

Direction Determines Destination



COMPASS EDU-CENTRE

Gr. RRR - Gr. 7



(012) 664 2144

info@compassedu.co.za

145 Alethea Str, Lyttelton, Centurion

GR. R TO GR. 7 APPLICATION FORM 2026

DRO

OFFICE USE: **Check ✓**

Parent/Guardian ID/Passport copies
Registered with IMPAQ
Report from previous School
Latest Water & Electricity account
Birth Certificate/ID doc of student
Medical Aid Card
ITC (Credit Check)

Commencement date: _____

Teachers Name: _____

Amount Paid on enrollment R: _____

Previous School attended: _____

Where did you hear about us: _____

All students must be registered with IMPAQ as a condition of acceptance at COMPASS.

STUDENT'S INFORMATION:

NAME			
SURNAME			
DATE OF BIRTH		AGE	
POSITION IN FAMILY		GENDER	

ADDRESS:

RESIDENTIAL ADDRESS			
CODE			

MEDICAL AID INFORMATION:

Medical Aid Plan	Policy Number	Dependent Number	Main Member

GENERAL PRACTITIONER:

Name & Last Name	Tel Number 1	Tel Number 2

MEDICAL HISTORY:

The medical history that is attached hereto is considered an integral part of the agreement, and the Parent/Applicant guarantees that the health history is in all respects the truth, correct and complete, and that no information is withheld.

EARLY CHILD DEVELOPMENT

Any complications during birth: _____

Weight of child at birth: _____

Age when your child:

Started walking: _____ Any abnormalities noticed: _____

Started talking: _____ Any abnormalities noticed: _____

Developed toilet awareness _____

Does your child have satisfactory bladder control? _____ Control over stool? _____

Must your child still be reminded to go to the toilet? _____

MEDICAL HISTORY

General state of health: _____

Any serious accidents or operations? _____

Allergies: Food _____ Treatment _____

Medicine _____ Treatment _____

Any other exceptional state of sickness your child suffers from? _____

Is your child's immunization up to date? Yes/No

Chronic medication: _____

SOCIAL DEVELOPMENT

Has your child had any previous playing/group experience? _____

Where? _____

How does your child get along with peers? _____

How long does your child watch TV per day? _____

Is your child frequently exposed to books and stories? _____

EMOTIONAL DEVELOPMENT

Is your child easily adaptable? _____

Would you regard your child as being sensitive? _____

Has any event (house moving, death in the family, divorce, birth, illness) had a severe impact on your child? _____

HAS YOUR CHILD BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:

ADD

ADHD

Autism

Asperger

Any other behavioral disorder (kindly elaborate) _____

Should a child be on medication, it must be written in the medicine book by the parent, and handed

REQUIREMENTS

over to the tutor. The Centre will not administer any medication to a child without the written consent and clear written instructions from parents.

I/WE BEING THE PARENT/GUARDIAN OF THE APPLICANT:

