



HERITAGE ACADEMY

Independent Christian School

8 STOTT ROAD PRESTBURY PIETERMARITZBURG 3201
P.O. BOX 21664 MAYORS WALK 3208
PHONE: 033 – 3441862 FAX: 033 – 3442852
E-MAIL: reception@heritageacademy.co.za

APPLICATION FOR ADMISSION

NAME : _____

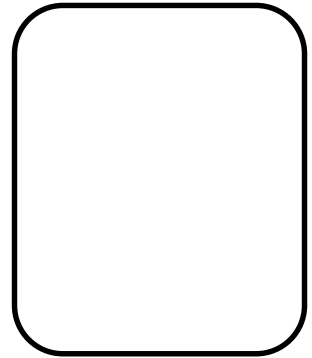
ADMIT TO GRADE : _____

YEAR : _____

SCHOOL ONLY

SCHOOL & BOARDING

Photograph of Child



FOR OFFICE USE ONLY

Subject Choices for Grade 10 to 12

English Home Language

Afrikaans (First Additional Language)

isiZulu (First Additional Language)

Life Orientation (Incorporating physical education)

Mathematics

OR

Mathematical Literacy

Life Sciences

OR

Business Studies

Accounting

OR

Geography

History

OR

Physical Sciences

Date Application Fee paid & receipt number:

Date Deposit paid and receipt number:

Deposit amount:

Date of interview: _____

Interviewer: _____

Accepted for

Grade : _____

In Year : _____

Signature of Interviewer:



HERITAGE ACADEMY

SCHEDULE OF FEES 2025

INITIAL COSTS:

1. **APPLICATION FEE**
Grade R – 11 R 800-00
2. On Acceptance, the following fee is payable in addition to the first month's fees:
REGISTRATION FEE
All Grades R 1000-00
3. **LATE REGISTRATION FEE** (After 01 December 2024)
All Grades R1250-00

| GRADES | ANNUAL TUITION FEE 2025 | MONTHLY TUITION FEE 2025 (If paid by EFT over 10 months) (31 Jan to 31 October) |
|----------|----------------------------|---|
| Grade R | R 19 000-00 | R 1 900-00 |
| Grade 1 | R 23 000-00 | R 2 300-00 |
| Grade 2 | R 23 000-00 | R 2 300-00 |
| Grade 3 | R 27 000-00 | R 2 700-00 |
| Grade 4 | R 32 000-00 | R 3 200-00 |
| Grade 5 | R 32 000-00 | R 3 200-00 |
| Grade 6 | R 32 000-00 | R 3 200-00 |
| Grade 7 | R 32 000-00 | R 3 200-00 |
| Grade 8 | R 41 500-00 | R 4 150-00 |
| Grade 9 | R 41 500-00 | R 4 150-00 |
| Grade 10 | R 41 500-00 | R 4 150-00 |
| Grade 11 | R 45 000-00 | R 4 500-00 |
| Grade 12 | R 45 000-00 | R 4 500-00 |

2025 BOARDING FEE (EXCLUDING TUITION FEE) FROM GRADE 4 - 12

| | | |
|---|---|---|
| Boarding (does not include Tuition Fee) | R 4800 x 11 months (R 52 800-00 per annum) | Deposit of R4 800-00 to be paid before entrance to Boarding in addition to each month's fees to be paid in advance by 31 Jan to 30 Nov. |
|---|---|---|

NOTE: The following compulsory levies apply in addition to the Tuition Fees:

- Annual Development Levy - **R1000**
- Annual General-Purpose Levy - **R1780** (ACSI, Insurance, Workbooks, Exercise books, Library usage, Computer usage.)
- Extra mural and Sports Levy - **R250** per term (at the beginning of every term)
- Excursion costs will be charged as and when necessary.

10% sibling discount - will be offered if you have more than one child in the school.

5% discount on tuition fee - will be offered on upfront payments paid by the latest 28 February 2025.

