



Dear Parents

***CASTLE BRIDGE SCHOOL – AN EXCITING SCHOOL CAREER AWAITS YOU!***

I would like thank you for the interest shown in the school. An exciting school career awaits you and we are looking forward having you share this with our school as new parents and learners.

Castle Bridge started in 1994 with only a few learners but has since grown to 610 learners. We are a combined school and teach from Grade R to Grade 12. The school also has a crèche that takes care of children from as early as babies. The demographics of our school are 96% black and 4% other races.

The school itself is a Section 21 Association non-profit organization. This is an independent school (private) but we do receive a subsidy from the Free State Education Department under certain conditions. We follow the National Curriculum (RNCS) and as such it is focused on outcomes based education (OBE).

The school is proud of the discipline in the school and the Code of Conduct regulates the behavior of all. All rules and regulations as well as the Disciplinary Code are included in the Code of Conduct. A copy can be forwarded on request.

We have 29 educators at the school and they are all focused on helping your child reach his or her goals in life. We not only teach academics but also strive to develop each child to his or her full potential.

Attached please find the following:

- Application for Admission (School)
- Application for Afternoon Care
- Fees Structure (2010)
- Financial Terms and Conditions (Applicable to all Admissions)
- Debit order authorization (EFT Form)
- Addendum 1: Financial Undertaking
- Addendum 2: Discipline Undertaking
- Undertaking by parent/guardian
- Confidential Report by Principal

The following need to be included with your application:

- All of the above forms fully completed and signed
- Certified Copy of birth certificate/identity document of the learner
- Certified Copy of both parents' identity documents
- Certified Copies of both parents' salary advices or letter from employers confirming employment
- Any account confirming residential and postal address
- Transfer certificate, disciplinary report and progress report from previous school

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- Medical information and copy of medical aid card of learner
- One recent ID sized photo of the learner which should be attached to these forms
- R 100 non refundable registration fee

As principal I am always available and at your service. It is our pleasure as staff of the school to deliver to you, our parents and learners, a personal as well as outstanding service.

Castle Bridge greetings

A handwritten signature in black ink, appearing to be 'J. Pelsers', written over a faint rectangular stamp.

J. PELSER  
PRINCIPAL  
JP/jp



## FINANCIAL TERMS AND CONDITIONS

1. That Castle Bridge School (herein after referred to as C.B.S) is a private institution and that right of admission is reserved.
2. That enrollment of any scholar with C.B.S will be for a minimum period of 1 (ONE) year and thereafter on a month to month basis with the undersigned Parent or Legal Guardian being required to give 1 (ONE) months notice to terminate the agreement.
3. That all fees payable to C.B.S shall be paid in advance at the beginning of each month, i.e. at the beginning of each month for the month ahead.
4. That should any debit order be returned by the bank, all arrears fees must be paid in full immediately. Any bank charges incurred by the school shall be for the account of the parent/guardian.
5. That should any amount not be paid in advance at the commencement of the month, interest at the rate of prime plus 2 (TWO) percent shall be payable on the outstanding amount.
6. The C.B.S shall not be responsible or accountable for any damages resulting from the participation by the scholar in any sporting, extramural activities or other events organized by C.B.S and C.B.S is hereby indemnified from any claim which may result there from.
7. That C.B.S shall be notified in writing of any change in marital status and/or residential or business addresses of the Parent or Legal Guardian.
8. That should any of the terms and conditions herein contained be breached and not rectified within 7 (SEVEN) days from date of written notice to remedy such breach, then and in that instance C.B.S shall be entitled to suspend such Scholar's attendance until such time as the breach has been rectified and institute legal action to claim damages.
9. Should any terms and conditions be breached and legal action be taken in terms of the above then in that instance the undersigned Parent or Guardian shall be liable for all legal expenses on an attorney and client scale and through signing this I agree to Section 57 and 58 of the Magistrate's Court Act 32 of 1944 as well as Section 65(j)(2) of the same act.
10. A certificate given by a director or member of C.B.S shall be deemed to be *prima facie* proof of any amount due and owing to C.B.S

I the undersigned,

**Full Names:** \_\_\_\_\_

Do hereby acknowledge that I am aware of the above terms and conditions and declare that the above terms and conditions are being upon myself.

I choose as my *domicilium citandi et executandi* the following address for the purpose of this agreement:


Thus done and signed at BLOEMFONTEIN on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
**Parent/Legal Guardian**

Dear Parent(s)/Guardian(s)

\_\_\_\_\_  
**Name in Print**

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### SCHOOL, AND OTHER FEES FOR 2010

The ANNUAL fee structure for the 2009 academic year is set out here.

