

# AMITEK SCHOOLS

***"Be the Difference"***



231 Oxford Street, UPPER SOUTHERNWOOD, East London—5201  
 Landline: 043 7223548 Cell 0833291115 OFFICE: HS: reception1@amitekbc.co.zaa  
 PS: reception2@amitekbc.co.za, BURSAR: HS: bursar@amitekbc.co.za PS:  
 accounts@amitekbc.co.za

Dear Parents

**APPLICATIONS - 2025**

Attached is the 2025 application form. Please complete this application form in **FULL**. It is **extremely important** that the form is **correctly completed** and that **ALL** the applicable supporting documents are attached. The form must be signed by **BOTH/GUARDIANS/PARENTS**. Should any information or documentation be missing, we will unfortunately be unable to process the application for enrolment.

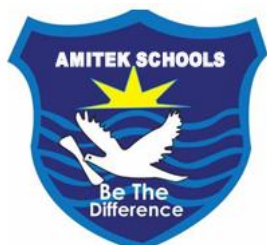
Please ensure that you have returned your completed application form well before the closing date of **31 JULY 2025**.

Thank you.

**AMITEK HIGH AND PRIMARY  
 ADMINISTRATORS**

Tel: 043 722 3548

	DOCUMENTS PROVIDED	YES	NO
1.	FULLY COMPLETED APPLICATION FORM WITH CERTIFICATE OF CONDUCT THAT MUST BE EMAILED THROUGH FROM CURRENT SCHOOL. (COMPLETE NRS 1-10 BELOW)		
2.	CHILD’S BIRTH CERTIFICATE		
3.	MARCH , JUNE AND OCTOBER SCHOOL REPORT		
4.	PROOF OF RESIDENTIAL ADDRESS		
5.	3 MONTHS BANK STATEMENTS		
6.	<b>PROVISIONAL TRANSFER DOCUMENT / TERM 4 REPORT AT END OF YEAR WITH TRANSFER</b>		
7.	ID COPY OF PARENT / GUARDIAN		
8.	ID PHOTO X 1 OF LEARNER		
9.	CLINIC CARD FOR <b>PRIMARY APPLICATIONS</b>		
10.	ANY REPORTS IF NEEDED (PSYCHOLOGICAL, ACADEMICS, SPORT AND BEHAVIOUR)		
11.	ALL DOCUMENTS HAVE BEEN RECEIVED.....		
12.	RECEIPT NUMBER : APPLICATION FEE R200 : .....		
13.	RECEIPT NUMBER : REGISTRATION FEE : .....		
14.	CAPTURED ON SASAMS : .....		



# AMITEK SCHOOLS

*"Be the Difference"*

## APPLICATION FORM

(THIS APPLICATION FORM WILL NOT BE PROCESSED WITHOUT BEING SIGNED BY BOTH PARENTS)

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reception2@amitekbc.co.za, BURSAR: HS: bursar@amitekbc.co.za PS:  
accounts@amitekbc.co.za

**PLEASE NOTE: WE ARE A FEE-PAYING SCHOOL**

FOR OFFICE USE ONLY		FAL	AFR	XHOSA
RECEIVED ON AND BY		STARTING DATE		
ADMIN NO.		ACCOUNT NO		
LEARNER NAME & SURNAME				
GRADE APPLYING FOR:		YEAR	2025	
ADMIN SIGN		BURSAR SIGN		
APPROVAL SIGN		APPROVED	YES / NO	

Dear Parents

**This form is only valid for the year of application.**

- Only on receipt of a **fully completed application form**, with all the required documents attached, will an application be placed on file for consideration.
- The completion of an application form **DOES NOT** guarantee acceptance to Amitek Schools.
- **Our language of instruction is English.**
- Learners will only be considered for enrolment if their parents or the legal guardians enroll them.
- Amitek Schools reserves the right to verify all information on this application.