Please take note of the following:

1. The medium of instruction of all children attending Heritage Academy will be English.
2. An application will be processed only once all of the following have been received:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Application fee |
| <input type="checkbox"/> | A certified copy of the child's birth certificate |
| <input type="checkbox"/> | Certified copy of the parents' (or guardians') identity documents |
| <input type="checkbox"/> | The completed Confidential Questionnaire form from the previous school |
| <input type="checkbox"/> | Latest salary advice and 3 months' bank statement |
| <input type="checkbox"/> | Proof of residential address |
| <input type="checkbox"/> | A certified copy of the child's most recent report |
| <input type="checkbox"/> | Grade R – 3 applicants: a certified copy of the Immunisation Card |
| <input type="checkbox"/> | Copy of Medical Aid card (if on Medical Aid) |
| <input type="checkbox"/> | A passport-size photograph |
| <input type="checkbox"/> | Fully completed Application Form |
| <input type="checkbox"/> | Transfer Card from previous school |

3. Your child may be required to write a Placement Test.
4. Payment of the Application Fee does NOT guarantee a place in Heritage Academy and is non-refundable.
5. Once ALL the documentation (**fully completed**) has been received, the application will be processed. An interview will then be arranged to determine whether your child will be accepted at our school.

On acceptance a non-refundable deposit equivalent to 2 months' fees will be required and should be paid by the stipulated due date before the child starts school to secure your child's place at Heritage Academy.

Please note that any personal information submitted to us will be collected, processed, and stored as is necessary to carry out actions for the conclusion or performance of the agreement entered into between the parties in accordance with the Protection of Personal Information Act.

APPLICATION FOR ADMISSION

PERSONAL DETAILS OF CHILD:

| | | |
|--|---|--------------------------|
| Surname | : | |
| First Names | : | |
| Date of Birth | : | Gender: |
| Nationality | : | |
| Identity No. | : | |
| Home Language | : | Child's Cell Phone No. : |
| Church Denomination: | | |
| Home Postal Address: | | |
| Is your child is registered for a social grant? Please give the Registration number if so. | | |
| | | |

| Name and Address of ALL Previous Schools attended | | |
|--|-------|----------------|
| *Please state all schools whether it be pre-school, primary or high-school* | | |
| Year | Grade | Name of School |
| | | |
| | | |
| | | |
| | | |

| |
|---|
| In which province is the school your child last attended? |
| In which province does your child reside? |
| Are you applying for Boarding at our School? |

FAMILY DETAILS

| | | | |
|--|---------------------------------|---------------------------------|--|
| WHO does the child reside with during the school terms? | | | |
| Mother <input type="checkbox"/> | Father <input type="checkbox"/> | Aunt <input type="checkbox"/> | Uncle <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> |
| Other (please specify) | : | | |
| Are any of the child's parents deceased? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Please specify | Mother <input type="checkbox"/> | Father <input type="checkbox"/> | Both <input type="checkbox"/> |
| With whom should the school communicate? | Mother <input type="checkbox"/> | Father <input type="checkbox"/> | Guardian <input type="checkbox"/> |

| <u>Details</u> | <u>Father/Guardian</u> | <u>Mother/Guardian</u> |
|--------------------------|------------------------|------------------------|
| Title | | |
| Surname | | |
| First names | | |
| ID Number | | |
| Date of Birth | | |
| Marital Status | | |
| Home Address | | |
| | | |
| | | |
| Postal Address | | |
| | | |
| Home Tel no. | | |
| Work Tel no. | | |
| Cell no. | | |
| E-mail | | |
| Business/Employer | | |
| Occupation | | |
| Position held | | |
| | | |

COMMUNICATION

| | |
|---|---|
| Who will your child be living with during the school term? | |
| Name | : |
| Physical Address | : |
| | |
| | |
| | |
| Telephone Number | |
| Home | : |
| Work | : |
| Place of Employment : | |

Please note that the school communicates via sms and e-mail. Please clearly state one set of contact details that is to be used by the school.