	<b>ANNUAL CRECHE FEE</b>	<b>PER MONTH</b>
CRECHE	R 6000.00	R 500.00

Please note that fees are payable in advance and over a 12 month period, i.e. January to December.

	<b>ANNUAL SCHOOL FEE</b>	<b>PER MONTH</b>
GRADE R to 7	R 5800.00	R 580.00
GRADE 8 to 12	R 6400.00	R 640.00

Please note that fees are payable in advance and over a 10 month period, i.e. January to October.

**REGISTRATION** ONCE OFF (Non refundable)

ALL NEW ENROLLMENTS R 100.00

**AFTERNOON CARE** **MONTHLY**

ALL THAT REGISTER R 150.00

### **PAYMENT METHODS**

1. Year in advance (payable on first day of new school year); or
2. By monthly debit order – preferred method; or
3. Cash at school or bank deposit by 7<sup>th</sup> of each month.

The following discount will apply:

10% will be awarded if the school fees are paid yearly in advance.

PLEASE NOTE: NO DISCOUNT IS GIVEN FOR SIBLINGS.

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NO STATIONERY is included in this fee (however, books are supplied by the school). Learners have to supply their own stationery for each learning area/subject. The school only hands out basic guidelines of the required stationery.

- PLEASE NOTE: As from 2009 Breakfast and lunch will be provided to all children in the Creche. Parents must, however, supply the bottles, nappies etc. for the babies.

All learners from the primary and secondary school that need to be looked after during the afternoons need to register and pay for afternoon care (14H00 to 17H00).

Castle Bridge greetings

A handwritten signature in black ink, appearing to be 'J. Pelsner', written in a cursive style.

MR. J. PELSER  
PRINCIPAL

# CASTLE BRIDGE

COMBINED SCHOOL



P.O. BOX 11554,  
UNIVERSITAS, 9321  
TEL.: 051 – 447 6516  
Fax.: 051 – 447 6812  
2002/016229/08

EFT

## AUTHORISATION

Name of account holder:		Monthly installment: (12 equal payments)		Date of first payment- 1 <sup>st</sup> , 15 <sup>th</sup> or 25 <sup>th</sup> of month	
Minimum contract period:		Bank:		Branch:	
Branch no.:		Account number:		Client contact phone no.:	
<b>Account Type:</b>	Transmission	Cheque	Savings	Credit card	Expiry Date:

### Details of Learner/s

<u>Surname</u>	<u>Full names</u>

### Conditions of EFT: (It is advisable to keep a copy of this contract for personal records)

1. Castle Bridge School is hereby authorized to draw the installment amount as indicated above on behalf of CASTLE BRIDGE SCHOOL ASSOCIATION (THE SCHOOL).
2. Payments can only be made either on the **FIRST / FIFTEENTH / TWENTYFIFTH** day of each month or the next business day thereafter.
3. The client agrees to pay any bank charges related to this debit order instruction.
4. The client will not be entitled to any refund of amounts, which have been withdrawn while this authorization was in force if such amount is legally owed to The School. Castle Bridge School reserves the right to debit a member's account for any unpaid amount at any time of the month.
5. It is the responsibility of a client to send written instructions (1 month notice) to The School if a debit order is to be cancelled. The debit order may not be cancelled at the bank before the cancellation has been authorized by The School.

SIGN: \_\_\_\_\_  
Parent/Guardian

SIGN \_\_\_\_\_  
The School

DATE: \_\_\_\_\_



## APPLICATION FOR AFTERNOON CARE

I/we the parent/s of (child's name) \_\_\_\_\_ in Grade \_\_\_\_\_ hereby apply for afternoon care for my child.

I/we understand that

- Afternoon care is from 14h00 to 17h00
- A teacher will look after the children
- Children will be expected to do homework
- Children will be allowed break time
- Afternoon care is subject to the Terms and Conditions (reflected on reverse side)

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

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PRINT NAME

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SIGNATURE

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DATE



## ADDENDUM 1

### FINANCIAL UNDERTAKING WITH APPLICATION OR REAPPLICATION FOR ADMITTANCE TO CASTLE BRIDGE SCHOOL

LEARNER'S SURNAME: \_\_\_\_\_

LEARNER'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ ADMISSION NUMBER: \_\_\_\_\_

1. DIVERSE INFORMATION

Number of learners in this school \_\_\_\_\_

2. METHOD OF PAYEMENT

2.1	Direct Deposit	_____	Yearly in advance	_____
	Debit Order	_____	Quarterly in advance	_____
	Cash at School	_____	Monthly in advance	_____

3. UNDERTAKING BY PARENT/GUARDIAN

I have taken notice of the Financial Terms and Conditions of Admission and of the financial rules and regulations of CBS and pledge myself to adhering thereto, as well as adhere to any further rules and regulations which might be announced from time to time by CBS;

I accept responsibility for the timely payment of all fees due to CBS as prescribed from time to time; and

I undertake to pay a forementioned fees in the manner explained in 2.1 of this document.

