



Main Branch

1 Salerno road, Risidale  
tel/fax: (011) 782-0074

NMA Extension

3 Eland Place, Linden  
tel/fax: (011) 888-3531

# NMA Schools

*"Garden of light"*

Date of Application: \_\_\_\_\_

Checklist:

	ID Photo of child
	Copy of birth certificate
	Copy of Clinic card
	Copy of mothers ID Document
	Copy of fathers ID Document
	Non-refundable registration fee (applicable at the beginning of every year) <i>(Payable within 7 days of acceptance)</i>
	Deposit - first month's school fees (non-refundable) <i>(Payable within 7 days of acceptance)</i> Refer to annual fee plan
	Copy of utility bill (not older than 2 months)

Please indicate preferred branch: \_\_\_\_\_ (Depending on availability)

Please indicate number of days attending per week (Toddler group only): \_\_\_\_\_

**For Office Use:**

Name of child:	
Date of birth:	
Group:	
Enrolment date:	
SMS:	
List:	
Billed:	



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## Application Form

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### Details of Pupil

First Name/s:

Surname:

Date of birth

Age:                      Race:                      Religion:                      Gender:

Confirm cellphone number to which text messages should be sent:

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### Details of Mother

First Name:

Surname:

Occupation:

ID Number:

Tel: Home:                      Work:                      Cell:

Email Address:

Postal Address:

Residential Address:

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### Details of Father

First Name:

Surname:

Occupation:

ID Number:

Tel: Home:                      Work:                      Cell:

Email Address:

Postal Address:

Residential Address:

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### Next of Kin

First Name:

Surname:

Relationship to child:

Tel: Home:                      Work:                      Cell:



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## School History

Please specify any previous school / crèches your child has attended

	Name of School	Period	Contact person	Contact Details
1				
2				
3				

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## Siblings

Do you have any other children?

	Name	Age	Grade	School
1				
2				
3				
4				



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## Medical History

Previous illnesses if any:

Allergies:

**Please advise if your child has had any of the following diseases:**

- Chicken pox
- Mumps
- Measles
- Tuberculosis
- Middle ear infection
- Whooping cough

Does your child suffer from any of the medical conditions listed below?

*If yes, please attach a doctors letter and state what medication they are on.*

- Diabetes
- Epilepsy
- Asthma

**Please attach a copy of your child's birth certificate and immunisation card.**

Permission is hereby granted to administer Paracetamol when running a temperature or an Antihistamine / Allergex in the event of an allergy of any nature.

In line with Covid Policy - you are advised to keep your child at home if they are ill. Learners who develop symptoms at school will be kept in quarantine and parents will be notified to pick them up immediately.

Permission granted:

Child's Full Name:

Family Doctor:

Date of birth:

Contact Number:

Date:

Signature of Parent: \_\_\_\_\_

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## Medical Aid Details

Main Member:

Medical Aid Number:

Medical Aid Name:



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## Fees for 2021

### Toddler Group

Registration Fee :	R1,000	
Per Month (January to December):	R1,800 x 12	3 days / week
Per Month (January to December):	R2,000 x 12	5 days / week

### Nursery, Intermediate & Grade 0

	<u>Nursery</u>	<u>Intermediate</u>	<u>Grade 0/R</u>
Registration Fee:	R1,000	R1,000	R1,000
Per Month (3 days / Jan - Dec):	R2,300 x 12	N/A	N/A
Per Month (5 days / Jan - Dec):	R2,500 x 12	R2,800 x 12	R3,000 x 12

### Tutor Centre Fees (Grades 1 to 6)

Registration Fee:	R1,000
Per Month (January to December):	R3,500 x 12

### After Care Fees

(Set irrespective of days attending or time)

Per Month (Over 10 months):	R1,000 x 10
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### I would like to apply for aftercare services for my child / ward:

The registration fee & payment of the first month's fees are non-refundable. Only on completion and submission of this form together with the attached documents, the registration fee and the first month's fee will your child's place be confirmed.



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## Indemnity

1. I, \_\_\_\_\_ [full name and surname] parent / guardian of \_\_\_\_\_ [full name, surname and I.D. No. of learner] hereby give permission for him/her to participate in all extra-curricular activities of the school. I also give permission for him/her to go on education tours and excursions as arranged by NMA.
2. I fully understand, and hereby agree to and accept, that all activities conducted at the school and all tours and excursions shall be undertaken at my child's own risk and I undertake, on behalf of myself, my executors and my child aforesaid to indemnify, hold harmless and absolve the school, the Headmistress/Principal and staff against any claims whatsoever that may arise in connection with any loss or damage to the property or injury of my child aforesaid in the course of attending the school and/or in the course of any activity, tour or excursion.
3. As parent/guardian of \_\_\_\_\_, I hereby allow the principal of the school or any of its representatives to obtain urgent medical treatment for my child should this be deemed necessary. The centre shall, however, contact us to advise us on the nature of treatment required. As far as I know he/she is physically capable of participating in the above activities and he/she is in good health.
4. The school should please note the following: (Please state aspects of the child's health that the teaching staff should be aware of. Example allergies, tendencies toward bleeding etc)  
\_\_\_\_\_
5. I tender payment of a **registration fee (non-refundable)** herewith. I acknowledge that I have received a copy of the Prospectus which I have read and understood. I agree to make a payment of the first month's fees to confirm the acceptance of my child to NMA Northcliff / NMA Linden / NMA Primary.
6. Please Note that late or non-payment of fees over 12 months will be viewed as non-compliance with the school's rules of registration and will be regarded a material breach of contract.
7. I agree to pay NMA the fees as stipulated, monthly in advance, by the 1st of each month
8. Fees must have been paid in full by the end of November of each year.
9. In the event of any one payment not being made on due date, the full balance, of outstanding fees will immediately become due and payable.
10. Non-payment of centre fees will result in your account being handed over for legal action, including recovery of legal cost on an attorney and client scale.
11. I (parent) understand that I may be listed as a default payer with a credit bureau should I be in default with the payment of my child/ children's centre fees.
12. Should I (parent) wish to remove my child/children from the school at anytime, I agree to provide the school with 3 months' written notice.
13. NMA is a non-cash operating school. All parents are requested to arrange a debit order to ensure fees are paid timeously.
14. All parents applying to N.M.A will allow the school to perform a credit check and will be responsible for the payment of the registration fee as well as a credit check fee upon the handing in of an application form.



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## Acknowledgment

I hereby acknowledge, and agree to the terms and conditions and fee structure as stipulated in this agreement. I have read and understand the fee structure and policy of NMA and agree to abide by this at all times.

\_\_\_\_\_  
Mothers Signature                      ID Number                      Date

\_\_\_\_\_  
Father Signature                      ID Number                      Date

Learners Full Name                      ID Number

In the case of parents being divorced, the signature of the legal guardian will be required. Please attach all legal documentation as proof of the above.