MZAMENI CHILDREN ASSESSMENT REMEDIAL CENTRE
EDUCATION IS A GIFT OF LIFE

Address: 650 Andrew Zondo Road, Amanzimtoti,4026
Tel No.: 031 904 1189
Cellphone No.: 072 649 9102
Fax2email: 086 645 17315
Email Address: admin@mzamenichildrenremedial.co.za

Please note: The completion of this form does not guarantee placement at the school. If your child fulfills all admission's criteria, refusal of admission will be based solely on space limitations and unavailability of required documents.

NAME AND SURNAME OF LEARNER: _____
DATE OF BIRTH: _____
GENDER: _____
ADDRESS (Physical): _____
_____
_____

CONTACT NUMBER: _____
ALTERNATE CONTACT NUMBER: _____
E-MAIL ADDRESS: _____

PREVIOUS SCHOOL/ REFFERING SCHOOL: _____
_____
_____

LAST ATTENDED SCHOOL (YEAR): _____

DIAGONOSIS AND BACKGROUND INFORMATION OF CHILD:
_____
_____
_____
_____

IS THE CHILD RECEIVING A GRANT: _____

NAME OF PARENTS/GUARDIAN: _____

CONTACT DETAILS: _____

COMPLETED BY: _____ DATE: _____

ADMISSION POLICY

The provisions of this admission policy are subject to their meeting the requirements of the Constitution of South Africa and all applicable legislation including the stipulations of:

- the South African Schools Act, No 84 of 1996

This school caters for children with learning difficulties and those who need high levels of support. (Autistic).

- No pupil will be refused admission to this school on the grounds of race and religious belief or financial circumstances.

The following admission's criteria are specific to Mzameni Children Assessment Remedial Centre:

- Age of admission is between 1 – 17 years (Autism Unit)
- Age of admission in academics 6 -13 years
- Age of Admission is between 6 – 15 years (ADHD AND ADD) (up to grade 9)
- Applications for admission will be accepted throughout the year as applications/referrals are received based on the availability of space.
- Referrals and medical reports/diagnoses from relevant health care professionals/clinicians are necessary i.e., an educational psychologist, pediatric neurologist, occupational therapist, speech/language therapist.
- **Diagnosis:** Autism Spectrum Disorder including Autistic, Autistic-like, Pervasive Development Disorder (PDD), PDD-NOS and Asperger's Disorder. Attention deficit hyperactivity disorder and attention deficit disorder.

A) PLACEMENT PROCEDURES

1. Referrals will be placed on a list for applicants with the date and all necessary contact details recorded. Mzameni works strictly on first come first serve basis. The learner will be admitted (space permitting) or placed on a waiting list in order of date for admission.
2. If parents have accepted a place for their child and then change their minds without failure to present timeous notification and unavailable at the contact given at application, the learner`s place will be given to the next child on the waiting list. The R1000 deposit will be retained and the child`s place will be given to the next child on the waiting list.

B) SCHOOL INFORMATION

All the information pertaining to the school is given to the parent/guardian once placement is confirmed. They also receive an information booklet which contains all the following relevant details of the school: -

- School fees
- Code of conduct
- School hours
- School holidays

C) APPLICATION PROCESS

1. A non-refundable registration deposit of R1000 is required to secure a place upon acceptance. Please note that this deposit is separate from the monthly school fees and will not be refunded under any circumstances.
2. An in-depth interview with parents/guardians will be conducted in the first Individual Education Development Plan meeting.

The following information is gathered: -

- Family history
- Pregnancy and birth history
- Developmental milestones
- Medical history (immunization, allergies, chronic illnesses, medication)
- Activities of daily living
- School related issues
- Financial status

3. Completion of the Diagnostic Profile (SIAS TOOL) - To determine level of support required by the learner.
4. A meeting is held every end of term between the parents and the multi-disciplinary team to discuss learners, individual learning programs, and or further referrals.

D) COPIES OF DOCUMENTS NEEDED ON APPLICATION

1. Childs Unabridged Birth Certificate
2. Parents/ Guardians Identity Document
3. Immunisation card
4. Progress reports
5. Transfer card from previous school
6. Proof of address
7. Medical reports/ Reports of previous Intervention
8. SNA Form from Referring School
9. Salary Advice both parents

E) FORMS TO BE COMPLETED UPON ADMISSION

1. Completion of the learner profile (SIAS TOOL)

G) FORMS TO BE SIGNED ON ADMISSION

1. Consent and indemnity form
2. Consent for medication
3. Application form
4. Financial declaration

DISCLAIMER: This policy may change or be amended from time to time as the needs of the community, Centre or non-profit organization change.