Full Name of contact person and number

Full Name of contact person and e-mail address

Details of Learner's Brothers and Sisters

| Name | Date of Birth | Present School |
|-------------|----------------------|-----------------------|
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| How did you come to hear / know about Heritage Academy? |
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SCHOLASTIC INFORMATION

Please Note: We require this information so that we can encourage your child to build on his/her strengths and recognise and improve his/her abilities. If your child is not an “achiever” in the usual sense of the word, please be assured that we do not regard such a child as being in any way of less value. Each child is unique and special in our eyes and in the eyes of God.

| |
|---|
| Has your child ever been refused admission to any other school or asked to leave any other school? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give details: |
| |
| |

| |
|---|
| If you are applying for grade R, has your child attended Grade RR? |
| |

| |
|--|
| If yes, please give the name of the school. |
| |

| | |
|---|--|
| Has your child ever repeated any grades? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|---|--|

| | |
|----------------------------------|---|
| If yes, please specify the year, | : |
|----------------------------------|---|

| | |
|-------|---|
| Grade | : |
|-------|---|

| |
|---|
| And a reason as to why the child repeated |
|---|

| |
|--|
| |
| |

| |
|---|
| Has your child ever been assessed by a/an: |
|---|

| |
|--|
| Psychologist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Other <input type="checkbox"/> |
|--|

| |
|---|
| If yes, please give details as to why the child was assessed and the outcome. Please attach documentation. |
|---|

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| Any other information which may be relevant: |
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| |

MEDICAL PARTICULARS OF THE CHILD

It is important for us to have this information. In case of an emergency, we would like to take proper care of your child.

Has your child had any of the following?

| | | | | | |
|---------------|--------------------------|---------------------|--------------------------|-------------------------|--------------------------|
| Diphtheria | <input type="checkbox"/> | Whooping Cough | <input type="checkbox"/> | Tetanus | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | Typhoid | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | Poliomyelitis | <input type="checkbox"/> | Rubella /German Measles | <input type="checkbox"/> |
| Smallpox | <input type="checkbox"/> | Chicken Pox | <input type="checkbox"/> | Impetigo | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Dysentery | <input type="checkbox"/> | Bilharzia | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Malaria | <input type="checkbox"/> | | |
| Heart Disease | <input type="checkbox"/> | Febrile Convulsions | <input type="checkbox"/> | | |

Has your child any sight, hearing or speech difficulties, or other disability or ALLERGY?

Yes No

If so, please list the medication or treatment being received.

If your child is on medication, are there any side effects the school should be aware of?

Is there any other physical development, emotional or medical problem which may affect him/her?

MEDICAL AID

Do you belong to a Medical Aid Scheme? Yes No

****Kindly attach a copy of the Medical Aid card****

Name of Medical Aid :

Number :

Full Name of Principal Member :

EMERGENCY *Compulsory*

In the event of an Emergency, who should be contacted?

Contact Number 1

Contact Number 2

Name :

Work Phone :

Home Phone :

Cell Phone :

Name of Doctor :

Address :

Phone :

DECLARATION AND CONSENT

“I” and other singular pronouns shall also be understood to refer to more than one person where applicable

1. I declare that all the particulars on the enclosed forms are to the best of my knowledge correct, and that I have read and understood the notes therein. Should any of the information given be found to be incorrect or misleading in any way, I understand that my child may face being de-registered from the school.
2. I understand that a refund of fees paid will only be made if there is a credit balance on my child’s account at the end of the period of registration at Heritage Academy, after all relevant fees and charges have been settled.
3. I understand that I will be able to apply for financial assistance with regard to fees only if my child has been at the school for one (1) year and if I can furnish proof of a change in my financial status since admitting my child to the school. I also understand that financial assistance is not guaranteed.
4. I understand that should the school for some reason be unable to continue, at least one term’s notice will be given to me in writing. The school undertakes to inform the KZN Basic Education Department of such a situation in order that the Department of Basic Education may facilitate placement of the learners.
5. I understand that Heritage Academy is an Independent School and therefore has the right to set minimum requirements for promotion which may be more rigorous than and exceed those of Public Schools.
6. By signing this Declaration, I give permission to Heritage Academy to use any photo/image or media clip of my child for Marketing and Advertising of the school. I further understand that I will have no claim for compensation as a result of this.

