

**AUDAS HOUSE**Purpose driven remedial teaching
Doelgerigte remediërende onderwys**Aansoek om Toelating /Application for admittance****KANTOOR GEBRUIK / OFFICE USE**

Aansoekvorm ontvang op / Application form received on

.....
 Registrasiefooi betaal / Registration fee paid: R.....
 op/on.....

Deposito betaal / Deposito paid: R op/on

.....
 Eerste fooi / First fees: R.....op /on
 Datum waarop leerder begin / Date learner started:
 Graad / Grade:
 Rapport / Report:

Account details: AUDAS HOUSE**FNB Branch Code : 250655****PERSONAL INFORMATION OF LEARNER (Please us BLUE ink)****PERSOONLIKE INLIGTING VAN LEERDER (Gebruik asb. BLOU INK)**

Surname Van						
Names Voorname:						
Name by which learner is called / Noemnaam:		Sex (M/F)	Geslag (M/V)	Home languag e Huistaal		
ID number (birth certificate) ID-nommer of geboortedatum (geboortesertifikaat):						
Number of children in household or family Getal kinders in gesin of huishouding:						
Position in family (Indicate with X) Posisie in gesin: (Dui aan met 'n kruisie)	Only child Enigste kind	First child Oudste kind	Second child Tweed e kind	Third child Derde kind	Fourth child Vierde kind	Fifth / more Vyfde / meer
* Disability (if any) * Gestremdheid (indien enige)						

Account number: 62888370302**E mail: info@audashouse.co.za**

MEDICAL INFORMATION (Please update when there is change except for allergies) MEDIËSE INLIGTING: (Dateer op indien nodig, behalwe allergieë)			
Family doctor/ Clinic Huisdokter / Kliniek		Contact no Kontaknommer	
Allergies Allergieë		Chronic illness Chroniese siekte	
Name of medical Aid Naam van mediese fonds		Medical Aid no. Mediese fonds no	
Name of principal member (Medical Aid) / Naam van hooflid (mediese fonds)			
Contact person (not parent or guardian) in case of emergency Kontakpersoon (nie ouer of voog) in geval van nood		Contact no. Kontaknom mer	
<i>Any indication of problems w.r.t: / Enige aanduiding van probleme t.o.v.:</i>			
Child's growth progress Kind se groei vordering			
Prenatal / postnatal information Pre- en post-natale inligting			
Visual and hearing screening results / Visuele en gehoorsiftingsresultate?			
Hospital admissions Hospitaaltoelatings?			
Any developmental problems in the "in need of special care" section ? Ontwikkelingsprobleme ?			
Any chronic condition? Enige chroniese toestand?			
Medication / Medikasie (Including medication for ADD/ADHD (Ingeslote medikasie vir ADD / ADHD			

**INFORMATION REGARDING PARENT(S) OR GUARDIANS
OUER OF VOOG SE INLIGTING**

	Father / Vader	Mother / Moeder	Guardian / Voog (if applicable)
Surname & Initials Van en voorletters			
Occupation Beroep			
Physical address Fisiese adres			
Postal address Posadres			
City / Town Stad / Dorp			
Telephone (home) Telefoon (tuis)			
Telephone (work) Telefoon (werk)			
Cellphone Selfoon			
Email address E-pos adres			

PERSON(S) THAT THE LEARNER LIVES WITH (Fill in only if when these are different from parents mentioned above)

PERSONE SAAM MET WIE DIE LEERDER WOON (Voltooi slegs indien dit verskil van die ouers soos bo genoem)

Surname & initials Van en voorletters		ID Number ID nommer	
Contact details Kontak besonderhede		Relationship Verwantskap	

**PERSONS AUTHORISED TO COLLECT THE LEARNER FROM SCHOOL
PERSONE WAT TOESTEMMING HET OM DIE LEERDER BY DIE SKOOL AF TE HAAL**

Surname & initials Van en voorletters		ID Number Identiteits nommer	
Contact details Kontak besonderhede		Relationship Verwantskap	

INTERVENTION SERVICES RENDERED / INTERVENSIE-DIENSTE GELEWER

Age Ouderdom	Area of need Area wat ondersteunis	Services and interventions received Diens en intervensies ontvang

SCHOOLS (Grade R included) ATTENDED / SKOLE (Graad R ingesluit) BYGEWOON (Include latest report / sluit jongste rapport in)

Name of school Naam van skool	Taal van onderrig Language of teaching	Date/Datum	
		Date/Datum	Graad/Grade

* AREAS NEEDING ONGOING SUPPORT (e.g. academic, emotional, behaviour, learning, vision, mobility, communication - detailed reports may be included in the profile).
 * **DEURLOPENDE ONDERSTEUNING BENODIG** (Akademies, emosioneel, gedrag, leer, visueel, gehoor, mobiliteit, kommunikasie - heg alle toepaslike verslae aan).