The following documents must accompany the application: **(Please note: no copies of documents will be made at the school)**

**VERY IMPORTANT**

EMERGENCY PERSON	WHATSAPP NUMBER

LEARNER DETAILS										
Surname								Initials		
First Names										
Known as / Nickname										
Date of Birth	YYYY		MM		DD		Gender	M	F	
Identification							Population Group			
Country of Residence							Citizenship			

IF NOT A SOUTH AFRICAN, PLEASE PROVIDE INFO BELOW:				
Passport No			Country of origin	
Study Permit No			Expiry Date	

Physical Address								Postal Code			
Home Language					Deceased Parent	Father	Mother	Both			
Choice of First Additional Language	Afrikaans				Xhosa						
No of Children in family		Position in Family	Only/ 1 <sup>st</sup> child	2 <sup>nd</sup> child	3 <sup>rd</sup> child	4 <sup>th</sup> child	5 <sup>th</sup> or more				
Dexterity of Learner	Right Handed	Left Handed	Ambidextrous		Disability, if any:						
Religion	African Traditional	Bahai	Buddhist	Christian	Hindu	Jewish	Islam	Other:			
With whom does the learner live?	Parents		Mother	Father	Guardian	Other*					
*If Other, please complete	Name			Relationship		ID Number		Telephone			
Home Phone Number					Emergency Number						

LEARNER MEDICAL INFORMATION										
Allergies										
Routine Medication										
MEDICAL AID DETAILS	Medical Aid No.					Name of Main Member				
	Medical Aid Name						Option			
	Doctor's Name						Tel No			

PREVIOUS SCHOOL INFORMATION									
Name of Current School									
Current School Address									
Code		Province				Country			
Phone Number				School's Email					

DETAILS OF SIBLINGS AT AMITEK HIGH			
PUPIL		GRADE	Relationship to Pupil : Sister, Brother, Step
SURNAME	NAME		

CORRESPONDENCE			
WHO IS TO RECEIVE THE SCHOOL REPORT?	FATHER	MOTHER	OTHER (Please give details)
SCHOOL FEES			
WHO WILL BE RESPONSIBLE FOR THE SCHOOL FEES?	FATHER	MOTHER	OTHER (Please give details)
PAYMENT METHOD	Annual payment	Termly	Monthly

DETAILS OF PAYER (COMPULSORY)			
SURNAME	NAME	TITLE	
ID No. / Birth Date / Passport No.	e-mail		
Home Phone No.	Cell No.	Work Phone No.	
Physical Address		Postal Code:	
Name of Employer			
Occupation			

COMBINED PARENT GROSS INCOME

R 0.00 – R 10 000		R 10 001 – R 20 000		R 20 001 – Upwards	
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DETAILS OF BIOLOGICAL FATHER					
SURNAME	NAME	TITLE			
ID No. / Birth Date / Passport No.	e-mail				
Marital Status	Married	Divorced	Widow/er	Single	Re-married
Home Phone No.	Cell No.		Work Phone No.		
Physical Address			Postal Code:		
Name of Employer	(If parent is a teacher, please state the <b>name of the school</b> ; if self-employed, give <b>name of business</b> )				
Occupation					

DETAILS OF BIOLOGICAL MOTHER					
SURNAME	NAME	TITLE			
Identity Number	e-mail				
Marital Status	Married	Divorced	Widow/er	Single	Re-married
Home Phone No.	Cell No.		Work Phone No.		
Physical Address			Postal Code:		
Name of Employer	(If parent is a teacher, please state the <b>name of the school</b> ; if self-employed, give <b>name of business</b> )				
Occupation					

<b>HOW ARE YOU MARRIED?</b>	ANTE-NUPTIAL CONTRACT	COMMUNITY OF PROPERTY	CUSTOMARY	HINDU / MUSLIM	OTHER
<b>DETAILS OF STEPFATHER / STEPMOTHER</b>					
SURNAME			NAME	TITLE	
Identity Number			e-mail		
Marital Status	Married	Divorced	Widow/er	Single	Re-married
Home Phone No.	Cell No.		Work Phone No.		
Physical Address				Postal Code:	
	(If parent is a teacher, please state the <b>name of the school</b> ; if self-employed, give <b>name of business</b> )				
Name of Employer	(If parent is a teacher, please state the <b>name of the school</b> ; if self-employed, give <b>name of business</b> )				
Occupation					
<b>DETAILS OF LEGAL GUARDIAN / SPONSOR</b>					
SURNAME			NAME	TITLE	
Identity Number			e-mail		
Marital Status	Married	Divorced	Widow/er	Single	Re-married
Home Phone No.	Cell No.		Work Phone No.		
Physical Address				Postal Code:	
	(If parent is a teacher, please state the <b>name of the school</b> ; if self-employed, give <b>name of business</b> )				
Name of Employer	(If parent is a teacher, please state the <b>name of the school</b> ; if self-employed, give <b>name of business</b> )				
Occupation					
Relationship to Learner	Legal Guardian	Grandparent	Foster Parent	Other:	