I UNDERTAKE:

- a. To furnish proof of the correctness of this child’s age.
- b. To inform the school in writing of any change of address and/or contact number or any other personal details.
- c. To inform the school in writing of any case of infectious illness in my household.
- d. To ensure that my child attends school regularly and that he/she complies with the rules and regulations of the school, of which I am aware.
- e. To ensure that my child is correctly and neatly dressed in the full and correct school uniform.
- f. That I will pay all school fees and any other charges levied in respect of my child timeously.
- g. That I will comply with the terms of the Financial Policy attached and will ensure that I give the appropriate full quarter’s notice in terms of withdrawing my child from the school.
- h. To be bound by the terms of the contract for the duration of the period my child is registered as a learner at Heritage Academy.

I, the undersigned parent/guardian, am aware that if I fail to fulfil or perform my obligations under this contract, legal action will be taken against me.

Signature of Parent/Guardian :

Date :

Place :



FINANCIAL CONTRACT

WITH THE BOARD OF
HERITAGE ACADEMY

I / We, _____ (Father / Guardian) and _____ (Mother / Guardian) of _____ (Child's Name) hereby declare that we will honour our financial commitment with the Board of Heritage Academy "THE BOARD" as set out in this Financial Contract. We further agree to honour any changes which the Board may regard as essential. We acknowledge that the person signing this contract is liable for the fees and that no child will be admitted into the class until the contract is signed.

We understand and agree to the following:

1. The Fees are inclusive of the services as described below. Any extra services may be charged at an additional fee.
 - a. Tuition Fees – tuition in class groups in the standard subjects offered by the school during school hours.
 - b. Boarding Fees – accommodation, standard meals, and standard boarding services during the school terms (excluding compulsory mid-term breaks).
2. **Tuition and Boarding Fees are due and payable in advance on the first day of school annually.**
3. Notwithstanding clause 2 above, the school is prepared to accept payment of Tuition and Boarding Fees in the following manner (**PLEASE INDICATE METHOD OF PAYMENT BY TICKING APPROPRAITE BLOCK BELOW**):

- a) Pay in full before the end of February of the current year. (5% discount)
- b) **Payment monthly over 10 months**
(Effective from 31 January to 31 October)
- c) Payment in advance over four (4) terms
(By the first day of every term in full)

Payments may be made by Cash or Card at the school or by Direct Electronic Payments into school bank account. (Banking Details on next page)

4. All payments received will be credited to the learner's account in the following order: firstly, to the oldest outstanding amount, then to additional charges such as transport costs, sport costs, etc., then to current Boarding Fees and then Tuition Fees.
5. Should it be necessary to contact me/us to enquire about any outstanding amount an Administration fee of R20-00 will be charged in each instance.

6. Should I/we be unable to make payment of any amount owing to the school, I/we shall notify the Financial Secretary immediately, in writing. We understand the right of the Board of Heritage Academy to charge interest at 5% per month on all overdue accounts, and to request that we remove our child from the school and/or boarding establishment should we be in arrears, until the fees are paid up. Should this request be made, I/we understand we are nonetheless liable for the full payment of any overdue amounts.
7. Should I/we wish to remove our child from the school and/or boarding establishment, I/we agree to give the school / boarding establishment **one full quarter's notice, in writing**, of our intention, or to pay one quarter's fees in advance instead of notice. I/We understand that this is applicable to the last quarter of the year as well, and for the total duration of the period the learner is at the school.
8. If the person responsible for payment of the fees resides outside South Africa, I/we understand and agree that, notwithstanding clause 3a. above, each term's Tuition and Boarding Fees must be paid in advance before the learner will be admitted to a class each term.
9. In the event of an attorney being instructed to collect any amount owing from me/us, then we agree to pay legal costs on the scale as between attorney and client, including collection commission and tracing fees. **Notice sent to the contact address** as given on the Financial Contract (or any change of address given to the school in writing) will serve as Notice of Handing Over.
10. Should I/we fail to make payments in accordance with this agreement, the balance of the year's school fees will immediately become due and payable.
11. Payment of all school fees must be made to the following account (or whichever other account the school may from time to time nominate in writing):