MM/YY MM/JJ	Grd Gr	Area of need Area wat ondersteuning benodig	Nature of support Aard van ondersteuning

PERSOONLIKHEID Onderstreep persoonlikheidseienskappe:	PERSONALITY Underline personality traits:
Gehoorsaam, Ongehoorsaam, Koppig, Selfstandig, Afhanklik, Onafhanklik, Skaam, Teruggetrokke, Vrymoedig, Vriendelik, Humeurig, Aggressief, Verdraagsaam, Prikkelbaar, Selsugtig, Onselfsugtig, Liefdevol, Soek aandag, Afsydig, Selfvertroue: te veel, te min, genoeg, Hulpvaardig, Reageer goed / nie goed op opdragte en tereg wysings	
Obedient, Disobedient, Hard-headed, Dependant, Independent, Shy, Withdrawn, Outspoken, Friendly, Bad tempered, Aggressive, Patient, Irritable, Selfish, Loving, seeks attention, Does not seek attention, Distant, Confidence: too much, too little, enough, Helpful, Responds well / does not respond well to instructions and reprimands.	

AUDAS HOUSE hou die reg voor om enige kinders wat uiters aggressiewe gedrag openbaar en die welstand van ander kinders in die gedrang bring, te versoek om die skool te verlaat.

AUDAS HOUSE retains the right to request that a child leave the school due to excessive aggressive behaviour that might affect the wellbeing of other children.



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25 AUDAS STRAAT, SOMERSET WES

TEL: 0828292315

info@audashouse.co.za

TOESTEMMING EN VRYWARING / CONSENT AND

INDEMNITY

Ek, die ondergetekende, (volle name), die ouer/ voog

van..... (leerder), bevestig hiermee namens myself, my eksekuteurs, my eggenoot/eggenote en bogenoemde leerder om, in die geval van beserings opgedoen, verlies of beskadiging van persoonlike eiendom ten opsigte van bogenoemde leerder tydens die onderrig in AUDAS HOUSE, waar 'n formele klag in so 'n geval mag ontstaan, die personeel of enige derde party ten volle te vrywaar teen vervolging. Hierdie vrywaring word verleen met die wete dat personeel en enige toegewysde bevoegde derdeparty alle billike voorsorgmaatreëls sal tref om die welstand van my kind te verseker.

Hiermee gee ek toestemming dat:

- My kind op eie risiko in AUDAS HOUSE onderrig word;
- Aan opvoedkundige uitstappies mag deelneem;
- In 'n personeellid se motor vervoer mag word in 'n noodsituasie of krisis of uitstappie;
- Na die naaste mediese dokter of hospitaal geneem mag word in geval van akute nood.

.....

I, the undersigned,.....(full names), being the parent/guardian of..... (learner), undertake and confirm on behalf of myself, my executors, my spouse and aforesaid child, to indemnify, hold blameless and absolve the staff and duly authorized third parties or agents against any or all claims whatsoever which may arise in connection with loss or damage to

the property or in injury to the person of my aforesaid child during the child's education at AUDAS HOUSE. This being done in the knowledge that the staff and any duly authorised third parties or agents will nevertheless take all responsible precautions for the safety and welfare of my child.

I hereby give my consent that my child.

- May be educated for at the AUDAS HOUSE at own risk.
- May take part in educational excursions.
- May be transported in a personnel vehicle in a crisis or an emergency or to an excursion.
- May be transported to the nearest medical doctor or hospital in the case of extreme emergency.

Geteken (ouer):

Datum:

Signed (parent):.....

Date:

.....

