



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road

Rooihuiskraal

Centurion

Tel: 060 809 6818

Email info@veritasschoolgroup.com

accounts@veritasschoolgroup.com

ADMISSION DATA FORM

Thank you for your interest in Veritas Academics.

This form must be completed by parents/legal guardians who wish to enroll their children at Veritas Academics.

Child's Name and Surname _____ Date _____

SUPPORTING DOCUMENTATION SUMMARY

- Learner's latest school report
- Certified copy of the learners unabridged birth certificate
- Certified copies of both parents/legal guardians ID documents
- Proof of residential address of both parents
- Copy of the child's immunization card
- Copy of Medical Aid Card (both sides)

Important Notice:

A non-refundable registration fee of R4000 will be due and payable on receipt of your child's acceptance to Veritas Academics.

Important note: Any incomplete application forms will not be accepted. All information must be submitted along with the documents listed above.



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road

Rooihuiskraal

Centurion

Tel: 060 809 6818

Email info@veritasschoolgroup.com

accounts@veritasschoolgroup.com

SECTION A – STUDENT DETAILS

CURRENT GRADE					
CURRENT SCHOOL					
SURNAME					
FIRST NAMES					
DATE OF BIRTH					
ID/PASSPORT NO					
GENDER	MALE			FEMALE	
ETHNIC GROUP	BLACK	COLOURED	WHITE	INDIAN	OTHER
HOME LANGUAGE					
LEARNER RESIDES WITH	BOTH PARENTS	MOTHER	FATHER	LEGAL GUARDIAN	OTHER

SPORTING INVOLVEMENT:

CULTURAL INVOLVEMENT:



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road

Rooihuiskraal

Centurion

Tel: 060 809 6818

Email info@veritasschoolgroup.com

accounts@veritasschoolgroup.com

SIBLINGS ALREADY ATTENDING VERITAS ACADEMICS

NAME AND SURNAME:	GRADE

CONTACT IN CASE OF EMERGENCY

SURNAME	
FIRST NAME	
TELEPHONE NUMBER	
DOCTORS NAME	
DOCTORS TEL NUMBER	
NAME OF MEDICAL AID	
MEDICAL AID NUMBER	
MAIN MEMEBER	

ALLERGIES / MEDICAL PROBLEMS



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road
Rooihuiskraal
Centurion
Tel: 060 809 6818
Email info@veritasschoolgroup.com
accounts@veritasschoolgroup.com

ADDITIONAL STUDENT INFORMATION

The Gauteng Department of Education requires the following additional information.
Please complete the relevant sections below:

Child's Name and Surname _____ Grade _____

Neurological & Physical (difficulties please TICK the relevant column)		Yes	No
ADD			
ADHD			
Dyslexia			
Cerebral Palsy			
Hard of Hearing			
Severe Visual problems			
Color blind			
Epilepsy			
Physically disabled			
Specific learning disability Please specify:			

Academic Difficulties:	Yes	No
Reading		
Math's		
English Language		



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road
 Rooihuiskraal
 Centurion
 Tel: 060 809 6818
 Email info@veritasschoolgroup.com
 accounts@veritasschoolgroup.com

PARENT 1 INFORMATION

MARITAL STATUS	Married		Remarried		Divorced	Single	Widowed	Separated
	ANC	COP	ANC	COP				
RELATIONSHIP TO STUDENT	Legal Parent		Legal Guardian		Grand Parent	Step Parent	Foster Parent	Other
TITLE	Mr.	Mrs.	Miss			Other		
SURNAME								
NAME								
ID/PASSPORT NO								
PERMANENT HOME ADDRESS (Domicile)	Unit No:			Complex Name:				
					Suburb:			
	City/town:					Code:		
POSTAL ADDRESS								
							Code:	
HOME TEL NO:								
CELL NUMBER:								
OCCUPATION:								
EMPLOYER/ COMPANY NAME								
EMPLOYER ADDRESS								
WORK TEL NO:								
EMAIL WORK								
EMAIL HOME								

Parent/Guardian 1 Signature: _____ Date: _____



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road
 Rooihuiskraal
 Centurion
 Tel: 060 809 6818
 Email info@veritasschoolgroup.com
 accounts@veritasschoolgroup.com

