

D. Family Details

Father/Guardian

Surname: _____ Title: _____ Initials: _____
First Names: _____ ID/passport number: _____
Home address: _____ Postal address: _____
Postal code: _____ Postal code: _____
Employer: _____ Phone Home: _____
Occupation: _____ Work: _____
Work address: _____ Cell no: _____
Postal code: _____ WhatsApp number: _____
Email address: _____
Relation to learner: _____

Mother /Guardian

Surname: _____ Title: _____ Initials: _____
First Names: _____ ID/passport number: _____
Home address: _____ Postal address: _____
Postal code: _____ Postal code: _____
Employer: _____ Phone Home: _____
Occupation: _____ Work: _____
Work address: _____ Cell no: _____
Postal code: _____ WhatsApp number: _____
Email address: _____
Relation to learner: _____

E. PERSON RESPONSIBLE FOR ACCOUNT

Please note that parents will be held jointly and severally liable for the account even if the account is paid by a third party/bursar.

Surname: _____ ID/passport number: _____
First Names: _____ Title: _____ Initials: _____
Home address: _____ Postal address: _____
Postal code: _____ Postal code: _____
Phone Home: _____
Work: _____
Cell no: _____
WhatsApp number: _____
Email address: _____
Relation to learner: _____

F. LEARNER MEDICAL INFORMATION

Medical aid : _____
Medical aid number: _____
Main member name: _____
Signature: _____ Date: _____
Main Member of Medical Aid

HAS THE LEARNER EVER HAD ANY OF THE FOLLOWING DISEASES?

German measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
Measles	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>
Chicken pox	<input type="checkbox"/>	COVID – 19	<input type="checkbox"/>

HAS THE LEARNER EVER BEEN TREATED FOR THE FOLLOWING?

TB	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Migraine	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Tonsils	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>

IS THE LEARNER ON ANY CHRONIC MEDICATION? PLEASE SPECIFY

DOES THE LEARNER HAVE ANY ALLERGIES? PLEASE SPECIFY

HAS THE LEARNER EVER HAD ANY OPERATIONS? PLEASE SPECIFY

G. BROTHERS AND SISTERS

Name	Date of Birth	Age	Grade	Name of School or Institution
1.				
2.				
3.				

H. DETAILS OF ALTERNATIVE CONTACTS IN THE CASE OF EMERGENCY (OTHER THAN IN SECTION C& D)

Surname:	_____	Surname:	_____
First names:	_____	First names:	_____
Address:	_____	Address:	_____
Tel (h):	_____ (w) _____	Tel (h):	_____ (w) _____
Cell number:	_____	Cell number:	_____
Email address:	_____	Email address:	_____
Relation to learner:	_____	Relation to learner:	_____

I. AGREEMENT BETWEEN MIDDELBURG COLLEGE AND THE UNDERSIGNED	
1. Declaration and Undertaking: I declare that the particulars furnished on this form are true and correct, and I undertake to comply with the rules, regulations, decisions and policies of the school, and any amendments thereto, which may be applicable to learners and parents in general. I declare that I have perused the applicable school rules and policies and understand the contents thereof and accept it as binding on myself and the learner concerned.	(Initial Here)
2. SCHOOL FEES: I declare that my child is attending a private institution which relies on the regular monthly payment of school fees as stipulated in this agreement. I consent to an affordability check and sharing of my personal information with a third party for the purpose of arrears/legal debt collection. I understand that non-payment of school fees is a breach of the agreement. I have taken note of the school fees as published and available from the school office. I have read, understood, and accept the financial policy of the school. I accept full responsibility for all amounts due to the school and I agree to pay the school fees strictly according to due dates, failing which the account will be handed over to debt collectors and that I will be liable for the collection costs. No learner with an outstanding balance for the previous year will be re-registered unless the outstanding balance is paid in full. Should school fees be in arrears, the school reserves the right to deny learners access to aftercare, transport, trips and excursions and school functions. School fees are payable monthly in advance, on or before the 1st of each month. The school reserves the right to not accept a registration based on affordability, academic and disciplinary record and incomplete application. Payment by debit order is the mandatory method of payment. The school has the right to change re-registration fee annually for current learners to reserve space for the following academic year.	
3. INDEMNITY: I hereby give permission that he/she may attend any excursion organised by the school with the permission of the principal. I understand that he/she will sometimes have to travel by bus or taxi to different venues of educational value. These trips will have to be paid for when organised. The school will use the best transport available at the lowest cost. I accept that the school will take the necessary precautions to ensure the safety of my child. I will, however, not hold the school responsible in case of an accident, loss of limb or life, or any other damages to her/his person or property. I also understand that this arrangement is necessary because it is sometimes difficult to get hold of parents to sign a letter of consent before a trip can take place. In such instances the child is unfairly prevented from attending a trip	
4. MIDDELBURG COLLEGE VALUES: I undertake to uphold the values of the school whenever I am involved in school related functions or activities. I will also be available to attend parents' meetings and functions to support the education of my child. I will respond timeously to letters, e-mails, SMS and calls made by the school. I undertake to keep all personal contact details always updated.	