- Hereby apply for space at Compass Edu-Centre for the applicant to become a pupil at the Centre with effect from the admission date requested.
- Understand that the application will only be considered for processing once all the above documentation has been received.
- Accept that this application is subject to Compass Edu-Centre constitution and/or policies, which may be amended or revised from time to time.
- Understand that it is essential that I/we understand and support Compass Edu-Centre philosophy of tutoring and therefore, I am/we are willing to participate in parent education programs.
- I/We understand that Compass Edu-Centre relies on parental support and input. I am/we are willing to support a reasonable level of all initiatives of the Centre, including fundraising ventures and social events.
- I/We understand and agree that all fees requested by the Centre are vital to the continuing operation and long-term stability of the Centre. I/we also understand that the Centre fees will be reviewed from time to time by the management and may increase if the Centre feels that it is necessary.
- I/We acknowledge that we have read the terms of this contract and accept the terms, conditions, and requirements listed therein.
- Hold myself/ourselves accountable for the prompt payment of fees and any interest accrued on accounts in arrears. I/We are furthermore aware that if school fees are in arrears, Compass Edu-Centre has the right to retain the student's report and/or refuse admission of my child to the Centre..
- I/We undertake to give a one-month written notice prior to moving my/our child from the Centre.
- Recognize that there is no obligation on Compass Edu-Centre to offer the applicant a place or to accept the applicant as a student of the Centre.
- Authorize the applicant's current school/Centre to:
 - Confirm with Compass whether all fees in respect of the applicant have been paid to that current school, and
 - Disclose to Compass information on the applicant (e.g. academic report and student profile) and authorize Compass to disclose this application and authorization to that school.
- Information supplied on this form is true and correct. I/We have read, understood and agree to abide by the Compass Edu-Centre contract, constitution and policies.
- I/We agree to abide by all of the policies and support Compass Edu-Centre rules and regulations.
- I/We will support the Centre in maintaining high standards of work habits and good behavior.
- I/We agree to take responsibility for loss or damage to Centre property caused by my/our child (for example, equipment, books, etc.).
- It is my/our intention to have my/our child remain in Compass Edu-Centre until one month's written notice is given.
- I/We have disclosed any relevant information regarding any special/behavioral needs my/our child may have. I/We understand that failure to do so may result in my/our child losing his/her place in the Centre.
- Understand that acceptance of this form by Compass does not imply acceptance into the Centre.
- Accept that the student may be required to submit to certain baseline tests.
- Accept that an interview with the parents/guardians and the student may also be required before acceptance.
- Understand and accept the payment policy in this contract.
- Understand and accept that Centre fees are paid in advance.
- Compass Edu-Centre processes all personal information, including personal medical information in terms of the Protection of Personal Information Act, No 4, of 2013 (as amended) (POPIA). The undersigned, responsible Person, legal guardian of the student, hereby consents to the processing and further processing of their as well as the student's personal information to Compass Edu-Centre, any third-party service**

providers any specialists and to any necessary legal representatives, debt collectors or credit bureaus. The Parent/legal guardian of the student acknowledges and agrees that all employees employed at Compass Edu-Centre, may process the personal information as provided and that such employees are bound by

SECTION A: GENERAL PARTICULARS

policy and strict confidentiality provisions to process personal information in line with the provisions of POPIA.

1. PARTICULARS OF PARENTS/GUARDIANS

Father still alive: YES/NO Mother still alive: YES/NO
Parents separated: YES/NO If separated, child lives with: FATHER/MOTHER
Parent responsible for Centre fees: FATHER/MOTHER

Father:

Name and Surname: _____
ID Number: _____
Home language: _____
Residential address: _____
Postal Address: _____
Email Address: _____
Occupation: _____
Name of employer: _____
Tel. Work: _____ Home: _____ Cell: _____

Mother:

Name and Surname: _____
ID Number: _____
Home language: _____
Residential address: _____
Postal Address: _____
Email Address: _____
Occupation: _____
Name of employer: _____
Tel. Work: _____ Home: _____ Cell: _____

2. PARTICULARS OF OTHER STUDENTS (FAMILY MEMBERS) IN COMPASS EDU-CENTRE

Number of children in family: _____
Do you currently have other children in Compass: YES/NO
Name(s) of other child/children currently in Compass: _____

3. SIGNATORIES/DECLARATION:

I declare that I understand and accept the information contained in the requirements section and section A, and that the information provided is correct. I declare that I have disclosed all information relevant to this student's educational/scholastic history. I understand that non-disclosure of relevant information or incorrect information may result in the immediate termination of the application process or immediate deregistration of the student.

SECTION B: FINANCIAL AGREEMENT/SCHOOL FEE ADMINISTRATION

Signature Parent/Guardian 1: _____ Date: _____

Signature Parent/Guardian 2: _____ Date: _____

4. REGISTRATION

A once-off Registration fee that will be determined annually is payable upon enrollment and acceptance. Re-registration fee is payable by 30 November for the next year.

5. CENTRE FEES

Fees are subject to an annual increase as determined by the Governing Body.

Details will be fully set out by the end of each year.

-Fees increase on the 1st of January every year.

