



The King's Way Edu Centre NPC (EMIS 479576) operating as:

Hilton Preparatory School

69 Worlds View Road, Hilton, 3245

www.hiltonprep.co.za

Ph: 033 343 1836 Fax: 033 346 0966 Email: admin@hiltonprep.co.za

1

YEAR APPLYING FOR : _____

PUPIL INFORMATION

SURNAME: _____

FIRST NAMES: _____ MALE / FEMALE: _____

DATE OF BIRTH: _____ ID NUMBER: _____

COMMENCEMENT DATE (YEAR & TERM): _____

CLASS ENTERING: Grade RRR..... Grade RR.....Grade R.....Grade 1.....

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS (for Accounts/Correspondence): _____

_____ CODE: _____

The Department of Education requires each school to submit race statistics to their SA SAMS LURITZ database system.

For this reason, please indicate race of the child: (Circle appropriate box.)

Africa/BlackAsian/IndianColouredWhite Other

2

DETAILS OF FATHER OR GUARDIAN

SURNAME: _____

FIRST NAME: _____

I.D. NUMBER: _____

NAME OF EMPLOYER: _____

OCCUPATION: _____

WORK TELEPHONE: _____ CELL NO: _____

HOME TELEPHONE: _____ EMAIL ADDRESS: _____

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DETAILS OF MOTHER OR GUARDIAN

SURNAME: _____

FIRST NAME: _____

I.D. NUMBER: _____

NAME OF EMPLOYER: _____

OCCUPATION: _____

WORK TELEPHONE: _____ CELL NO: _____

HOME TELEPHONE: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT (should parents not be available):

Name: _____ Relationship to Applicant: _____

Telephone Number: _____ Cell No: _____

4

SCHOLASTIC INFORMATION

Name Preschool / Primary School that applicant is presently attending: _____

Academic level of your child's school work: (Circle the appropriate box) Excellent | Good | Average | Poor

Has your child repeated any classes? Yes No

If yes, please give details: _____

Has your child ever had any therapy in: (Circle if applicable)

Remedial Work Speech Therapy Occupational Therapy

Has your child been evaluated by an Educational Psychologist? Yes No

If yes, name the psychologist. _____

Why was your child recommended for this evaluation? _____

5

DETAILS OF PERSON RESPONSIBLE FOR PAYING FEES

NAME: _____

CELL NUMBER: _____ WORK NUMBER: _____

POSTAL ADDRESS: _____

_____ CODE: _____

6

MARITAL STATUS

(Circle the appropriate box.) Married | Divorced | Separated | Widowed | Single

If divorced / separated, with whom does the child live? _____

7

SIBLINGS

Names and ages of other children in your family:

- 1. _____
- 2. _____
- 3. _____

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MEDICAL INFORMATION

NAME OF FAMILY DOCTOR: _____

DOCTOR'S TELEPHONE NO: _____

Does the child have any disabilities or allergies? Yes No

If yes, please give details. _____

Has your child received immunization and in receipt of proof thereof?

Circle the appropriate box:	Diphtheria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Whooping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Typhoid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Poliomyelitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is the child covered by Medical Aid? Yes No

Medical Aid: _____ Medical Aid Number: _____

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RELIGIOUS AFFILIATION

Religion / Denomination: _____

Name of church attending: _____

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GENERAL INFORMATION

How did you hear about Hilton Preparatory School? _____

What is your main reason for wanting to enroll your child in our school? _____

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AIMS AND OBJECTIVES

1. To establish a firm foundation by providing a Christ-centered education.
2. To have an effective education system that helps each child to maximize his/her God given potential.
3. To have a curriculum that has a proven record of progress and achievement.
4. To have a school that will allow the student to be observant of the role models (teachers), and to be openly communicative.
5. To align ourselves with other on-going educational systems.
6. To provide a challenging, inspirational, stimulating and fun-filled environment for the children.
7. To offer a system of education that parents can identify.
8. To place strong emphasis on Biblical principles and the opportunity for those principles to become a reality in each day of the student's life.
9. To help build and develop the whole child.
10. To support and encourage a good self-image.
11. To maintain a high standard in academic, artistic and sporting disciplines.
12. To build sound manners and etiquette in the children while they are young.