Please note that registration is only confirmed when the application has been authorized by the school principal. The applicant will receive a letter if they have not been accepted for final admission to the school.

Father /Legal Guardian

Mother / Legal Guardian

o.b.o. Middelburg College

Date: _____

Date: _____

Date: _____

OFFICE USE		AUTHORISED BY
Accepted	Family	<div style="border: 1px solid black; width: 100%; height: 40px; display: flex; align-items: center; justify-content: center;"> Signature </div>
Rejected	Grade & Class	
Remarks:	Years in grade above	
_____ _____ _____		Date / / 20
Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Debit order <input type="checkbox"/> EFT		AMOUNT PAID <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center; justify-content: center;">R</div> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center; justify-content: center;">Receipt No</div>

MIDDELBURG COLLEGE



Address: Springbok Avenue, Kanonkop, Middelburg

Telephone: 013 243 1597

Email: info@middelburgpreparatory.co.za
admin@middelburgpreparatory.co.za

CONSENT TO SHARING OF PERSONAL INFORMATION

Annexure A

CONSENT TO SHARING OF PERSONAL INFORMATION

The parent/guardian and /or debtor by signing this document, hereby consents to the use of their and / or the child`s personal information contained herein and that:

- The parents acknowledge that they have read the contents of the Privacy Policy, available at the school or on the school`s website, and consent to abide with the terms and conditions contained therein. The school specifically draws the Parents attention to the Personal Information we will collect, how we will collect the information and how the information collected will be used, as contained in section 35 (thirty – five) of the Protection of Personal Information, Act 4 of 2013.
- The Parents acknowledge that informal photographs may be taken of the Learners and / or the Parents at various school events or whilst on the School Premises and that insofar as these photographs are placed in the possession or control of the school these photographs might be used by the school in the electronic or printed media such as websites, newspapers advertisements, magazines, and various other sources. The Parents consent to the use of the photographs as mentioned in this clause.
- Neither the School nor any of their managers, representatives, staff members, other employees, and / or director of the school, will be liable for any loss or damage that either the Parents or any Learner suffer as a result of the school furnishing any opinion or making any statement or disclosure of information if carried out in accordance with the provisions of the Privacy Policy.
- The school undertakes to exercise reasonable care with a view to ensuring that the provision of any information concerning a Learner is accurate, and any opinion given regarding a Learner`s ability, aptitude and character is fair.
- The Parent hereby provides its consent to the school to distribute the Parents names and contact details to any other responsible persons authorised or delegated by the School related purpose.
- The Parent has the right to request a copy of the Personal Information the School holds.
- The school specifically draws the Parents attentions to the PAIA Manual available at the school or on the school`s website, on the process to update or delete personal information.

1. Full names of parent /guardian _____

Relation to the learner: _____

Signature: _____ Date: _____

2. Full names of person responsible for the account: _____

Relation to the learner: _____

Signature: _____ Date: _____

DEBIT ORDER AUTHORISATION: FLEXIBLE DEBIT ORDER DATE FOR AC / DEBICHECK PAYMENT STREAM

SECTION A – HOLDER OF THE AUTHORITY AS BENEFICIARY

Middelburg Preparatory School (Pty) Ltd
Middelburg College
8 Springbok Avenue, Kanonkop, Middelburg, Mpumalanga, 1055
013 243 1597
wendy@edugro.co.za;bursor@middelburgpreparatory.co.za

SECTION B – PAYER CONTACT DETAILS:

ID Number																
Name																
Cell Number:											Client Number:					

SECTION C – PAYER BANKING DETAILS:

Name of Bank																				
Bank Code																				
Account Type						Savings						Cheque						Other		
Account number																				
Inscription on Bank Statement of Payer	MBCOLLEGE																			