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Registrasie en kontrak 2025

Foie betaalbaar by inskrywing:	R1650.00	
Eenmalige Administrasie fooi (nie terugbetaalbaar nie) <i>Administrasiefooi sluit assessering van leerder in asook proefperiode om die leerder se aanpassing te bepaal</i>		
Deposito:	2025 R 4000	
<i>Terugbetaalbaar, sonder rente, indien die leerder twee maande kennis gee wanneer hy/sy AUDAS HOUSE gaan verlaat.</i>		
Maandeliks vir 12 maande van die jaar:	2025 R4800 per maand	
Bedryfskoste	R2000 per year	
ID Parent:		
ID / Geboortesertifikaat van leerder :		
Kliniekaart:		

1. Stiptelike betaling van foie word vereis om die gehalte van onderrig en fasiliteite te handhaaf.
2. Foie is een maand vooruit betaalbaar, nie later nie as op die 28 ste dag van die maand. Foie is betaalbaar oor 12 maande.
3. Beide ouers is verantwoordelik vir foie. Indien foie nie betaal word soos gestipuleerd nie, sal u kind nie toegelaat word AUDAS HOUSE leersentrum by te woon totdat dit vereffen is nie.
4. Twee maande se kennisgewing is nodig indien u kind AUDAS HOUSE verlaat.
5. Indien prokureurs/invorderaars gekontak moet word om foie in te vorder, sal die ouers of voog verantwoordelik gehou vir kliënte kostes.
6. Die maandtarief betaalbaar word jaarliks hersien.
7. Ouers is self verantwoordelik vir die aankoop van alle skryfbehoeftes soos benodig.
8. Onderrigsure is Maandag tot Vrydag van.(gr 1-2)_ 07:30 tot 12:30 Gr 3 07:30 tot 13:00 Gr 4 -6 (07:30 tot 13:40) Geen leerder mag voor 07:15 afgelaai word nie. Nasorgsentrum is beskikbaar.
9. Kinders wat hulle aan aanhoudende wangedrag skuldig maak kan met 'n maand kennisgewing gevra word om AUDAS HOUSE te verlaat.

Persoon verantwoordelik vir die betaal van fooie

Naam en van / Name and surname:	
ID Nommer / ID number	
Posadres / Postal address:	
Huisadres / Home address:	
Tel: Huis / Home:	
Werk / work:	
Sel / Cell:	
Epos / E mail:	
Beroep / Occupation:	

Hiermee verklaar ek....., ouer van
.....dat die informasie op die inskrywingsvorm van
AUDAS HOUSE korrek is en dat ek by die regulasies soos gestipuleer sal hou.

Geteken: (Ouer/voog)Datum:
.....

**Account details: JANIE BRINK EDUCATION CENTRE
: 250655**

FNB Branch Code

**Account number: 631 418 71996
info@audashouse.co.za**

E mail:



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Audas street 25, Somerset West 7130

0828292315

info@audashouse.co.za

Registration and contract 2025

Fees payable at admission:	R1650.00
<i>Once off administration fee (Nonrefundable)</i> <i>Administration fee includes assessment of learner as well as trail period to determine adaptability of the learner.</i>	
Deposit:	2025 R4000
<i>Refundable, without interest, if the learner gives two months notice when he or she will be leaving AUDAS HOUSE</i>	
<i>Monthly for 12 months of the year</i>	2025 R4800 per month
Operating costs	R2000 for the year
ID Parent	
ID /Birth certificate of learner	
Clinic card	

1. Prompt payment of fees to maintain quality of education and facilities.
2. Fees are to be paid upfront, not later than on the 28 th of each month. Fees are to be paid for 12 months of the year.
3. Both parents are responsible for fees. If fees are not paid as stipulated, your child will not be allowed to come to AUDAS HOUSE Learning Centre until fees are paid.
4. Two months' notice is necessary when your child is leaving AUDAS HOUSE.
5. Parents or guardians will be held responsible for fees if lawyers / dept collectors need to be contacted to collect fees.
6. The monthly tariff will yearly be adapted.
7. It remains the responsibility of the parent to purchase stationary as needed.
8. School hours are from Monday to Friday from. (gr 1-2) _ 07:30 to 12:30 Gr 3 07:30 to 13:00 Gr 4 -6 (07:30 to 13:40)08:00 until 13:00. (gr1-3). Aftercare is available.
Learners may not enter AUDAS HOUSE learning center before 07:15
9. AUDAS HOUSE retains the right to request that a child leave the school due to excessive aggressive behaviour that might affect the wellbeing of other children.

Person reliable for fees:

Name and surname:	
ID number:	
Postal address:	
Home address:	
Tel: Home:	
Work:	
Cell:	
E mail:	
Occupation:	

I , parent of hereby declare that the information on the form is correct and that I will adhere to the regulations as stipulated.

Signed: Parent / Guardian)Datum / Date :
.....

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