_____ _____ _____

Parent/Guardian's Signature **Date** **Admissions Officer**

CONSENT AND INDEMNITY

I ……

ADDRESS:
……

The parent/natural guardian/appointed guardian of…….....

……

hereby give my consent with regard to the following in respect of my son /daughter permission to conduct an assessment on my son/daughter.

I fully understand and accept that such assessment shall be undertaken at my son's/daughter's own risk, and I undertake on behalf of myself, my executors, my wife/husband and my child aforesaid to indemnify, hold harmless and absolve the Centre, the Director and staff against and from any or all claims whatsoever that may rise in connection with any loss of or damage to the property or injury to the person of my child aforesaid in the course of any such activities.

_____
PRINT NAME & SURNAME
PARENT/GUARDIAN

_____ _____
SIGNATURE OF PAENT/GUARDIAN WITNESS

Signed at …… on this day ……of ……20……

In spite of the abovementioned, we want to give the assurance that everything will be done to ensure the safety of your child.

PERSON RESPONSIBLE FOR ACCOUNT (IF NOT MOTHER, FATHER OR LEGAL GUARDIAN)

Full Name: _____ Title: _____ ID Number _____

Business Name: _____ Tel: (Work) _____

Business Address: _____Occupation _____

Home Address _____ Cell: _____

Relationship _____ E-mail: _____ Tel: (Home) _____

The signature of the person responsible for the account if not Mother / Father of Legal Guardian:

Name:_____(Print Name) Date: _____

ID Number:_____Signature: _____

Admission/Registration Fee

Schedule of Fees – New Enrolments 2024

1. A **non-refundable registration Fee of R1000.00** must be paid when an application form is submitted to the school for the pupil to be registered onto the enrolment list.
2. Parents must complete a monthly debit order form in the event of monthly school fees payment.
3. All fees must be paid including; registration, infrastructure, arts and crafts and the first month's school fees before the learner can attend his/her first day
4. Aftercare per month is R750. If a leaner stay on beyond 6h00 an additional charge of R100 per hour will be charged accordingly.

Failure to comply with the above clauses will result in the pupil's place being offered to the next pupil on our waiting list.

The schedule for fees is given below. Fees must be paid in full by the dates stipulated

2024 School Fees and Registration Fee

The following is an outline of the non-refundable school fees for all grades:
There is a **once-of compulsory registration fee of R1000**. All school fees are payable in Full, monthly install within 10 months or per term refer to table below:

Period	All Grades – Pre School to Senior Phase (R – Grade 9)	Autistic Unit	Payment Date
Monthly School Fees	R2 500	R2 500	On or before last day of every month.
Quarterly Fees	R6 250	R6 250	On or before first school day of each term.
Early Bird Discount	R23 500 (Save R1 500)	R23 500 (Save R1 500)	On or before the first day of school.
Boarding Monthly Fees	R 3 500	R 3 500	On or before the first day of school.
Early Bird Discount (Boarding)	R33 500 (Save R1 500)	R33 500 (Save R1 500)	On or before the first day of school.

Sibling discounts: 2nd child 2%.

Please Note:

As per each parent's signed Conditions of Enrolment and the Mzameni Children Assessment Remedial Centre, a full term's notice in writing, or a full term's fee is required in lieu thereof when a pupil is withdrawn from the school.

Stationary: The school will provide a stationary list that parents must acquire.
After care: Reported (R80) and unreported (R95)

Payment Arrangements

Fees must be paid in advance on or before the 1st day of the month for 10 months from January to October in one of the following ways.
Direct deposit into the school's account

- Direct deposits must be made by the 28th of the previous month and proof of payment must reach the school by the 1st of every month.

Debit order

- Parents would need to arrange it with their bank.

Banking Details: **Mzameni Children Assessment Remedial Centre**

Bank: FNB
Acc. No. 62753088353
Branch code: 250655
Type of Acc. Cheque
Reference: Please use child's name, surname and grade

IMPORTANT: PLEASE COMPLETE
Please indicate your method of payment:
I would like to pay the school fees for the year in advance. ☐
I would like to pay the school fees for the quarterly. ☐
I would like to pay the school fees monthly. ☐

Parent / Guardian Signature _____