Contact Number	
Health/Medication/Disabilities Information: (Please specify anything we need to be aware of)		

SIBLINGS INFORMATION

Name:	School:	Grade:
Name:	School:	Grade:
Name:	School:	Grade:



Approved
enrolment level

FATHER'S /GUARDIAN INFORMATION DETAILS:

Name:	Surname:	Title:
ID Number:	Passport No:	
Date of birth:	Nationality:	Country of Origin:
Married/Divorced/Other:		
Employer:	Occupation:	
Business Tel:	Business Email:	Business Cell Nr:
Home Tel:	Email:	Cell No:

Current address: (if different from above)

No:	Street:	Suburb:
City:	Province:	Post Code:

SIGNATURE:

Bank Name:	Branch:	Branch Code:
Account No:	Account Type: Current / Transmission / Savings	

MOTHER'S/GUARDIAN 2 INFORMATION DETAILS:

Name:	Surname:	Title:
ID Number:	Passport No:	
Date of birth:	Nationality:	Country of Origin:
Married/Divorced/Other:		
Employer:	Occupation:	
Business Tel:	Business Email:	Business Cell Nr:
Home Tel:	Email:	Cell No:

Current address: (if different from above)

No:	Street:	Suburb:
City:	Province:	Post Code:

SIGNATURE:

Bank Name:	Branch:	Branch Code:
Account No:	Account Type: (Current/Transmission/Savings)	

IF DIVORCED:

Father: Access to the learner? Yes No
 Is the learner living with you? Yes No
 Are you the legal guardian? Yes No

Mother: Access to the learner? Yes No
 Is the learner living with you? Yes No
 Are you the legal guardian? Yes No

Initial.....

PAYMENT SCHEDULE

Monthly		Termly		Annually	
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Annual Tuition Fee:	Discount Applied:	Balance Due:
Jan.	Feb.	Mar.
Apr.	May.	Jun.
Jul.	Aug.	Sept.
Oct.	Nov.	Dec.

SIGNATURES

I/ We the Parents / Legal Guardians of the Applicant hereby apply for his / her admission to The British Academy.
 I/We confirm that the information contained in this application is complete and accurate.
 I/We confirm that we have read, understand and agree with the terms and conditions.

Signature of applicant:	Date:
Signature of Parent1 /Guardian1:	Date:
Signature of Parent2 /Guardian2:	Date:

STANDARD TERMS & CONDITIONS

1. Student's enrolment is subject to the full Terms and Conditions stated hereunder and as per The British Academy (TBA) Code of Conduct.
2. The enrolment of any student shall be subject to the sole discretion of TBA.
3. The conditions of enrolment may be amended upon one term's notice to the parents/guardians of the student.
4. No indulgence or extensions of time granted by TBA shall constitute a waiver of its rights to enforce any condition herein.
5. If a prospective learner is offered a place at The British Academy (TBA) the following fees become payable according to the fee structure above:
 - a. NOTE that payments via Direct Debit are compulsory.
 - b. Upon submission of an application form, a non-refundable application fee of R1500 per learner is payable.
 - c. Upon submission of an application form, where applicable, non-refundable Practical Fees may apply.
 - d. An Enrolment Fee, according to the Fee Structure, is payable in advance before studies can commence.
 - i. Within two (2) weeks of acceptance of a student and before the student's admission to TBA, a predetermined amount shall be payable as an enrolment fee. This enrolment fee is deducted from the course fee as per the applicable Fee Structure and not refundable.
 - ii. Should the student not enter the Academy as contracted the enrolment Fee will be retained.
6. Payments, Invoices and Statements
 - a. Invoices will be raised in accordance to the Payment Schedule above.
 - b. Statements, for the applicable payment periods, will be issued to the student showing the outstanding amount and the applicable fees due.
 - c. All fees are payable in advance on the 1st day of each applicable month
 - d. Parents/Guardians/Applicant are responsible to pay the School Fees in a timely fashion and according to the agreed Payment Schedule. Failure to do so may:
 - i. Result in de-registration of Applicant/s.
 - ii. Result in legal action to recover the outstanding fees, blacklisting with credit agencies etc
 - iii. Result in incurring additional costs, for recovery of fees, charged to the account. In such a case, all legal fees will be for the account of the parties responsible for payment of the school fees.
7. Discounts:
 - a. A discount of 5% is applicable for students who pay the annual fees in advance.
 - b. 5% Sibling discount. Discounts will be applied to the last monthly payment/s in a calendar year.
 - c. Where accounts go into arrears all discounts that were given will be reversed and relevant amount added to the account.
8. Termination of enrollment:
 - a. The enrolment and practical fees are non-refundable
 - b. TBA will be given a three months' notice at the beginning of the term (see Calendar below) before the 7th of the applicable month, failing which the full amount of the following term's fees will become due and payable.
 - c. After 1st of September of the applicable year no pro-rata refunds will be given.
 - d. Students who have forfeited their place at TBA due to breach of The Code of Conduct, and whose enrollment is therefore terminated in writing, will still be liable for all tuition fees as per this contract, INCLUDING a 3- month notice period. In case of students whose tuition fees were paid in advance NO refunds will be made.
9. This contract covers Tuition Fees ONLY. Any other fees, including Exam fees, practical fees, and travel costs, text books, notes, photocopies, and stationary, costs of outings or day trips are not included in the tuition fees.
10. Should a teacher be unavailable due to sickness or resignation students and parents should acknowledge that supervision will be offered in such subjects until a substitute teacher is procured. No refunds or discounts will be offered during such unforeseen periods.
11. The parents or guardians (persons signing the application form) hereby indemnify and agree to hold harmless The British Academy, the Directors, Staff, or the authorized agents or representatives of the aforementioned, against any and all claims, howsoever arising, including but not limited to injury, death, loss, damage, cost or expense, including legal costs, suffered by the pupil or a third party as a result of or during the enrolment of the student at The British Academy.
12. The parents or guardians (persons signing the application form) hereby agree that they will abide with TBA's conflict resolution policy and settle any and all disputes as part of that process without recourse to legal counsel, lawyers and advocates. No such persons will be allowed on site as part of this process.
13. The parents or guardians (persons signing the application form) hereby agree that TBA may perform a credit check a part of this application.
14. The parents or guardians (persons signing the application form) hereby agree that TBA may
 - a. De-register a student if payments of tuition fees are not made in according with the agreed payment schedule.
 - b. Withhold examination results.
 - c. Bar from examinations

