

# HAPPY HOME ACADEMY

2 GIBAUD ROAD  
 SYDENHAM  
 PORT ELIZABETH  
 6001

Tel: 041 451 1243  
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 Email: [admin@hhacademy.co.za](mailto:admin@hhacademy.co.za)  
 EMIS No: 200100063  
 Exam Centre No: 4342102

OFFICE USE ONLY				
Date received:		Grade Applied for:		<b>PHOTO</b>
Interview Date:		Interview Time:		
Accepted:		Not Accepted:	Reason for rejection:	
Admission Date:		Admission Number:		
Application received by:				

**TO BE COMPLETED BY THE PRINCIPAL OF THE LEARNERS CURRENT SCHOOL**

**ADMISSION TO HAPPY HOME ACADEMY**

The following learner would like admission at the above mentioned school, we would appreciate it if the following information would be provided by the learner's current/previous school.

Thank you for your co-operation.

**APPLICANT:**

Full Name/s:			
Surname:		Current Grade:	
ID/Date of Birth:			
Name of current school:			
Tel No of current school:		Fax No:	
Email address of current school:			
Attendance at current school from:		TO	
Parent involvement at current school:	Good	Satisfactory	Not Satisfactory
ACADEMIC PERFORMANCE	Compared to the learners current class:	TOP	MIDDLE BOTTOM
ANY EFFORT APPLIED BY THE LEARNER:	Yes	No	
LEADERSHIP: Please state whether the learner has any leadership position at his/her current school:			
BEHAVIOUR/ATTITUDE	Exemplary	Good	Satisfactory Not Satisfactory
Fees:	Per Month:		Per Year:
School fees:	Paid up to date:	In arrears:	Amount in arrears:

<b><u>Principal Signature:</u></b>	<b><u>Date:</u></b>	<b><u>School Stamp</u></b>
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Please be informed that a **R100 application fee** will be payable when application form is submitted. The applicant will then be expected to write a test and be interviewed before he/she will be accepted (dates and times will be arranged by the school administrator).

**The following documents must accompany the admission form:**

- A copy of the learner's identity document or birth certificate.
- A copy of both biological parents' identity documents.
- A copy of the learner's UNABRIDGED CERTIFICATE if biological parents' identity documents are not available.
- A copy of the death certificate if either parent is deceased.
- A copy of proof of residential address. N.B. offer to purchase is not acceptable.
- A copy of learner's latest report
- Transfer letter from previous school
- Clinic Card (Grade R – 3)
- 3 Months payslip

If the applicant is accepted fees will be as follow: **Grade R – Registration – R500**  
**Monthly – R1050**

**Grade 1 – 6 – Registration – R 850**  
**Monthly – R1300**

**Grade 7 – Registration – R1500**  
**Monthly – R1450**

**Grade 8 – 12 – Registration – R1500**  
**Monthly – R 1600**

**APPLICATION AND ADMISSION PROCEDURES**

We welcome your interest in seeking admission for your child/children at Happy Home Academy.  
Please complete the attached form and read the terms and conditions carefully before returning it to school.

1. This contract will become binding on signature and may not be cancelled unless:
  - 1.1 The student fails to satisfy the entrance requirements of Happy Home Academy,
  - 1.2 Insufficient enrolments are received by Happy Home Academy to justify, at Happy Home Academy's discretion, the running of the course/subject for which the student has enrolled.
  - 1.3 In the event of cancellation, 10% of the total cost of the course/subject/s will be charged, and cancellation must be made within 14 working days prior to commencement of the course/subject/s.
2. The registration is non-refundable under any circumstances.
3. The signatories (student and sponsor/parent/guardian) shall be jointly and severally liable to Happy Home Academy for the full tuition fees according to the method of payment indicated in this contract.
4. Subject to paragraph 2 above, fees are non-refundable.
5. Failure by the student to attend scheduled classes will not reduce liability for the full tuition fees as signed for in this contract.
6. Should the money due under this contract not be paid on due date, the student may be excluded from attending further classes until such time as all outstanding amounts due have been paid, without prejudice

to any other rights Happy Home Academy may have. Exclusion from such classes will not relieve he signatory/ies of any obligation to pay the full fees as set out herein.

7. It is the responsibility of the student to avail him/herself for all examination dates and venues.

8. Happy Home Academy reserves the right to request the originals of all documentation required prior to registration of the student.

9. No guarantees, promises or representation of any nature are made by Happy Home Academy pertaining to the student's enrolment for courses/subjects selected by the student with regard to the student's success or failure or otherwise.

10. Happy Home Academy may from time to time institute rules and regulations deemed necessary relating to student attendance, conduct and related matters.

11. Happy Home Academy reserves the right to conduct searches at any of their premises for alcohol or dangerous weapons. Alcohol and drug testing may also be conducted randomly.