SECTION D – PAYER PAYMENT INSTRUCTION DETAILS AND PAYMENT FREQUENCY

Instalment Amount payable to Beneficiary		Beneficiary Agreement Reference		/	
Initial Date					
Initial Amount	R _____				
Payment Frequency	Monthly				
Payment Stream	AC / DebiCheck				
Mandate Type	Variable - Agreed Escalation Percentage 10% every 12 months (Annually)				
Collection Day					
Date changes agreed to align my salary and wage expected day of payment in accordance with the Agreement concluded with Legal Entity	<input checked="" type="checkbox"/> YES - Processing day before Saturday, Sunday or Public holiday <input checked="" type="checkbox"/> YES - Adjust dates for December and payment cycles over school holidays				

SECTION E – ACTIVE DATE: From date of signature **SECTION F - ACTION DATE:** Variable to coincide with my salary / wage deposits

SECTION G – AUTHORIZATION

I hereby authorise the Holder of the Authority as Beneficiary to issue and deliver debit order payment instructions to Amplifin as your System Operator for collection against my above-mentioned Bank and account number indicated above on condition that the sum of each payment instruction and frequency of payment requests will never exceed the obligations as agreed and defined in the Agreement specified.

This is a Flexible Date Mandate. I can only service the obligations defined in here if the payment instructions are executed as close as possible to when I receive my salary or wages which dates may vary from month to month, especially during December of each year. To curb against (1) unpaid bank charges (2) losing the benefits described in the agreement specified above (3) incurring penalties due to non-payment; I explicitly authorise the Holder of the Authority as Beneficiary to align the Presentment Date or Day to coincide with when I receive my salaries or wages, as specified above.

In addition, I explicitly authorise the Holder of the Authority as Beneficiary to utilise the functionality of Tracking supported by the DebiCheck Payment Stream. Tracking supported by the DebiCheck Payment Stream has been explained to me and I acknowledge that my above-mentioned bank account will be interrogated for a defined period until this period has lapsed or until a successful collection has been processed for the instalment that was in tracking. I hereby agree that subsequent Payment Instructions will continue to be delivered in terms of the Authority until all undertakings to repay in terms of the agreement specified above have been made. This Authorisation to pay will remain in force until cancelled by me in writing. I hereby acknowledge that my bank will levy charges against my bank account as agreed with them once I authenticate using the AC (DebiCheck) Payment Stream and once my Bank processes a debit against my bank account.

I foresee that I may change my bank account with my existing bank during the course of the agreement specified above, and therefore upon receipt of my new bank account particulars, I authorise and grant the required consent to the Holder of the Authority as Beneficiary and Amplifin as System Operator or the assigned third party, to update their centralised systems and to debit my new bank account and to attach such new information, to this signed Authority as annexure, and the attached annexure must be read together with this Authority to debit my bank account, by my new bank, even where such attached annexure is not signed by me. With such consent granted, this Authority to debit my bank account will not lapse once my new bank account details have been obtained.

SECTION H – ASSIGNMENT, NOTIFICATION AND NEW AUTHORITY

Should the Agreement be ceded or assigned to any third party, I agree and authorise the cession and assignment of this Authority to such new third party.

SECTION I - PROTECTION OF PERSONAL INFORMATION ACT, NO. 4 of 2013: CONSENT GRANTED

I herewith consent to the receipt, storage, and processing of my Personal Information, as agreed to in the respective Agreements referenced herein, and in addition as set out in here, amongst others, for the purposes of facilitating collections by Amplifin.

Any Personal Information passed on to Amplifin by me as the authoriser of the mandate and stored by Amplifin for the purposes of facilitating collections will only be used by Amplifin where:

1. the law and the Payment Association of South Africa rules require Amplifin to do so;
2. to detect, prevent, and report theft, fraud, money laundering, and other crimes;
3. it is in the public interest to do so;
4. Amplifin's interests require disclosure, for example, a default or breach of this Agreement;
5. to facilitate collections of the Holder of the Authority;
6. to process Payment Instructions; and
7. to report to Credit Bureaus the outcome of payment instructions processed being either paid, unpaid, disputed or mandate cancelled.

Signature of the Payer X _____ **Date** _____

INCOME & EXPENDITURE STATEMENT



INCOME SOURCE	AMOUNT	EXPENDITURE	AMOUNT
Gross Salary		Rent/Bond	
Net Salary		Lights & Water	
Maintenance		Groceries	
Rental Income		Maintenance	
Government Grants		Car Premiums	
Other Income		Account Payments	
		Credit Cards	
		Insurance	
		Petrol/Transport	
		School/University	
		Wages	
		Pocket Money	
		DSTV	
		Cellphone	
		Other	
TOTAL INCOME		TOTAL EXPENDITURE	

NAME & SURNAME _____

SIGNATURE _____

DATE _____