BANKING DETAILS

Bank Account Details:
 The British Academy
 Account Type: Standard Bank Business Current Account
 Account Number: 24 203 536 1
 Branch: Brooklyn
 Branch Code: 01 12 45

OFFICE USE

Mark with ✓

Special Instructions:

Level enrolled for:		
Application Fee Received	R	
Enrolment Fee Received	R	
Practical Fees Received	R	
Registration Invoice Raised	Invoice No:	
Bursar Signature		
Registrar Signature		
Principal Signature		
Letter of Acceptance		
Principal Software D6		
Student File		

DOCUMENTATION SIGNED /RECEIVED

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Copies of applicant's most recent report | <input type="checkbox"/> | Reference check |
| <input type="checkbox"/> | A current passport sized photograph | <input type="checkbox"/> | Medical Indemnity and checklist |
| <input type="checkbox"/> | Copy of Applicant's ID and Passport | <input type="checkbox"/> | Credit Check |
| <input type="checkbox"/> | Copies of both Parents / Guardian's ID's/Passport | <input type="checkbox"/> | Proof of Address (Latest) |
| <input type="checkbox"/> | A non-refundable application fee of R1500 | <input type="checkbox"/> | Code of Conduct |
| <input type="checkbox"/> | Completed Direct Debit Form | <input type="checkbox"/> | Letters from parents living abroad/Study Permit |

Initial.....

THE BRITISH ACADEMY: NOTIFICATION OF INDEMNITY

I/we, _____

ID number: _____ being the parent(s)/guardian(s) of

ID Number: _____ hereby indemnify, hold harmless and absolve the Principal and the Staff of The British Academy (the Association Incorporated Under Section 21), acting in good faith as agents of the Board of The British Academy, against all claims whatsoever as may arise from accident or injury or death to, or any loss or damage to the property of, the above named learner, which may occur whilst on School premises or as part of an official School function, activity or visit away from the School or arising there from or in consequence thereof.

The Principal and Staff of The British Academy will act *in loco parentis* and at all times will exercise such behaviour towards the above-named learner and exercise such control as is consistent with that of a reasonable parent. No responsibility by the Principal or Staff, acting as agents of the Board of The British Academy, can be taken for injury, death and accident which occurs as a result of a breach of School guidelines, rules and regulations as and where perpetrated by the above-named learner.

I/we the undersigned, agree that in the event of the above-named learner requiring emergency medical attention which may or may not involve the administration of an anaesthetic and an operation by a suitably qualified medical practitioner/specialist, due permission and authorisation may, in such instances, be given by the Principal or any other member of the Staff authorised so to do. Such a decision will be made on the clear understanding that the person providing the necessary consent is acting *in loco parentis* and acting as a responsible parent in giving the approval.