12. The cost per subject is as per the attached schedule.

I/We the undersigned have read, completed and understand the contents hereof and hereby jointly and severally accept all terms and conditions.

\_\_\_\_\_  
STUDENTS (SIGN)

\_\_\_\_\_  
PRINT NAME (STUDENT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
NAME (PARENT/GUARDIAN)

\_\_\_\_\_  
DATE

VISION  
Discipline, Inspiration, Dedication

MISSION

To provide the best possible education for all learners through:

- A culture of learning characterized by the school's values of Faith, Integrity, Respect and Excellence.
  - Passionate, qualified, dedicated and enthusiastic staff.
- To develop in learners a sense of personal self worth by providing a strong school ethos, a Christian value system and a sense of history, respect and tradition.

School rules

1. School gate closes at 7H45 in the morning sharply. Every student that comes to school after 7H45 will be regarded as late and will not be able to enter the school. School ends at 13h00 for Grade R – 3 and at 14h00 for Grade 4 - 12.
2. Students should be at school by 7h45, should a learner enter the school after that a fine will be payable of R5 to enter. However the fine is only payable from 7h50 – 8h00 after that the school gate will be closed and no student will be able to enter.
3. The high school is making use of e-learning therefore a tablet is needed. Textbooks will then be loaded on to the tablets for them. **P.S The safekeeping of the tablet is the learner's responsibility and the school will not be held responsible for any damages or loss.**

..... Signature
4. No make-up whatsoever is permitted.
5. All clothing and belongings are to be clearly marked at all times.
6. No jewellery other than a watch or medic alert disc is permitted. All piercings must be empty, girls are only allowed to wear small studs in their ears (silver/gold).
7. No learner may leave the school premises during school hours without prior permission from the principal on written request from the parent. When leaving, learners must present a signed permission note to the secretaries office.
8. In case of illness, the learner is to report to the class teacher with a note from the subject teacher. If the learner Needs to go home, he/she will be sent to the secretary who will make the necessary arrangements.
9. Learners are to be in the classroom during lesson times, if they are caught in the passages without a pass they will be punished.
10. Contact details are to be updated always by parents/guardians who live with the learner. The school will not be held responsible for any information that is not received due to change of details.
11. Learners should be dressed in full uniform daily failure to have the appropriate uniform will result in the learner being sent home. Please refer to the Code of Conduct/school dairy for guideline.

12. Hairstyles should be as follows:

Girl: Conrow, Plain lines (free hand). No funny hairstyles

Boys: School cut. No funny cuts

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STUDENTS (SIGN)

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PRINT NAME (STUDENT)

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DATE

---

PARENT/GUARDIAN

---

NAME (PARENT/GUARDIAN)

---

DATE

**APPLICATION FOR ADMISSION**

**PUPIL INFORMATION**

GRADE APPLIED FOR		TERM		YEAR	HIGHEST GRADE PASSED:	
YEAR WHEN GRADE WAS PASSED:		PUPILS SURNAME:				
PUPILS NAME/S				INITIALS		AGE
I.D OR PASSPORT NO				DATE OF BIRTH		
GENDER	MALE	FEMALE	COUNTRY OF RESIDENCE			
PUPIL MOBILE NUMBER			CITIZENSHIP			
PUPIL E-MAIL				RELIGION		
HOME LANGUAGE			HOME TELEPHONE NO			
PHYSICAL ADDRESS:			POSTAL ADDRESS:			
IS THE STUDENT A BOARDER			YES	NO		
DECEASED PARENT	NONE	MOTHER	FATHER	BOTH		
MODE OF TRANSPORT						
DEXTERITY OF LEARNER	RIGHT HANDED		LEFT HANDED	AMBIDEXTROUS		

**PUPIL MEDICAL INFORMATION**

MEDICAL AID NAME		BLOOD TYPE	
MEDICAL AID NUMBER			
MAIN MEMBER			
CHRONIC ILLNESSES (OF LEARNER)			
ALLERGIES (OF LEARNER)			

**SIBLINGS**

NUMBER OF CHILDREN AT THIS SCHOOL:		POSITION IN THE FAMILY (E.G FIRST):	
PLEASE SUPPLY FULL NAMES BELOW:			
NAME:		GRADE:	
NAME:		GRADE:	
NAME:		GRADE:	

**PARENT/GUARDAIN DETAILS**

RELATIONSHIP TO PUPIL	FATHER	STEP-FATHER	OTHER	MOTHER	STEP-MOTHER	OTHER
WITH WHOM DOES THE PUPIL RESIDE	FATHER	STEP-FATHER	OTHER	MOTHER	STEP-MOTHER	OTHER
TITLE:		INITIALS:		TITLE:		INITIALS:
MARITAL STATUS:	MARRIED	SINGLE	DIVORCED	SEPARATED	WIDOWED	
COMMUNICATION TO:	FATHER	MOTHER	BOTH PARENTS	LEGAL GUARDIAN		