CONSENT AND INDEMNITY

- A) I / We the undersigned, undertake to:
- i) Inform the school of any change of address or telephone numbers.
 - ii) Inform the school of any case of infectious illness in our home.
 - iii) Ensure that our child complies with the rules and regulations of Hilton Preparatory School.
 - iv) Respect the tradition and character of the school and encourage our child to do the same.
 - v) Support the school if and when we have to draw on the services of specialists in various fields to obtain what is practically needed for the betterment of our child.
- B) I understand that the Board of Governors, Principal, Staff and Personnel of Hilton Preparatory School will at all times make every endeavor to ensure the safety of each child and a secure school.
- C) I hereby give consent for my child _____ to participate in the extramural activities of the school, including games, sports, tours, outings and camps. I also give consent for my child to be transported by the school as duly organized by the school when and where necessary.
- D) I have read the enrolment material and agree to ensure that my child will submit to the program, the academic and disciplinary regulations, and all other requirements instituted by the Board, the Principal and the Staff of Hilton Preparatory School.
- E) I have read the attachments to this application form: "Declaration by Parents" and "Statement of Faith" and agree to their statements, terms and conditions.

I / We fully subscribe and agree to support and participate where possible in the Aims and Objectives of Hilton Preparatory School.

Signature of Father and Mother/Guardian

Date

PLEASE NOTE:

- 1) ON SUBMISSION OF THIS APPLICATION TO THE SCHOOL RECEPTION, YOU WILL BE REQUIRED TO PAY A R300.00 NON-REFUNDABLE APPLICATION FEE.
- 2) SHOULD YOUR APPLICATION BE APPROVED AND YOUR CHILD ACCEPTED INTO HILTON PREPARATORY SCHOOL, AN ADDITIONAL R1500.00 ONCE OFF NON-REFUNDABLE DEVELOPMENT FEE WILL BE CHARGED.



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Application requirements

Please bring the following with your completed application form:

- Copy of your child's Birth Certificate
- Copy of your child's last two school reports
- Copy of your child's Medical Inspection Card
- Copy of both parents ID's
- Proof of residential address
- ID / Passport type photo of your child
- R300 administration fee

Thank you.



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DECLARATION BY PARENTS

We / I...

Full Name of Father:.....

Father's I.D. Number:.....

and

Full Name of Mother:.....

Mother's I.D. Number:.....

understand and agree that if
Name of Pupil

is admitted as a pupil of Hilton Preparatory School

- a) he/she will obey the school rules, adhere to the school uniform code, and comply with the Biblical Principles, moral code of the school;
- b) will support the aims and objectives of the school as laid out in the Parent Information booklet and Application forms;
- c) fees will be paid **in advance**, monthly, or in special situations, in accordance with the specific terms laid down by the school (If the fees are not kept up to date, your child could be suspended);
- d) we will be jointly and severally liable for the payment of all school fees, all attorney and client costs, and collection charges in the recovery thereof, in the event of default, as per "Financial Declaration," form;
- e) in the event of my child leaving the school, a full term's notice must be given in writing to the Headmaster, failing which I will be liable for a full term's fees in lieu of notice.

Dated this of
day month year

Signature of Father.....

Signature of Mother.....



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FINANCIAL DECLARATION

School Fees

Person liable to pay School Fees

Name:

ID Number:.....

Residential

Address:.....
.....

Name of Employer:

Employment Address:.....

The above named person hereby confirms liability for all school fees. Further thereto he/she nominates the address of

.....
.....
as their domiciliumcitandi et executandi address.

Should the fees not be paid within 30 days of a statement been rendered to the parent then the above named person shall be liable:

- 4.1 to pay interest at the rate of 15.5% per annum on the outstanding fees from the date of the demand until date of final payment;
- 4.2 to pay all legal costs which may be incurred by the Hilton Preparatory School in relation to the collection of the debt on the scale as between attorney and client;
- 4.3 to pay the Value Added Tax on the fees referred to in 4.2 above; and
- 4.4 to pay the tariff collection commission on each installment.

Dated this of
day month year

Signature:.....