PARENT 2 / SPOUSE INFORMATION

MARITAL STATUS	<table border="1"> <tr> <td colspan="2">Married</td> <td colspan="2">Remarried</td> <td rowspan="2">Divorced</td> <td rowspan="2">Single</td> <td rowspan="2">Widowed</td> <td rowspan="2">Separated</td> </tr> <tr> <td>ANC</td> <td>COP</td> <td>ANC</td> <td>COP</td> </tr> </table>	Married		Remarried		Divorced	Single	Widowed	Separated	ANC	COP	ANC	COP
Married		Remarried		Divorced	Single					Widowed	Separated		
ANC	COP	ANC	COP										
RELATIONSHIP TO STUDENT	Legal Parent	Legal Guardian	Grand Parent	Step Parent	Foster Parent	Other							
TITLE	Mr.	Mrs.	Miss		Other								
SURNAME													
NAME													
ID/PASSPORT NO													
PERMANENT HOME ADDRESS (Domicile)	Unit No:			Complex Name:									
				Suburb:									
	City/town:				Code:								
POSTAL ADDRESS													
					Code:								
HOME TEL NO:													
CELL NUMBER:													
OCCUPATION:													
EMPLOYER/ COMPANY NAME													
EMPLOYER ADDRESS													
WORK TEL NO:													
EMAIL WORK													
EMAIL HOME													

Parent/Guardian 2 Signature: _____ Date: _____



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road

Rooihuiskraal

Centurion

Tel: 060 809 6818

Email info@veritasschoolgroup.com

accounts@veritasschoolgroup.com

COLLECTION OF CHILD

Person(s) responsible for collecting children from school:

Name	Relationship	Cell Number	Work number

Emergency contacts other than parents:

Name	Relationship	Cell Number	Work number

Details of person permitted to collect child, other than the parent/s:

Name	Relationship	Cell Number	Work number

**** PLEASE NOTE ****

- Children will **NOT** be allowed to leave the school premises with **ANY** other person/s unless the school has been notified in advance by the parent/s in writing.
- **Transport Services:** It is the parent's responsibility to notify the school **AND** their relevant transport service of any changes to their child's drop-off/ collection arrangement.

Parents'/Legal Guardians' Initials	
---------------------------------------	--



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road
Rooihuiskraal
Centurion
Tel: 060 809 6818
Email info@veritasschoolgroup.com
accounts@veritasschoolgroup.com

UNDERTAKING BY PARENT / LEGAL GUARDIAN

1. I/We hereby apply to have the child whose name appears on this form registered as a learner at Veritas Academics and confirm that he/she complies with the basic criteria.
2. I/We hereby certify that I/we have legal custody and/or Legal guardianship in respect of the afore-named learner.
3. I/We undertake to adhere to the school rules and disciplinary code and to the various alterations in the rules and disciplinary code that may be made from time to time.
4. I/We understand and confirm that the Principal or any other person duly authorized will act in *loco parentis* in any matter and at any time during I/we have entrusted my/our child to the care of the school.
5. I/We understand that while every reasonable effort will be made to prevent losses or damage to students' clothing and equipment, the school cannot be held liable for such.
6. I/We undertake to reimburse the school for any damage to property that may be caused by my/our child.
7. I/We undertake to give a full terms notice in writing of any intention to remove my/our child from the school and return any books and/or equipment belonging to the school that my/our child may have.
8. I/We agree that my/our child will attend school daily and will only be absent for medical reasons.
9. I/We undertake to inform the school of our child's absence and declare that I/we are prepared to produce a medical doctor's certificate if and when required.
10. I/We understand that the school reserves the right to verify all information supplied to it via this application. In the event of fraudulent documents submitted the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
11. I/We accept the responsibility for my child's transport to and from the school.
12. I/We hereby consent to receive communication from Veritas Academics via various communication channels to ensure that I/we receive information on school-related activities, events, news, and other important school notices.
13. I/We hereby provide consent to the school to collect, store, and process names, contact details, and information relating to me/us and my/our child, and to such information being made available to staff or responsible persons engaged or authorized by the school for school-related purposes.
14. I/We hereby consent to the school collecting, storing, and processing information about me/us and any third party or parent/legal guardian (regardless of marital status) who is/are responsible for the payment of all amounts owing on my/our child's school fee account.
15. I/We hereby give consent to Veritas Academics to use photos of my child for advertising purposes and any social media that the school has.
16. This commitment in its entirety will be held valid from the day on which it is signed by the parent/legal guardian to the day on which the learner officially leaves the school.
17. I/We acknowledge to notify the school in writing of any personal information change.
18. Veritas Academics reserves the right to terminate this contract should the need arise.
19. I/We with this understand that I/We as the parent/guardian will be liable for any legal costs if myself / or my child is responsible for the school having to seek legal advice.