SURNAME			
FIRST NAME/S			
ID OR PASSPORT NO			
MOBILE NUMBER			
E-MAIL ADDRESS			
OCCUPATION			
NAME OF BUSINESS			
IF SELF EMPLOYED, PLEASE SPECIFY THE INDUSTRY YOU WORK IN			
E-MAIL ADDRESS: (WORK)			
E-MAIL ADDRESS: (HOME)			
TELEPHONE: (WORK)			
TELEPHONE: (HOME)			
POSTAL ADDRESS OF PARENTS/GUARDAINS			
EMERGENCY CONTACT NUMBERS	1	2	
NAME OF EMERGENCY CONTACT			
RELATIONSHIP TO PUPIL			
WHO WILL BE RESPONSIBLE FOR THE LEARNERS SCHOOL FEES	MOTHER	FATHER	OTHER
IF OTHER, PLEASE COMPLETE THE FOLLOWING DETAILS:	NAME:		
	SURNAME:		
POSTAL ADDRESS:			
ID/PASSPORT:			
CONTACT DETAILS:			
RELATIONSHIP TO LEARNER:			
<b>PAYMENT AGREEMENT</b>			
I/We undertake to pay school fees as follows: Please indicate with a cross which option you have chosen.			
	A	In full before 31 January 2019 and I understand I will receive a 5% discount.	
	B	Monthly, over 11 months, strictly by Debit order. Please fill in the attached Debit order Form.	
The above is necessary for Budgeting Purposes.			
I/We authorize the school to do credit bureau checks on me/us in the event of any school fees due by me/us not being paid. I/We authorize the school to inform any relevant credit bureau and have my/our name listed with them.			

School fees are a statutory debt which is prescribed by law and may NOT be referred to a Debt Counsellor for debt review under section 129 of the National Credit Act. Schools are exempt from the National Credit Act.

REASON FOR CHOOSING HAPPY HOME ACADEMY:

HOW DID YOU HEAR ABOUT HAPPY HOME ACADEMY:

HAS YOUR CHILD EVER EXPERIENCED LEARNING DIFFICULTIES? IF YES, PLEASE EXPLAIN:

HAS YOUR CHILD EVER BEEN SUSPENDED OR EXPELLED FROM, OR REFUSED ADMISSION INTO ANOTHER SCHOOL? IF YES, PLEASE EXPLAIN:

HAS YOUR CHILD EXPERIENCED DISCIPLINE/BEHAVIOURAL DIFFICULTIES? IF YES, PLEASE EXPLAIN:

DOES YOUR CHILD HAVE A MEDICAL PROBLEM/DISABILITY/PHYSICAL HANDICAP? IF YES, PLEASE EXPLAIN:

HOW WILL YOUR CHILD BE TRANSPORTED TO AND FROM SCHOOL?

I/We hereby confirm that all details provided are correct and undertake to inform the school immediately of any changes to the details included herein.

**FALSIFICATION OF ANY OF THE ABOVE WILL RESULT IN YOUR APPLICATION BEING REJECTED**

Signature of Father/Guardian		Date	
Signature of Mother/Guardian		Date	
Signature of Learner		Date	



<b>Bank Details:</b>  <b>Primary School</b>	Acc Name: Happy Home Academy Acc Number: 251 034 402 Branch: Berry's Corner Branch Code: 024 210 Bank: Standard Bank Reference: Child's Name, Surname & grade (Please provide proof of payment via Email: <a href="mailto:admin@hhacademy.co.za">admin@hhacademy.co.za</a> / Fax: 086 268 0960
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<b>Bank Details:</b>  <b>High School</b>	Acc Name: Happy Home Academy Acc Number: 242 080 502 Branch: Berry's Corner Branch Code: 024 210 Bank: Standard Bank Reference: Child's Name, Surname & grade (Please provide proof of payment via Email: <a href="mailto:admin@hhacademy.co.za">admin@hhacademy.co.za</a> / Fax: 086 268 0960
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**FOR OFFICE USE ONLY:**

<b>DOCUMENTS</b>	<b>RECEIVED</b>
1. A copy of the learner's identity document or birth certificate	
2. A copy of both biological parents' identity documents	
3. A copy of the learner's UNABRIDGED CERTIFICATE if biological parents' identity documents are not available	
4. A copy of the death certificate if either parent is deceased	
5. A copy of proof of residential address	
6. A copy of learner's latest report	
7. Transfer letter from previous school	
8. Clinic card (Grade R – 3)	
9. 3 Months payslip	



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c 086 268 0960  
email : admin@hhacademy.co.za  
web: www.hhacademy.co.za

