



SALAHUDIEN EDUCARE CENTRE

NPO REG: 2024/268538/08

11A Oasis road Hazendal Athlone

066 062 8585, salahudien.info@gmail.com

www.SalahudienEducare.co.za



Application for Admission

Month & Year Applied For: _____

Grade of Group Applied For (please tick in appropriate box)

1 Years Play Group	3-4 years Kindergarten	4-5 Years Grade 0	5-6 Years Grade R
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MOST IMPORTANT

Grade R This application for admission will only be processed if all fields are completed legibly, are signed and ALL necessary supporting documents are attached.

Necessary Supporting Documents Completed.

Copy of Childs Birth Certificate	
Copy of Childs Vaccination Records If Available	
Copy of Parents/Legal Guardians ID	
Registration Fee - R800	
Advance Fee:	
Half Day - R1700 2nd child - R1600 3rd child - R1500	
Full Day - R2000 2nd child - R1900 3rd child - R1800	

FOR OFFICE USE

Approved:	Date:
Commencement Date:	Grade/Group:

Initials: _____



Section 1: Childs Personal Details

Full name: _____

Surname: _____

ID Number

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Date of Birth: _____ Age: _____ Gender: Girl Boy

Home Language: _____ Additional Language: _____

Country of Origin: _____ Religion: _____

Transport to/ from school: Motor vehicle Motorbike Bus Taxi Bicycle Walk

Person dropping child at school:

Full name: _____ Relationship: _____

Person fetching child at school:

Full name: _____ Relationship: _____

Section 2: Childs Medical Details

Please tick appropriate box:

Blood Type: O+ O- A+ A- AB+ AB- B+ B- Unknown

Family Doctor Details:

Full name: _____ Tel No: _____

Address: _____ Code: _____

Medical Aid Details:

Medical Aid Name: _____ Member Number: _____

Main Member Initials & Surname: _____

Main Member ID Number:

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Option: _____

Has the child received all necessary immunizations? Yes No

If No, please provide a reason: _____ Initials: _____



Section 3: Details of Father/Stepfather/Legal Guardian

Full name: _____

Surname: _____

ID Number

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Relationship: _____ Marital Status: _____

Occupation: _____ Employer: _____

Residential Address: _____

Tel (home): _____ Tel (work): _____

Cell: _____ Email Address: _____

Please tick the appropriate box:

Parental Status:	Child living with parent/s	Access rights to the child	Access rights in an emergency only
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Section 4: Details of Mother/Stepmother/Legal Guardian

Full name: _____

Surname: _____

ID Number

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Relationship: _____ Marital Status: _____

Occupation: _____ Employer: _____

Residential Address: _____

Tel (home): _____ Tel (work): _____

Cell: _____ Email Address: _____

Please tick the appropriate box:

Parental Status:	Child living with parent/s	Access rights to the child	Access rights in an emergency only
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Initials: _____



Section 5: General Indemnity, & Medical Consent

The school, its teachers, staff, and owners undertake to implement reasonable and generally accepted measures to ensure the safety and well-being of all learners, educators, and visitors. While every effort will be made to provide proper care and supervision, accidents may occur, particularly with active and growing children.

Accordingly, I, _____, being the parent/legal guardian of _____, who is enrolled at Salahudien Educare Centre, acknowledge and accept the risks associated with school attendance and activities. I hereby indemnify and hold harmless the school, its owners, staff, and governing body against any loss, damage, injury, or claim of any nature arising from my child's participation in school activities or presence on school premises, except where such loss or damage arises as a direct consequence of the gross negligence or wilful misconduct of the school, its owners, or staff.

In the event of an accident, illness, or medical emergency where I cannot be reached, I hereby authorise the school to obtain and consent to any necessary medical treatment for my child, including transportation to a hospital or medical facility, on my behalf. I accept responsibility for all medical costs incurred under such circumstances.

Parent/s/Guardian Name/s: _____

Signature/s: _____

Date: _____

Initials: _____



Section 6: Permission to Use Photographs

I understand and acknowledge that, from time to time, photographs and/or video recordings may be taken of learners during school activities and events. I consent to such images of my child being used by the school in both electronic and printed media, including but not limited to the school's website, newsletters, social media platforms (such as Facebook), newspapers, advertisements, and banners.

The school undertakes that all such material will be used in good taste and solely for educational, promotional, or marketing purposes, and will always aim to portray the school and its learners in a positive and respectful manner.



I give permission



I do not give permission

Parent/s/Guardian Name/s: _____

Signature/s: _____

Date: _____

Initials: _____



Section 7: Important General Information

Healthy Food Policy

- Learners should bring a healthy lunch daily, such as a sandwich, fruit, and/or juice.
- Sweets and treats are not permitted, except on Fridays.
- Lunch is provided by the school for full-day learners only.

Uniform Protocol & Importance of Adherence

- Salahudien Educare has a prescribed summer and winter uniform, which is compulsory for all learners.
- Uniforms can be ordered directly from the school.
- Learners are required to wear the school uniform at all times during school hours and when representing the school at events.
- Uniforms must be clean, neat, and worn in accordance with school guidelines.

Parent Involvement

- Parents are expected to attend all parent–teacher meetings, which will be held quarterly.
- Active participation in all fundraising activities organised by the school is required, as these efforts contribute directly to educational improvements and resources for the learners.

Initials: _____



Section 8: School Fees Policy

- In terms of the contract of enrolment, school fees are payable monthly in advance, **on or before the 1st day of each month.**
- Fees for the full year must be settled by 30 November of the current year.
- Termly payments are due on or before the first day of each term.
- A one-month written notice is required if you intend to withdraw your child. Failing this, one month's fees will still be payable.
- All payments must be made directly into the school's bank account (see below), preferably via EFT, using your child's full name as the payment reference.

Fee Structure:

Half Day R20 400 per year or R1700 per month	Banking Details Bank: Standard Bank Account Type: Current Branch: Branch Code: 025909 Account Number: 272756407
Full Day R24 000 per year or R2000 per month	
Please use your child's name as a reference	

Section 9: Protection of Personal Information (POPIA)

In compliance with the Protection of Personal Information Act (POPIA), Salahudien Educare undertakes to protect all personal information provided by parents/guardians and learners. Information collected is used solely for administrative, educational, and communication purposes.

The school will not sell, share, or distribute personal information to any third parties without consent, except where required by law. All personal data will be treated with the strictest confidentiality and stored securely.

Initials: _____



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Section 10: Parent/Guardian Acknowledgement

I, the undersigned, hereby declare that the information provided in this application is true, correct, and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of this application or the termination of my child's enrolment.

I acknowledge that I have read and understood all sections of this application, including the school's policies on fees, healthy food, uniform, parent involvement, indemnity, excursions, medical consent, use of photographs, and the Protection of Personal Information (POPIA). I agree to abide by these policies and accept the responsibilities set out therein.

I further acknowledge that all school fees are payable as agreed, and that failure to keep fees up to date may affect my child's enrolment status and standing with the school.

Parent/s/Guardian Name/s: _____

Signature: _____

Date: _____