-Re-registration fee is payable before 30 November for the next year.

-A non-refundable registration / booking fee of **R200.00** per new child or **R360.00** per family (Gr. RRR to Gr. 7).

-A deposit of **R1000**, applicable to Gr. RRR & Gr. RR only, is payable upon enrollment.

-Centre fees must be paid IN ADVANCE, with no outstanding balances. Deposit is paid in full.

PACKAGES:	<u>GRADE R TO GRADE 7</u>	<u>GRADE RRR & GRADE RR</u>
FULL DAY 6:30-17:30	R4 200	R4 000
HALF DAY 6:30-14:00	R3 560	R3 150
P/DAY FULL	-	R250
P/DAY HALF		R200
DEPOSIT	-	R1 000

A 10% discount applies for a family of two, and a 15% discount applies for a family of 3 or more.

-One calendar month's written notice must be given if a student is to be taken out of the Centre.

-Notices will not be accepted in the months of November and December.

-If a notice has not been received one calendar month in advance, the full month's fee will be payable in the event that a student is taken out of Centre.

-A full month's fees are payable over a 12 month period.

-Fees are not subjected to or influenced by a student's absence from Compass (this includes absence due to illness/public or school holidays/family responsibility/economic crisis as well as National lockdowns). Centre fees are not refundable.

-If an account is 30 days in arrears, the student will not be able to attend Compass until the account is settled in full. An overdue account will be handed over to our legal department if the outstanding amount is not settled within 30 days from when the notice was first received.

-A penalty of 15% will be raised against any outstanding fees.

-Fees are payable using the following methods: A POS device, or via EFT payments.

-Each parent receives a uniquely allocated "DRO..." Number upon registration. Kindly use this number as reference for all payments.

ARE YOU ENROLING YOUR CHILD FULL DAY OR HALF DAY?

Full day (6:30-17:30)	Half day (6:30-14:00)
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EFT Payments:

ABSA BANK

ACC NAME: COMPASS

BRANCH: 632-005

CHEQUE ACC NO: 407 030 7975

REFERENCE: Your "DR0....." Number allocated to you.

6. SCHOOL FEES ARE PAYABLE AS FOLLOWS: (Please select)

End of the month	Middle of the month	
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7. ACKNOWLEDGEMENT OF LIABILITY

7.1 I/We, the undersigned Father/Mother/Applicant as described in Section A above, hereby agree and confirm that I/We am/are liable towards Compass for the amount as depicted in this application, and in the instance of more than one applicant jointly and separately, in solidum, the one pays the other, the exonerated.

7.2 I/We confirm and agree that the signing of this agreement constitutes a confirmation of liability towards Compass for the amounts depicted in this document, and specifically that my/our signing thereof clearly signifies:

7.2.1 An acknowledgement of liability for any amount owing to Compass under this agreement.

7.2.2 An offer to pay said amounts under the payment arrangements as depicted in this Section, and

7.2.3 An undertaking to pay the said amounts under the terms of repayment as depicted in this Section (which specifically includes inter alia clauses 4 and 6).

8. SUSPENSION OF CENTRE ATTENDANCE

In the event of non-payment of fees, Compass reserves the right, in addition to the rights of the depicted in this document, to deny the student re-admission to Compass when the new term commences.

09. NOTIFICATION: LEAVING THE CENTRE

Compass must be notified in writing 1 (one) calendar month in advance when the student would be leaving the Centre. The full calendar month's notice fee is payable in advance.

10. PERSON LIABLE FOR THE PAYMENT OF FEES

Name and Surname: _____

ID Number: _____

Contact number: _____

Residential Address: _____

Postal Address: _____

Email Address: _____

SECTION C: INDEMNITIES

11. SIGNATORIES/DECLARATION

I declare that I understand and accept the information in this section, and that the information supplied is correct. I declare that I have disclosed all information relevant to the liability for the payment of fees. I understand that non-disclosure of relevant information, or incorrect information may result in the immediate termination of the application process, or immediate deregistration of the student.

