



Reg: NPO 164-855

**APPLICATION FORM
OFFICE TO COMPLETE**

PRIMARY SCHOOL HIGH SCHOOL

Date of Application Accepted: _____ By _____ **YEAR 2022**

Allocated Code: _____

CITIZENSHIP

- South African Citizen
- Non-South African Citizen

A. LEARNER INFORMATION: (Complete application in block letters)

I have been with PYMA since: Year _____

Grade applying for: _____

Surname of Learner: _____

First Name of Learner (In full): _____

Date of birth: _____ Age: _____

Identity Number:

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Name of Current school: _____ Current Grade: _____

Name of Class Teacher: _____ School Tel Number: _____

Home language of learner: _____

Race <small>For Statistics only</small>	African	Asian	Coloured	Indian	White	Other	Gender	Male	Female
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Does the child receive social grant? Yes No

How far from PYMA do you live? _____ Km

How will your child be travelling to PYMA? Make a ✓

Car	Public Taxi	School Transport	Bicycle	Walk
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B. PARENT OR LEGAL GUARDIAN'S DETAILS:

Circle Applicable	FATHER / GUARDIAN	MOTHER / GUARDIAN
Surname		
First name		
Initials		
Title		
Id number		
Residential address		
	Postal code:	Postal Code:
Lives in the same household with the child	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Tel home		
Cell number (please ensure it's a correct number for sms communication)		
Tel work		
SMS communication sent to (Select only one parent/guardian)	<input type="checkbox"/> Father/Guardian	<input type="checkbox"/> Mother/Guardian
Occupation		
Email address		
Responsible for monthly payment	<input type="checkbox"/> Father/Guardian	<input type="checkbox"/> Mother/Guardian
Mother / Guardian Signature	Date	Father / Guardian Signature
		Date

NB: Application form to be signed by both parents / guardians in order for the application to be accepted.

C OTHER SIBLINGS AT PYMA

Name and Surname of siblings:	School Name	Grade
1.		
2.		
3.		

Emergency contact:

(Relative/ friend, not living on same premises who could be contacted in case of an emergency if the parents cannot be reached)

Full Name and Surname: _____

Relationship to learner: _____

Address: _____

Tel Home: _____ Cell: _____

E-Mail: _____

C. SPECIAL AND MEDICAL INFORMATION:

Please indicate any special medical attention required for the learner e.g. chronic allergies, asthma, use of wheelchair, hearing aid, FM system etc.

Allergies: _____

Family Doctor's name: _____ Tel Number: _____

D. APPLICATION COMPLETED BY:

(Legal Parent / Guardian Name and Surname)

Relationship to learner

Date

PARENT CONSENT AND INDEMNITY FORM & TERMS AND CONDITIONS

PARENT CONSENT AND INDEMNITY FORM

As our services are professional, it is important that our resources and time are focused on the most committed learners. We also encourage active participation of parents/guardians through each term parental empowerment meetings, telephonic communication, and letters sent out regularly. For legal reasons, we ask that you please complete and return the following form.

I _____(full names), ID No _____, parent/legal guardian of _____(learner name) hereby provide my consent for him/her to participate in the Phakamani Young Minds Academy Programmes.

I understand that my child/ward has committed to attending Phakamani Young Minds Academy After school programmes.

I further understand that if his/her attendance is inadequate, he/she will no longer be offered our programmes or access to Phakamani Young Minds Academy resources.

I am willing and able to cover the costs of travel for my child/ward to attend all sessions during year until he/she completes grade 12

I hereby grant Phakamani Young Minds Academy permission to publish media (photos and videos), comments and/or work samples of my child/ward on their website, reports, advertising material (flyers/brochures), and social media.

Indemnity

I hereby acknowledge, agree and undertake that:

I willingly agree that my child or ward can participate in the Phakamani Young Minds Academy program activities as stated above and all related activities (transport to and from any event) and willingly accept all the risks associated therewith.

I hereby release Phakamani Young Minds Academy from all liability in respect of any claims, damages, injuries, losses, deaths, expenses and liabilities arising out of or in any way connected with participating in the Phakamani Young Minds Academy program including without limitation:

- a) Any personal injury or loss of life;
- b) Any loss of support, maintenance or other claims or damages arising from or connected with any personal injury or loss of life to my child/ward;
- c) Any loss or damage to property belonging to a child/ward or any other third party.

Indemnity under this agreement covers the entire Phakamani Young Minds Academy project. This agreement must be completed in full, dated, signed and witnessed.

Signed at _____(place) on _____(date)in the presence of the undersigned witness.

Signature of Parent / Legal Guardian

Full Name (print)

Signature of Witness

Name of witness (print)

I confirm that I have read and understood this agreement prior to signing it, and I am aware that by signing this agreement I am waiving certain legal rights which I, my child/ward or our heirs, executors, administrators, assigns and representatives may have against the releasees.