Parents'/Legal Guardians' Initials	
---------------------------------------	--



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road
Rooihuiskraal
Centurion
Tel: 060 809 6818
Email info@veritasschoolgroup.com
accounts@veritasschoolgroup.com

SPECIAL REQUIREMENTS

Dietary:	
Religious:	
Medication:	
Other:	

HEALTH INFORMATION

Please specify if your child has suffered from any of the following:

Measles	Y	N	Rheumatic Fever	Y	N
Mumps	Y	N	Scarlet Fever	Y	N
Diphtheria	Y	N	Whooping Cough	Y	N
Chickenpox	Y	N	Asthma	Y	N

Does your child suffer from allergies?

ALLERGIES	MEDICATION FOR ALLERGIES
1.	1.
2.	2.

In the event of an emergency, I hereby give permission to Veritas Academics to seek medical attention, including but not limited to, the nearest doctor facilities, for my child. I permit the administration of anesthetic in a case where parents cannot be reached. I will be responsible for all expenses incurred.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road

Rooihuiskraal

Centurion

Tel: 060 809 6818

Email info@veritasschoolgroup.com

accounts@veritasschoolgroup.com

DECLARATION

I hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Owner of the school or his designate, permission to check and confirm any of the details listed by me. I understand that should any of the information supplied by me be found to be false, action may be taken against me as per point 10, specified on page 8 of this document.

I further declare that I am the Parent/Legal Guardian of the child and am entitled to sign this document and shall be bound hereto both as Parent / Legal Guardian and in my personal capacity.

Parent/Guardian 1 Name & Surname: _____

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Name & Surname: _____

Parent/Guardian 2 Signature: _____ Date: _____



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road

Rooihuiskraal

Centurion

Tel: 060 809 6818

Email info@veritasschoolgroup.com

accounts@veritasschoolgroup.com

SCHOOL FEES

1. School fees are due and payable annually, in advance, at the beginning of each school year.
2. To reduce the financial burden to the parents, School fees can be divided into TWELVE EQUAL installments or termly payments, commencing from January and ending December of each academic year.
3. Matric fees are divided into TEN EQUAL installments.
4. Monthly and termly payments are payable strictly by the 1st day of each month/term, should payment exceed the 5th of the month, a 25% late payment penalty will be calculated and added to your account.
5. I/We acknowledge that should the school fees not be up to date; the school reserves the right to request my/our child remain at home until all fees are up to date.
6. I/We acknowledge that the school's request as per Clause 5 is reasonable and does not constitute victimization.
7. Registration fees are non-refundable.
8. The school reserves the right to share the personal details of defaulting parents/ legal guardians with Veritas Academics appointed third-party debt collectors in an attempt to recover outstanding school fees.
9. The school reserves the right to list defaulting parent / legal guardian with the relevant credit bureau, in the event of any school fees due not being paid.
10. The school can claim all legal costs, including interest, attorney/client fees, and collection costs for the recovery of school fees, and will be for the account of the parent/legal guardian.

Person responsible for account	
Full Names:	
ID Number:	
Cell:	
Email Address:	
Residential Address:	

Parent 1 Name & Surname: _____

Parent 1 Signature: _____ Date: _____

Parent 2 Name & Surname: _____

Parent 2 Signature: _____ Date: _____



VERITAS ACADEMICS (PTY)LTD

Reg: 2014/150923/07

9 Panorama Road
Rooihuiskraal
Centurion
Tel: 060 809 6818
Email info@veritasschoolgroup.com
accounts@veritasschoolgroup.com

PERMISSION TO ADMINISTER TREATMENT

I, _____ the parent/legal guardian of _____ do hereby give the following permission for treatment:

Abrasions, cuts, blisters, minor burns, bites and stings

In the event of my/our child being stung, grazed, scratched, or injured themselves, I hereby:

Give permission

Do **NOT** give permission

for the staff of Veritas Academics, to administer an antiseptic ointment/cream to the wound, if it is deemed necessary.

Pain and Fever

In the event of my child unexpectedly being in pain (if the pain is persistent or results in injury), or has a fever on any particular day I hereby,

Give permission

Do **NOT** give permission

for the staff of Veritas Academics, to administer Panado, if it is necessary.

I indemnify **Veritas Academics**, its proprietors, facilitators, and any of its duly authorized representatives, employees, or guests from all/any claims that I or the child may have concerning side effects, allergic reactions, or incorrect treatments whatsoever from the above medicines and ointments.

Parent 1 Name & Surname: _____

Parent 1 Signature: _____ Date: _____

Parent 2 Name & Surname: _____

Parent 2 Signature: _____ Date: _____