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PRIMARY SCHOOL FEES 2017

Grade 1

R30 000

R3000pm

**Please expect a 10% increase for 2018.

➤ Account Details:

Name:	Hilton Preparatory School
Bank:	FNB
Acc Number.:	62641679511
Branch code:	250655

Please print your child's full name or account code as reference on all deposits.



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FINANCIAL CLEARANCE CERTIFICATE

Name of Parent: _____

Name of Pupil: _____

I.D. Number of Parent: _____

Name of school where pupil is currently enrolled: _____

Annual fees for _____ (year) Amount: _____

i) Fees paid to date: Amount: _____

ii) Fees outstanding to date Amount: _____

Comment:

This is to certify that the above parent has paid school fees as indicated above.

Signature of Principal / Bursar

Date

SCHOOL STAMP



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Statement of Faith

- The Bible is the inspired and infallible Word of God.
- There is one God-(Father, Son, and Holy Spirit).
- The need for Christ as Saviour and Lord through faith and grace alone.
- The command to be baptized in water.
- The help of the Holy Spirit in terms of guidance and baptism.

We base this Educational Ministry (Hilton Preparatory School) on the statement above and the outworking of this according to the Biblical values as laid out by NCF/One Life Church, under whose Spiritual covering we operate.

Acceptance of the Statement of Faith

I,.....
accept the above statement and that I choose to place my
child,.....
under the care of this Spiritual covering as long as my child is in this school and to
uphold the Biblical values as espoused therein.

Signed:.....

Date:.....

CONDITIONS OF ENROLMENT AT THE SCHOOL

1. A non-refundable registration fee of R300 is payable to the School at the time the application for admission is submitted.
2. The applicants understand that the School is a ministry of the NCF / One Life Church, Pietermaritzburg and therefore carries with it the spiritual mandate of Jesus Christ (see Mission Statement). Pupils will be expected to attend the Christian activities of the School.
3. If the application for admission is approved by the School a deposit of R1500 must be paid on the said date. No pupil will be admitted to the School unless the deposit has been paid.
4. If the Headmaster at any time requires that a pupil be removed from the school, full fees and other amounts payable in respect of such a pupil will remain due to the School except to any extent decided by the School Board.
5. The parent/s shall be required to give one full term's notice in writing before withdrawing the pupil from the school. Such notice must reach the Headmaster on or before the first day of the term when such withdrawal is to take place. If the parent/s fail to give such notice, he/she/they shall nevertheless be liable for payment in full for the fees and disbursements for the following term whether the pupil attends or not.
6. Fees are payable in advance which means the 1st of the month for that month. Parents accept as per application forms that the consequence of non-payment of fees is legal action and / or suspension.
7. The School may in its sole discretion grant funds and make changes or adjustments to fees. There shall be no entitlement to any rebate of fees if the pupil is absent for any portion of a term owing to illness or any other cause.
8. The applicant, for both himself/herself and the pupil, to comply with the rules, regulations, policies and procedures of the School as enunciated by the Headmaster acting in his capacity as such.
9. The applicants hereby agree to indemnify and hold blameless the Church, the School Board, its Headmaster and staff or their authorized agents or representatives against any and all claims howsoever arising including negligence, but not gross negligence, whether claimable by us, or by the pupil, or by any third party arising out of injury, death, loss, damage, costs or expense including legal costs, suffered by the pupil while enrolled at the School.
10. This application should be signed by the parent/guardian responsible for the payment of fees. If this is not the case, the person liable for the fees must be notified and accept the conditions of enrolment. (The Application Form signed will be taken as due acceptance of conditions.)
11. In the event of the School instructing its attorney to collect any amount owing to the school, the parent/s shall be liable for all legal costs incurred by the School on the scale as between attorney and own client including collection commission.
12. The parent/s hereby nominate/s the home address appearing on the application form as his/her/their chosen domiciliumcitandi et executandi for services of all notices or legal process in connection with any claim/s arising from this application. The parent/s shall be entitled to give one month's written notice to the School to change such address, provided that the new address is a physical address in the Republic of South Africa.
13. Any agreement purporting to vary terms of this agreement or any consensual cancellation, shall not be valid unless in writing and signed by both the parents and a duly authorized representative of the School.