Parents or Guardians signature shall be binding on behalf of the child/ward.

Terms and Conditions

1. A registration Fee shall be paid prior to submitting the Application Form. No form will be accepted without proof of registration fee paid.
2. Monthly contribution is to be paid in advanced by the 7th of each month and if not then a penalty fee of R50.00 will be levied against all late payment. Please note that all recurring penalties will result in your account with us being on high risks status. In case of a parent having challenges with payments the situation must be reported before payment due date, so that a payment arrangement can be made (Signing of Acknowledgement of Dept).
3. You have absolute responsibility for the payment of any financial contribution applicable to your Child attending at PYMA. You also acknowledge that PYMA financial contribution are payable in advance and that Electronic Funds Transfers (EFTs) are the only acceptable forms of payment in the case of monthly financial contributions. When one months' payment is outstanding then PYMA has the right to refuse access to the learner from our programmes and resources.
4. You have the right to cancel this agreement at any time, for any reason, provided that you give PYMA a full thirty days' notice, in writing, of this intention before the withdrawal of the Child from the organization. If a child stops attending without official formal notice written the learner will still be deemed as registered and will be fully liable for tuition fees incurred. Lack of adherence to this may lead to the account being handed over to the legal team.
5. Please be aware that our monthly parental contribution is not based on attendance days; a full monthly payment is payable even if other days or any other classes or all were not attended.
6. We shall monitor your Child's academic progress and produce regular written reports. We will advise you if we have any concern about your Child's academic progress, but we do not undertake to diagnose any learning disability or other condition: a formal assessment can be arranged either by you or by the official School at your own expense.
7. In order to fulfil our obligations, we need your co-operation. Without detracting from any specific obligations contained in this agreement, you are required to: fulfil your own obligations under these terms and conditions; encourage your Child in his or her studies, and give appropriate support at home; keep PYMA informed of matters which affect your Child; maintain a courteous and constructive relationship with PYMA staff; and attend all meetings and otherwise keep in touch with PYMA where your Child's interests require you to do so.

I, _____ parent/guardian of the learner, _____ hereby accept and support the regulations contained in the terms and conditions of Phakamani Young Minds Academy, and I undertake to ensure that I comply and abide with the regulations.

Signature of parent / guardian

date

LEARNER COMMITMENT POLICY

1. Absenteeism

All learners make a commitment to attend all tutoring sessions. If a learner is unable to attend a session they must:

- a) Report in advance to the tutoring session starting, by telephone or in person to the programme coordinator and provide a valid reason for their absence.
- b) Report after their absence with a signed letter from their parent or school stating the reason for such absence
- c) Provide contact details of any teacher or parent who signs a letter of excuse and agree to them being contacted should there be any cause for doubt

All efforts should be made to attend every session. However, valid reasons for absence include:

- **Doctors appointment** – learners must provide a doctor's note that states the time, date, and location of their appointment
- **School extra classes** – learners must provide a teacher's note stating the reason for being kept behind at school as well as the time, date and location
- **Emergency family responsibilities** – learners must provide a parent/guardian's note stating the reason for absence, and the time, date and location

If a valid absence is reported timeous in the manner set out above, it will result in attendance being recorded as 0,5points and contribute to the learner's overall attendance score.

If the absence is either invalid or is not reported in the manner set out above, the attendance will be recorded with 0 points.

2. Process

If learners miss more than two tutoring sessions the organisation has the right to call their stated parent/guardian to determine the reason for their absence.

Any learner whose attendance is dropping below 75% attendance will receive a warning within good time so that she/he is able to make a choice to improve their attendance before the kick-out date.

3. Reapplication

If a learner has been kicked-off the programme due to poor attendance or for another reason such as poor behavior, that learner will not be allowed to reapply for the programme until one calendar year has passed.

If the learner would like to reapply in the following year, they may do so but it will be at the discretion of the PYMA staff whether he/she should be accepted.

Agreement

I _____ fully understand the commitment requirement. I understand that in order to keep my place in the programme I must attend a minimum of 75% of the tutoring sessions in any term. I will receive a warning in the middle of the term if my attendance is less than 75% and will have the opportunity to improve my attendance before the end of the term. If at the end of term my attendance has been less than 75% for the term, I agree that this will result in being kicked-out of the programme and my place will be given to another learner on the waiting list. I agree that if I miss more than two tutoring sessions the organisation has the right to contact my parent/guardian to find out why I was not able to attend. I make this commitment as I understand that this will help me to improve my academic results and will assist the organisation to deliver the best programme for me.

Learner signature _____ Date _____

Parent/Guardian signature: _____ Date: _____

Attachments Check list (Please tick if you have attached the following)

- Learner Birth Certificate
- Latest School Report Card
- Original Proof of Residence (Not older than 3 months)
- Parent/ Guardian ID Copy
- Agreement Letter for Learner to participate in the PYMA Programme

Forms with outstanding documents will not be accepted