SIGNED AT \_\_\_\_\_ ON THE \_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_.

WITNESSES: 1. \_\_\_\_\_ 2. \_\_\_\_\_

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



## ADDENDUM 2

### DISCIPLINE UNDERTAKING

CASTLE BRIDGE SCHOOL ASSOCIATION

HEREWITH I, \_\_\_\_\_ GRADE: \_\_\_\_\_  
(SURNAME, FULL NAMES OF LEARNER)

UNDERTAKE TO ADHERE TO THE CODE OF CONDUCT OF CASTLE BRIDGE SCHOOL

AND I, \_\_\_\_\_  
(SURNAME, FULL NAMES OF PARENT / GUARDIAN)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEL. NO: \_\_\_\_\_

CELLULAR NO: \_\_\_\_\_

UNDERTAKE TO ADHERE TO THE CODE OF CONDUCT OF CASTLE BRIDGE SCHOOL.

SIGNATURE: (PARENT): \_\_\_\_\_

(LEARNER): \_\_\_\_\_



## UNDERTAKING BY PARENTS/GUARDIANS

1. Herewith we apply to enroll the child whose name appears on this form as learner at CASTLE BRIDGE SCHOOL and we declare that he/she meets the basic requirements.
2. I/We declare herewith that I/We have lawful legal supervision and/or legal guardianship over the abovementioned learner.
3. I/We undertake to keep to the rules and disciplinary code of the school as well as to the various changes to the rules and the disciplinary code, which may be implemented from time to time.
4. I/We understand and acknowledge that the principal or any such designated person will act in lieu of the parents/guardians in any circumstances and during any time, which I/We entrust my/our child in the care of the school.
5. I/We understand that although every possible endeavor will be made to prevent loss or damage to learners' clothes and possessions, the school will not be held responsible for it.
6. I/We undertake to compensate the school for any damage to school property caused by my/our child.
7. I/We undertake together and separately to pay the school fees and I/we understand that:
  - a. The annual school fees will be compulsory as stipulated in the 2009 Fee Structure.
  - b. A registration fee of R100 must be made with any application. This amount is a once off amount and does not form part of school fees or any other fees.
  - c. All fees must be paid back in 10 monthly installments.
  - d. According to South African Legislation all parties that bind themselves to this form are responsible to pay all fees.

According to South African Legislation, the school may enforce payment.

- a. The parties undertaking this application are responsible for payment of all legal fees, including lawyers/client fees, and collection fees done by the school or the school must take legal action to collect school fees.
  - b. Fees are payable at the end of each month for the next month.
  - c. If payment is not received before the 7<sup>th</sup> of each month, the school retains the right to
    - enforce interest at prime rate +2% on all outstanding fees;
    - suspend any and all services to the parent and child until the amount in arrears is brought up to date.
8. I/We undertake to give one month's notice in writing of any intention by me/us to take our child out of the school and to return all books and/or equipment in our child's possession belonging to the school.



9. I/We give permission that our child be allowed to participate in educational and psychometric tests in group capacity as approved by the Department of Education.
10. I/We undertake that if our child is over the compulsory school going age (15 years) he/she will attend school regularly and will only be absent because of medical reasons.
11. I/We understand that the school has the right to check all information pertaining to this application. If any false documents are handed in the school has the right to lay criminal charges against any of the parties that made this application.
12. I/We accept responsibility to have our child/children immunized against infections and normal diseases and will supply proof thereof if required.
13. I/We accept responsibility for the learner's transport to and from the school.
14. I/We undertake to inform the principal of our child/children's absenteeism from school. Parents/guardians undertake to supply a medical certificate if required.
15. I/We undertake to uphold the constitution and policy of admission of the school as imposed by the Constitution of the School.
16. I/We understand that smoking in school uniform and the abuse of any drugs or alcohol is a transgression of important school rules and will not be tolerated under any circumstances.
17. The undersigned of this form herewith give the following *domicilium et executandi* as legal address. In the case of any change of address, home telephone number, cell phone number, work address or work telephone numbers, parents must notify the school in writing.
18. This agreement will remain valid from the date that it is signed by the parent/guardian and is therefore authorised to sign this document and he/she will be bound as parent/guardian in his/her personal capacity.