Signature Parent Guardian 1: _____ Date: _____

Signature Parent Guardian 2: _____ Date: _____

12. ENTRY

12.1 The right of entry to the premises of A.G.S. Centurion and Compass is reserved at all times.

12.2 All persons and students who enter the premises of A.G.S. Centurion and Compass do so entirely at own risk.

12.3 All persons who enter the property of A.G.S. Centurion and Compass, the parents of children, and the parties to this agreement undertake to observe the rules and regulations of A.G.S. Centurion and Compass.

Please accompany your child to the tutor on duty during drop-offs and pick-ups. The same rule applies for pick-ups. Children must always be accompanied to and from the hall by their parents. No student will be allowed to leave the premises with someone other than their parents, unless written permission, accompanied by an ID number of the person, has been received from the parent.

13. GENERAL INDEMNITY

No student will be admitted to Compass until such time that the General Indemnity Form has been completed and handed in.

14. SIGNATORIES/DECLARATION

I declare that I understand and accept the information in this section, and that the information supplied is correct. I understand that non-disclosure of relevant information, or incorrect information may result in the immediate termination of the application process, or immediate deregistration of the student.

Signature Parent Guardian 1: _____ Date: _____

Signature Parent Guardian 2: _____ Date: _____

I _____, the parent/legal guardian of _____ (Full Name and Surname of student): ID number of student _____ ("my child") declares the following:

15. I am aware that Compass arranges activities such as internal activities, excursions and educational visits relating to the curriculum and other activities of the Centre.

16. I realize that, notwithstanding the Centre undertakes reasonable precautions ensuring

my child's safety and well-being during Centre hours and during any activity, the Centre is not in a position to always guarantee the safety and well-being of my child.

17. I hereby give permission that my child may participate in any officially organized activities of the Centre as well as all normal curricular activities of the Centre. If I wish to withdraw this approval or, if there is any impediment against participation in any activity or normal curricular activities of the Centre, I will duly notify the Centre in writing;
18. Furthermore, I give permission that -
 - 18.1 My child be conveyed in a motor vehicle, be it in the event of an emergency or for an excursion. My child may be conveyed by a legal transport operator or an employee of Compass, or another parent of the Centre, with whom explicit arrangements for such purposes were made;
 - 18.2 Should medical treatment/surgical intervention for my child be required, and the Centre, after reasonable attempts are unable to contact me or the designated contact person (whose name and particulars appear in the application for admission to the Centre), the Centre coordinator, or her deputy coordinator, may grant consent on my behalf for the medical treatment/surgical intervention;
19. I declare that, to my knowledge, my child is physically able to participate in any activity of, and normal business at the Centre, and I declare that my child enjoys good health. I also confirm that I have informed the Centre about all relevant facts and disabilities pertaining to my child's physical abilities and health;
20. I accept that I will be held liable for the payment of expenses, medical bills and/or hospital bills when applicable, in the event of an injury to my child;
21. I indemnify and exempt from reparation the A.G.S. Centurion, Compass Edu-Centre, its members, members of the Board and employees in respect of any damages, claims or accountability that may arise as a result of damage or loss of property, physical injury, illness or death that affects me or my child and pertaining to my child's participation in any activity (including the conveyance of my child), and/or curricular business of the Centre, irrespective of whether it ensues from or is caused by a negligent act or omission by any such indemnified party;
22. I am aware that, should my child participate in extramural or extracurricular activities, the Centre cannot be held responsible for my child's safety and well-being. I indemnify and exempt from reparation A.G.S. Centurion, Compass Edu-Centre, its members, members of the Board, and employees in respect of any damages, claims or accountability that may arise as a result of damage or loss of property, physical injury, illness or death that affects me or my child, and pertaining to my child's participation in any extramural or extracurricular activity taking place outside the normal business premises of the A.G.S. Centurion and Compass (whether it occurs during or outside Centre hours), irrespective whether it ensues from or is caused by a negligent act or omission (neglect or otherwise) by any such indemnified party.