EMIS: 200100063

## BANK DEBIT ORDER INSTRUCTION FORM

Name : \_\_\_\_\_

ID No. \_\_\_\_\_

Address : \_\_\_\_\_

Deposit Paid : \_\_\_\_\_

Debit Amount : \_\_\_\_\_ X \_\_\_\_\_

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

Contact No : \_\_\_\_\_

Abbreviated name as registered with the bank :

The details of my/our account are as follows:

BANK : \_\_\_\_\_

ACCOUNT NAME : \_\_\_\_\_

ACCOUNT NO. : \_\_\_\_\_

BRANCH CODE : \_\_\_\_\_

TYPE OF ACCOUNT : \_\_\_\_\_  
(savings, current, cheque / transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

i. On the \_\_\_\_\_ day ("payment day") of each and every month commencing on \_\_\_\_\_. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

### MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

### CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

### ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
SIGNATURE AS USED FOR SIGNING CHEQUES

Assisted by:

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER

This Agreement reference number is: \_\_\_\_\_

PARTNERSHIP CONTRACT:

Partnership contract between HH Academy and .....

Parent/Guardian of ..... who is in grade ..... in 20.....

**1. Background:**

The signing of the partnership between the above mentioned parties emphasises the responsibility for the decision taken in respect of the afore-mentioned learner. This contact stipulates the collaborative support, responsibility and commitment of all parties to ensure the future promotion or progression of the above mentioned learner.

**2. COMMITMENT MADE**

2.1 I Parent/Guardian of the above mentioned learner understand that the **registration fee of R500/R850/R1500 should be paid by** ..... and failure to do so will result in my child losing his/her space.

2.2 I undertake to pay the **school fees in advance every month** to ensure the smooth running of the school. **Failure to do so or half payment will result in 10% interest being payable.**

2.3 We also agree that failure to pay school fees on time the parent may be asked to keep their child/ren at home.

2.4 If any further problems occur, this matter will be handed over to our lawyers for collection. The parent/guardian shall be held liable for the payment of the legal fees.

2.5 The parent and learner will ensure regular school attendance, completion of School Based Assessment Tasks and setting of achievable targets to track the learner's progress.

2.6 However, the future success of the learner is dependent on his/her diligence and the positive role and influence of the parent/guardian.

2.7 The contract is an undertaking in good faith and a commitment by the parent and school to motivate the learner to succeed in his/her renewed efforts to make the required academic progress.

2.8 **Access cards:** the school make use of an access card system, these cards are issued on a monthly basis and only learners who are up to date with their school fees receive the access card. It is the learners responsibility to bring the access card to school daily as they are checked before lessons start and without the access card the learner will not be allowed into class. The learner should also take responsibility by looking after their cards because a replacement card will cost R5, should the learner not bring/loose the access card.

**3. This done and signed by the following persons:**

	NAME	SIGNATURE	DATE
PARENT/GUARDIAN			
LEARNER			
SCHOOL REPRESENTATIVE			

I choose the address given below as the address to which all notice may be sent, which all legal process may be served on me and to whom all finance related issues can be communicated to.

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

Signature of Parent/Guardian/Custodian .....

Residential Address:

.....  
.....

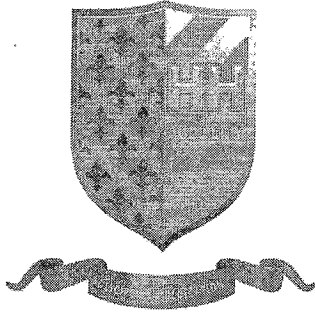
Postal Address: .....

.....

Tel No: Home: ..... Work: ..... Cell: .....

Signature of School Bursar: .....

Witness Signature: .....



## **GENERAL INDEMNITY FORM**

I, the undersigned,

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

the parent/legal guardian of the under mentioned learner who is enrolled and accepted by HH Academy subject to the terms set out herein:

NAME OF LEARNER: \_\_\_\_\_

I authorise that the aforesaid learner may be involved in all excursions undertaken by his/her group or class during school days as part of his/her learning experience and, where applicable, I agree that he/she may utilise the transport arranged by the School for such excursions. I also indemnify the school for any damages or losses that I as parent/guardian of the above learner may suffer under such circumstances and voluntarily accept the risks associated herewith.

In the event of the aforesaid learner making use of the bus service to and from the School, I acknowledge that I am aware that such services is operated by an independent contractor and that the School does not accept any responsibility therefore. The School has, however, in awarding the right to operate the service, laid down certain conditions to ensure that the bus company complies with the safety regulations and that the driver is sober and experienced with a proven and unblemished record.

I further more understand that photo's might be taken at such excursions or events at school and acknowledge that my child might be captured in them and that the school make use of these photo's for their website, Facebook page, school magazine and brochures.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_ 20\_\_

WITNESSES:

1. \_\_\_\_\_

2. \_\_\_\_\_

PARENT/LEGAL GUARDIAN