Notwithstanding the above provisions, approval of this Notification of Indemnity does not in any way remove or deny learner or parent(s)/guardian(s) those safeguards which are afforded according to the laws of South Africa, under whose jurisdiction, to the exclusion of all others, this Indemnity pertains.

I, the parent/guardian, shall be responsible for the payment of any medical and / or hospital accounts, where applicable should an injury or illness be sustained for which ever reason.

The staff of The British Academy and the designated driver(s) do the necessary safety checks and all precautions are taken to ensure the safety and well-being of everyone.

Signature (parent/guardian): _____ Date: _____

Initial.....

Medical information

PLEASE ATTACH A COPY OF YOUR MEDICAL AID CARD AND MAIN MEMBERS ID DOCUMENT

Name of Medical Aid:		Medical Aid / force number:	
Main member:		Medical Aid option plan:	
Diagnosed medical conditions:			
Allergies:			
Previous surgeries:			
Current medication:			
Consent for blood transfusion:	YES		NO

Contact information

Name:	Home phone number:	Work phone number:	Cell number:
Mother			
Father			
Family member			
Other			
Physical home address:			
Postal address:			
Main members physical work address:			

Signature (Parent / Guardian): _____ Date: _____

Initial.....

MEDICATION ADMINISTRATION INDEMNITY FORM

PLEASE ATTACH A COPY OF YOUR MEDICAL AID CARD AND MAIN MEMBERS ID DOCUMENT TO THIS INDEMNITY FORM.

I, _____ (full name and surname), and Id Number:

_____,
being the parent/guardian of student (full name and surname): _____

_____, date of birth _____,

hereby give permission for him/her to have the following medication.

Please mark with your initials in the table below which medication (or generic equivalent thereof) you give the designated staff permission to administer, at their discretion where deemed necessary. In the event of medication being administered and no desired effect having been reached within two hours, your child will be taken to the nearest medical facility for evaluation by a medical practitioner. All reasonable attempts will be made to contact parents or guardian on telephone numbers supplied to the school. NO medication will be given if not indicated as a 'yes' on this form, or if this required form is not signed.

Medication	Indication	Dosage	Yes	No
Allergex	Antihistamine	1-4 tablets daily in divided doses over 24 hours		
Anthisan cream	Antihistamine	Apply to bite and sting areas		
Betadine ointment	Antiseptic	Apply directly to wound and clean		
Bisolvon Linctus	Mucolytic	Adult and child over 10 years: 5-10 ml 3xday		
Brufen tablets	Non-steroidal anti-inflammatory agent	Adults and child over 12: Initially 2x200mg tablets, then 1-2 tablets if needed every 6-8 hours (max 6 tablets in 24h)		
Buscopan	Antispasmodic	1-2 tablets 4 x day (6 hourly)		
Eye Gene	Eye preparation	1-2 drops morning and evening		
Nauzine tablets	Anti-vertigo and antiemetic	Adults and child over 12: 1 tablet 3x day (8 hourly). Child 6-12 years: ½ tablet 3x day (8 hourly)		
Panado Tablet	Analgesic and antipyretic	Adult: 1-2 tablets every 3-4 hours. Max 8 tabs in 24h Child: ½ to 1 tab. Max 4 doses in 24h (6 hourly)		

Initial.....

Panado Syrup	Analgesic and antipyretic	Child 1-5 years 5-10ml. Child 6-12 years: 10-20 ml (6-8 hourly)		
Rehydrate solution	Minerals and electrolytes	Enough to quench thirst divided over a time period		
Rennie tablets	Antacid	Adults: suck 1-2 tablets every ½ hour. Max 12 tabs in 24h. Child 8-12 years. 1-2 tablets every ½ hour. Max 8 tabs x day		
Sinuclear capsules	Decongestant and analgesic	Adults: 1 capsule 6 hourly, max 5 caps in 24h Child 6-12 years: 1 cap 6 hourly. Max 4 caps in 24 h		
Strepsils lozenges	Mouth and throat preparation	Suck 1-2 lozenges 3x day (8 hourly)		
Thermorub Ointment	Topical agent for muscles	Apply to muscle injuries ONLY 6-8H AFTER INJURY		
Ventolin inhaler	Sympathomimetics	1-2 inhalations every 4 hours if necessary		

Own medication supplied by parent/guardian and given to Health and Safety Officer:

	Name of Medication	Indication	Dose	Frequency
1				
2				
3				
4				
5				

Signature (parent/guardian)

Date