| | | |
|-----------------|---|------------------|
| Bank | : | Nedbank |
| Name of account | : | Heritage Academy |
| Account Number | : | 101 038 2144 |
| Branch Code | : | 198 765 |

(If you deposit your fees into our Bank Account, please ensure that the school receives a copy of the deposit slip sent either with your dependant or by email to [finance@heritageacademy.co.za].
12. If you elect to make payment electronically or in terms of a stop order, please use the **learner's full name or your school account number as reference**.
13. No variation or amendment of this agreement will be of any force or effect, unless it is reduced to writing and signed by me/us and a duly authorised representative of the Board of Heritage Academy.

I/WE AGREE:

1. To pay the non-refundable **REGISTRATION FEE** and deposit on acceptance in order to secure a place for our child.
2. To pay all additional charges on presentation of account.
3. To be responsible for the purchase of full regulation school uniform in cash or card.
4. That if the child is accepted as a Boarder at Heritage Academy, to pay **BOARDING FEES** in accordance with clause 2 read with clause 3 above. In addition to the annual boarding fees, I/we agree to pay a deposit equal to one full month's boarding fees on acceptance of the learner to the Boarding establishment, which deposit will be deducted from the final account, once the learner is withdrawn from the boarding establishment.
5. That if this financial contract with the school is not kept, the school is entitled **to withdraw tuition and, where applicable, boarding services from the child.**

I/We have been given a copy of the schedule of fees for the current year, and understand that the details of amounts and due dates specified are a reminder for me/us for this year, and that these details will change for following years. I/we agree that the conditions of the financial contract, including any amendments as authorised by the Board of Heritage Academy and notified to the parents in advance by means of a circular, will apply for following years as well. I/We understand that by enrolling my/our child at this school at the beginning of each year, I/we am/are indicating my/our acceptance of the fee structure for that year.

Signed at (Place) _____

On (date) _____

Signature (Father) _____

Name in Full (Father) _____

Signed at (Place) _____

On (date) _____

Signature (Mother) _____

Name in Full (Mother) _____

Signed at (Place) _____

On (date) _____

Signature (Guardian) _____

Name in Full (Guardian) _____



HERITAGE ACADEMY

FINANCIAL CONTRACT

| | | |
|------------------|--------|-------|
| Name of Learner: | Grade: | Year: |
|------------------|--------|-------|

| DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF FEES | |
|---|----------------------|
| IMINININGWANE YALOWO ONESIBOPHO SOKUKHOKHWA KWEZIMALI | |
| Title: | Surname / Isibongo : |
| First names in full / Amagama ngokugcwele : | |
| Relationship to learner | : |
| I.D. No. / Inombolo KaMazisi | : |
| Date of birth / Usuku LokuZalwa | : |
| Postal Address / Ikheli LokuPosa | : |
| | |
| Residential Address / Ikheli Lendawo YokuHlala: | |
| | |
| | |
| Tel no. / INombolo yoCingo | : |
| Work/emsebenzini | : |
| Home/ekhaya | : |
| Cell no. / INombolo kamakhalekhukhwini | : |
| Email Address | : |
| EMPLOYER'S NAME / IGAMA LOMQASHI: | |
| Employer's Address / Ikheli lomQashi | : |
| Occupation / UmSebenzi Owenzayo | : |
| Department / UmNyango | : |
| Salary Reference No./ INombolo yokuHola | : |

| | |
|---|---|
| SPOUSE or PARTNER'S FIRST NAMES / AMAGAMA OMYENI / KANKOSIKAZI : | |
| Spouse's Employer / Igama lomQashi wakhe | : |
| Tel No. / Inombolo yoCingo | : |
| Cell No. / Inombolo kaMakhelekhukhwini | : |
| Occupation / UmSebenzi Awenzayo | : |
| Department / UmNyango | : |