ID Number of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____

SECTION E: GENERAL RULES

1. It is your responsibility to inform us of any changes in your child's medical condition or dietary requirements to ensure that we can provide the best care possible.
2. It is your responsibility to inform us of any physical disabilities that may affect your child's daily interaction.
3. Please ensure that your child's clothes and their bags are marked clearly with their name. The Centre will not be held responsible for any lost items.
4. Important notices and correspondence are placed in student's bags. Please go through your child's bag, daily.

5. Please make sure that your child does not bring any valuables, toys or electronic devices. The Centre will not be held liable for any loss or damage.
6. The speed limit on the premises is 10km/h. Please adhere to the limit as an important safety measure.
7. The Centre is open from 6h30 to 17h30, Monday to Friday. Half day is from 6:30 to 14h00. The Centre must be informed of late collections ahead of time, to make the necessary arrangements. Late pick-up fees are calculated at R100 for every 15 minutes after the collection time. This amount must be settled, in cash, upon your arrival.

The Centre coordinator needs to be notified of any changes made to home/postal addresses or telephone numbers.

SIGNATORIES/DECLARATION

I declare that I understand and accept the information in this section, and that the information supplied is correct. I understand that non-disclosure of relevant information or incorrect information may result in the immediate termination of the application process or immediate deregistration of the student.

Signature Parent Guardian 1: _____ Date: _____
 Signature Parent Guardian 2: _____ Date: _____

DECLARATION

I/We _____ parent(s)/guardian(s)

of _____ (full Name and Surname of student)

ID Number _____ (ID Number of student)

hereby declare as follows:

- I/we understand and accept the payment policy in this contract.
- I/we understand and accept that fees are paid in advance.
- I/we am/are aware that Compass may arrange activities like educational visits and other activities as necessary to add to the education curriculum of the Centre.
- I/we understand that although Compass undertakes to take all necessary steps to ensure the safety of my/our child when in their care that it does not constitute a guarantee of safety and welfare of my/our child at all times.
- I/we hereby grant permission that my/our child may take part in any official organised activity at Compass. In case that I/we wish to cancel this permission or in case of any specific instruction regarding participation, I/we undertake to inform the coordinator in writing.
- In case of transport being needed in any case, like for example in case of an emergency, I/we grant permission for my/our child to be transported by a mandated and specified person.
- In the case that medical treatment/a surgical procedure is necessary during an emergency, and Compass has exhausted all reasonable methods of contacting me/us, I/we grant the Centre Coordinator the right to authorize any necessary treatment.
- I/we declare that according to my/our knowledge, my/our child is physically fit to participate in all activities offered by Compass and that he/she is in good health.
- I/we declare further that we have informed Compass of any physical disabilities that may affect my/our child's daily interaction. I/we have disclosed any relevant information regarding any special/behavioural needs my/our child has.
- I/we accept that my/our child may be required to submit to certain baseline tests.
- I/we accept that an interview with us, the parents/guardians and the student may also be required before acceptance.

- I/we indemnify all members of A.G.S. Centurion and Compass Edu-Centre against claims or responsibility that may occur after the loss or damage of property, physical injury, illness or death that may affect me/us or my/our child that pertains to my/our child's participation in the activities of the centre.
- I/we agree that I/we will be held liable for the payment of any expenses or medical costs in the case of injury to my/our child.
- I/we take note that in the case of my/our child's participation in extramural activities that Compass cannot be held liable for my/our child's health and safety.

I/We hereby acknowledge that I/We have read and understood the conditions and obligations of application and enrolment.

SIGNED AT, _____ on this _____ day of
 _____ 20 _____.

_____ Signature of Father/Guardian	_____ Full Name and Surname	_____ Identity Number
_____ Signature of Mother/Guardian	_____ Full Name and Surname	_____ Identity Number

Consent to publish photographs on Newsletters, WhatsApp and Compass Facebook page:

I consent to the use of photographs of my child in school publications, social media or newsletters.
 Initials: _____

I do not consent to the use of photographs of my child in publications, social media or newsletters.
 Initials: _____

Thank you for taking the time to fill in this application for admission.

Signature and Date