**ADDRESS:** The undersigned hereby gives the following *domicilium et executandi* (official home address):

.....  
.....

**SIGNED ON THIS ..... DAY OF ..... 20 .....**

.....  
**SIGNATURE**  
**PARENT/GUARDIAN 1**

.....  
**SIGNATURE**  
**PARENT/GUARDIAN 2**



**CONFIDENTIAL REPORT BY PRINCIPAL**

1. NAME \_\_\_\_\_ OF \_\_\_\_\_ SCHOOL:

\_\_\_\_\_

2. ADDRESS OF SCHOOL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. TELEPHONE NUMBER: \_\_\_\_\_

**PARTICULARS OF LEARNER: NAME: .....**

1. PRESENT GRADE: \_\_\_\_\_

2. NUMBER OF YEARS IN GRADE: \_\_\_\_\_

3. BEHAVIOR/DISCIPLINARY PROBLEMS (IF ANY):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. ACADEMIC ACHIEVEMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. ACADEMIC POTENTIAL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. LEADERSHIP POTENTIAL/QUALITIES  
\_\_\_\_\_  
\_\_\_\_\_

7. SPORT PARTICIPATED IN  
\_\_\_\_\_  
\_\_\_\_\_

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8. INVOLVEMENT OF PARENTS/GUARDIAN

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9. WERE FEES PAID REGULARLY?

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\_\_\_\_\_  
SIGNATURE: PRINCIPAL

SCHOOL STAMP

# CASTLE BRIDGE

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Cnr. Kolbe Avenue and James Dick Street  
Wilgehof  
Bloemfontein  
9302

Telephone: 051-4476931  
Fax: 051-4476812  
Year: \_\_\_\_\_

## APPLICATION FOR ADMISSION TO SCHOOL

**Note: This form must be completed in every detail. All changes to be initialled or signed by parent / guardian. Filling in the form does not necessarily mean that the learner has been accepted.**

### PERSONAL DETAILS

Grade Applied For:		Highest Grade Passed:		Year When Grade Was Passed:	
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Surname:		Initials:	
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First Name:		Other Names:	
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Date of Birth:	YYYY		MM		DD		Gender:	Male:		Female:	
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Race:		Identification Number:																	
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Physical Address:		Cell phone: Father:	
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		Cell phone: Mother:	
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Code:		Province:		Emergency Telephone:	
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Home Language:		Preferred Language Of Instruction:	
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Deceased:	Mother		Father		Both		Mode Of Transport:	
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Citizenship:		Religion:	
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### PREVIOUS SCHOOL INFORMATION

Name Of Previous School:	
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Previous School Address:	
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Code:		Province:	
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## MEDICAL INFORMATION

Medical Aid Number:		Medical Aid Name:	
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Medical Aid Member:	
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Doctor's Name:		Doctor's Telephone Number:	
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Doctor's Address:		Medical Conditions:	
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Special Problems Requiring Counselling:	
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Dexterity Of Learner:	Right Handed:		Left Handed:		Ambidextrous:	
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Number Of Children In The Family:		Position In The Family:	
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## **SIBLINGS**

Number Of Children At This School:		Position In The Family:	
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### **Please Supply Full Names And Grade Below**

Name:		Grade:	
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Name:		Grade:	
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Name:		Grade:	
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## **PARENT / GUARDIAN INFORMATION**

Title:		Initials:		Surname:		First Name:	
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Gender:	Male:		Female:		Marital Status:	Married:		Divorced:		Widowed:		Single:	
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Home Language:		Race:	
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Identification Number:													
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Street Address:	
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City / Suburb:		Code:	
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Occupation:		Employer:		Account Payer	Yes		No	
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Spouse Surname:		Spouse Name:	
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Identification Number:																	
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Occupation:		Gender:	Male		Female	
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### CORRESPONDENCE DETAILS

Title:		Surname:	
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Postal Address:	
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City / Suburb:		Code:	
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### OTHER CONTACT DETAILS

Home Telephone:		Fax Number:		Spouse Number:	Work		
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E-Mail:		Relationship To Learner:	
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I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name Of Parent / Guardian (Please Print): \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

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

### For Office Use Only:

1. Date:		2. Accepted:	Yes		No		3. Accession Number:			
4. Reason For Rejection:										
6. Documentation Received:	Immunisation Record:	Yes		No		Birth Certificate:	Yes		No	
Progress Report:	Yes		No		Transfer Letter:	Yes		No		