



UNITED HERZLIA SCHOOLS
בתי"ס המאוחדים הרצליה

FOR OFFICE USE

ADMISSION NO:

FAMILY CODE:

APPLICATION FOR ENROLMENT

UNITED HERZLIA SCHOOLS

ATTACH PASSPORT
PHOTO HERE

ENROLMENT YEAR

PUPIL'S FULL NAME

SCHOOL

GRADE

Your completed application must be returned to the administration office of United Herzlia Schools together with your child's birth certificate, two passport photographs and a non-refundable R3 000 registration fee.

PUPIL'S INFORMATION

Male		Female		Date of Birth		ID Number	
Surname:							
First Names:				Position in Family:			
Preferred Name				Hebrew Name:			
Previous School:			Phone No:			Present Grade:	
Which City / Province / Country are you from?							
Home Address (only if other than Parents' or Guardians')							
Country of Birth:				City of Birth:			
Home Language:							
Nationality:							
Citizenship Status:	SA Citizen		Permanent Resident		Student Visa		
Study Permit:	Year			Expiry Date		Number	
Religion:	Jewish	Congregation		If other, specify			
Names, ages and schools of siblings:							

SPECIFIC EDUCATIONAL NEEDS

Has your child ever been assessed by an Educational Psychologist?				Yes		No	
Has your child ever received any of the following interventions: (please mark with an X)							
Occupational Therapy	Physiotherapy	Speech Therapy	Social or Emotional Support	Play Therapy			
Any other Therapy or Intervention							
If yes, please provide details including dates and names of therapists:							
Has your child ever been diagnosed as having a specific barrier to learning?				Yes		No	
If yes, please provide details of the diagnosis and by whom the diagnosis was made:							
Does your child require any additional support in order to manage within our school setting? This can include, but is not limited to: (please mark with an X)							
Reader	Scribe	Extra Time	Facilitation	Learning Support			

MEDICAL INFORMATION

Doctor's Name and Phone Number	
Dentist's Name and Phone Number	
Allergies	
Medical Aid Scheme & Number	
Please list any medication your child may be taking	

COMMUNICATIONS

To whom must the following communications be sent? (Indicate whether it must be business or home address)			
	PRIMARY EMAIL	SECONDARY EMAIL	CELL NUMBER / SMS
General Correspondence			
Reports			
Accounts			

FAMILY INFORMATION

MOTHER / GUARDIAN									
Title:	Surname:			First Names:					
Occupation:				Home Address:					
								Postal Code:	
Home Phone:				Cellphone:					
Email:									
Business Name & Address:									
Business Phone:				Email:					
ID Number:				Nationality:					
Citizenship Status:		SA Citizen		Permanent Resident			Work Visa		
Marital Status (please mark with an X)			Single	Married	Divorced	Separated	Widowed		
Religion:			Congregation:			Synagogue where Married:			
Old Herzlian	Yes		No		Year you left Herzlia:		Sports House:		
Child's Maternal Grandparents									

FATHER / GUARDIAN									
Title:			Surname:			First Names:			
Occupation:					Home Address:				
					Postal Code:				
Home Phone:					Cellphone:				
Email:									
Business Name & Address									
Business Phone:					Email:				
ID Number:					Nationality:				
Citizenship Status		SA Citizen			Permanent Resident			Citizenship Status	
Marital Status (please mark with an X)			Single	Married	Divorced		Separated	Widowed	
Religion			Congregation			Synagogue where Married			
Old Herzlian	Yes		No		Year you left Herzlia			Sports House	
Child's Paternal Grandparents:									

EMERGENCY CONTACT (LOCAL)

Relationship to Child:				Title:			
Surname:			First Names:			Occupation:	
Home Address:							
Postal Code:			Phone:				
Cellphone:				Email:			

CONDITIONS OF ENROLMENT

1. The signatures of BOTH PARENTS and / or guardians are required.
2. Fees and charges are payable in advance and by no later than the first day of each term.
3. A full term's notice must be given in advance of your intention to withdraw your child.
4. Such notice must be given in writing to either the Principal or the Director of Finance and Administration, failing which a full term's fees will be charged and payable in lieu thereof
5. Payment is by Debit Order payable on the 1st, 7th, 15th or 25th of the month or quarterly in advance.
6. Only once signatures of both the Principal and the Director of Finance and Administration are obtained is the enrolment confirmed.

DECLARATION

- We accept joint and several liability for the punctual payment of all fees and levies or other accounts which may become due in regard to our child's attendance at the school. In the event of the school having to institute legal proceedings against us for the recovery of such fees or amounts, we accept liability for the recovery of all legal costs, including collection commissions of our attorneys on an attorney and client scale.
- We agree to pay our fees and levies timeously and in the event of non-payment or arrears, the school has the right to withhold school reports.
- We accept that the only method of payment is set out in the conditions of enrolment (above).
- We hereby certify that the information given by us on this application form is complete and accurate.
- We agree to the conditions for enrolment as set out in this document and agree that in the case of an irreparable breakdown of the relationship between the parent/s and the school, in the opinion of the school, the school may cancel the enrolment.
- We agree to the domicilium citandi et executandi being our home addresses.
- We agree to be bound by the Constitution of United Herzlia Schools as amended from time to time in all aspects and acknowledge being aware that a copy of the Constitution is available from the Central Administration Office on request.
- We agree to our children conforming to the rules and codes of conduct and behaviour as stipulated by the individual schools from time to time.
- We agree to the rules and regulations pertaining to administration matters and the relationship between ourselves and the school in all aspects at all times as amended from time to time.
- We agree that failure to pay school fees timeously or comply with the school rules could result in our child being asked to leave the school.
- We declare that we have disclosed to the school all information in writing which may be needed to assess this application for enrolment, including medical details.
- We understand and acknowledge that United Herzlia Schools, its management, patrons, administrators and employees will take every reasonable precaution to ensure the safety of our child/ren both on any of the campuses of United Herzlia Schools and during transport to and from these campuses and that the insurance cover has been placed by United Herzlia Schools to cover loss or damage to person or property arising from whatsoever cause in connection with their attendance at school or during transportation to and from the campuses. We also understand and acknowledge that in the event of a claim for compensation for loss or damage to person or property, United Herzlia Schools, subject to the hereinafter set out indemnity, will render whatever assistance it can in the prosecution of such claim.
- In the event of the insurers of United Herzlia Schools repudiating liability for any such claim, then and in that event, we hereby irrevocably indemnify United Herzlia Schools, its management, patrons, administrators and employees, and hold them harmless against all liability, loss, damages to person or property, costs or expenses (including legal costs), from whatsoever cause arising, including, in particular; any such claim which arises out of negligence, whether by omission or commission, of any of the aforementioned parties.

DATED AT _____ ON THIS THE _____ DAY OF _____

FATHER _____ MOTHER _____ GUARDIANS _____

WITNESSES: 1. _____ 2. _____

PRINCIPAL'S OFFICE		
School		Admission Date
Grade	Class	House
Comments		
Enrolment Approved	Yes	No
Principal's Signature		Date

ADMINISTRATION OFFICE	YES	NO
Financial Assistance		
New Parents		
Reg Fee Paid		
Computer Updated		
Head of Education/SENCO		
Acceptance Letter to Parents		
Director's Signature		
Date		