NAME & ADDRESS OF RELATIVES (FRIENDS LIVING AT A DIFFERENT ADDRESS) / IGAMA NEKHELI LOMNGANI / ISIHLOBO ENINGAHLALI NAYE**RELATIVE ONE**

Name :

Relationship :

Address :

Postal Address / Ikheli LokuPosa :

Tel Work / INombolo yoCingo (emsebenzini):

Tel Home / INombolo yoCingo (ekhaya) :

Cell No. / INombolo kaMakhalekhukhwini :

RELATIVE TWO

Name :

Relationship :

Address :

Postal Address / Ikheli LokuPosa :

Tel Work / INombolo yoCingo (emsebenzini):

Tel Home / INombolo yoCingo (ekhaya) :

Cell No. / INombolo kaMakhalekhukhwini :

NAME OF LAST SCHOOL ATTENDED / IGAMA LESIKOLE INGANE EGCINE KUSONA

Address :

Postal Address / Ikheli LokuPosa :

Number of Years attended / Iminyaka ayekhona ngayo :

From / Kusukela ngo :

To / Kuya ku :

Principal's Name / Igama Lika Thishanhloko :

Tel No. / INombolo yo Cingo :



HERITAGE ACADEMY

8 STOTT ROAD, PRESTBURY, PIETERMARITZBURG, 3201

CONFIDENTIAL QUESTIONNAIRE

SECTION A: - TO BE COMPLETED BY PARENT

| | |
|--------------------------|--|
| 1. Learner's Surname | |
| 2. Learner's First Names | |
| 3. Address | |
| | |
| Postal Code | |
| 4. Current School | |
| 5. Grade | |
| 6. Achievements | |
| 6.1 Sport | |
| 6.2 Cultural | |

SECTION B: - TO BE COMPLETED BY THE PRINCIPAL / GRADE HEAD OF THE CURRENT SCHOOL

7. Has the learner ever been involved in, or accused of smoking or using drugs or alcohol at school?

Yes No

A. If yes, what was the child involved in?

.....

B. What steps were taken?

.....

C. What was the outcome?

.....

8. Has the learner ever been involved in, or accused of bad behaviour or disciplinary transgression?

Yes No

A. If yes, what was the child involved in?

.....

B. What steps were taken?

.....

C. What was the outcome?

.....

9. Has the learner been referred to an Educational psychologist or had any remedial problem?

Yes No

A. If yes, what was the problem?

.....

B. What advice was given by the professional?

.....

C. What actions were put into place?

.....

D. What was the outcome?

.....

.....

10. Has the learner repeated any grades?

Yes No

A. If yes, which grade?

.....

B. Reason for repeating

.....

.....

.....

11. Are school fees paid regularly?

Yes No

A. If NO, please comment

.....

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12. By what date are school fees expected to be paid? :

13. Annual School fees for the current year :

14. Fees paid to date :

15. Current Balance :

16. Any other information that should be taken into consideration

.....

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.....

| Criteria | Poor | Acceptable | Good | Excellent |
|---------------------|------|------------|------|-----------|
| Application to work | | | | |
| School Attendance | | | | |
| School Involvement | | | | |

NO CONSIDERATION WILL BE GIVEN TO A LEARNER WHOSE FORM IS INCOMPLETE OR NOT RETURNED

Principal's Signature Date.....

Please return directly to:

E-mail: reception@heritageacademy.co.za

Fax: 033 3442852

Phone: 033 3441862

SCHOOL STAMP