## DECLARATION BY PARENT/ LEGAL GUARDIAN/SPONSOR:

- I/We hereby certify that I/we are the biological/adoptive parents and that I/we have legal custody and / or legal guardianship in respect of the above-named learner.
- SCHOOL FEES**
  - I/We acknowledge that Amitek Schools is a fee-paying school and parents / guardians / stipulated fee payer are expected to pay the fees in full. School fees are payable in advance on the first day of each month (January – November) 11 equal monthly instalments or per term.
  - In terms of Family Law, parents are jointly and severally liable for the payment of the school fees, irrespective of marital status. In the event of non-payment of school fees, the school will have the right to sue both parents, irrespective of maintenance and court orders, which may exist between the parties.
  - In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory school fees. In terms of 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
  - Financial assistance forms are available from the Bursar. Only upon approval, will fees be reduced or waived. A reduction/exemption must be applied for annually.
  - The school may conduct an enquiry and / or information search about the parents with a credit information bureau, persons acting as their agents and/ or credit grantors.
  - If parents fail to meet their school fee obligations, the school may record the parent's non-performance with a credit information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.
- Unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to:
  - collect, store and process information about you and any Third Party or divorced or separated Parent responsible for payment of any or all amounts owing in school fees.
  - collect, store and process names, contact details and information relating to yourself and your Child, and to such information being made available to other parents/guardians, staff or responsible persons engaged or authorised by the School for School-related purposes to the extent required for the purpose of managing relationships between the School, parents/guardians, and current learners as well as providing references and communicating with the body of former learners.

- include photographs, with or without name, of your Child in School publications, or in press releases to celebrate the School's or your Child's activities, achievements, or successes.
  - supply information and a reference in respect of your Child to any educational institution which you propose your Child may attend. We will take care to ensure that all information that is supplied relating to your Child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, the School cannot be liable for any loss you or your Child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us.
4. I/We hereby agree to:
- accept the ethos of the school as contained in the **Mission Statement** and to adhere to the school rules and disciplinary code.
  - acknowledge the authority of the Principal, the teacher's, and all staff.
  - pay the stipulated school fees as agreed by the parent body at the annual budget meeting.
  - pay any bank charges and interest on any outstanding fees.
  - to **give 2 months notice** in writing of any intention to remove my/our child from the school.
  - return all books and other property belonging to the school.
  - ensure that my child/ward attends school regularly and, should my child /ward be absent from school for any reason, inform the school of his/her absence.
  - pay all costs incurred for damage to school property or losses caused by my child /ward.
5. I/We am fully aware of the admission requirements of Amitek Schools as contained herein.
6. I/We will take responsibility for ensuring that my child /ward is adequately insured against personal injury or related risks. I/We will also ensure that their personal belongings are adequately insured against loss and I understand that the school cannot be held responsible for any losses or damage incurred.
7. Please be advised that our application and registration fee is non-refundable, under no circumstances whatsoever.

**This commitment, in its entirety, will be valid from the day on which it is signed by the parent/ guardian to the day on which the pupil officially leaves the school.**

**DECLARATIONS:**

**BIOLOGICAL FATHER**

I, ..... hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body (SGB) or his designate, permission to verify/check and confirm any of the details, documents or statements made in this application. I understand that should any information be found to be false or of a questionable nature this application will be rejected in full, and no further negotiations will be entered into between the SGB and the applicant.

.....  
SIGNATURE DATE

**BIOLOGICAL MOTHER**

I, ..... hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body (SGB) or his designate, permission to verify/check and confirm any of the details, documents or statements made in this application. I understand that should any information be found to be false or of a questionable nature this application will be rejected in full, and no further negotiations will be entered into between the SGB and the applicant.

.....  
SIGNATURE DATE

**LEGAL GUARDIAN / SPONSOR**

I, ..... hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body (SGB) or his designate, permission to verify/check and confirm any of the details, documents or statements made in this application. I understand that should any information be found to be false or of a questionable nature this application will be rejected in full, and no further negotiations will be entered into between the SGB and the applicant.

.....  
SIGNATURE DATE

**PAYER**

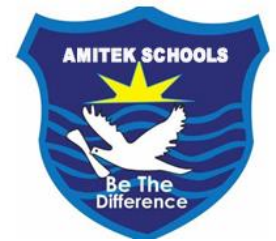
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.....  
SIGNATURE DATE

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PARENT / GUARDIAN

## **AGREEMENT OF SCHOOL FEES PAYMENT**

I, .....

The Parent / Guardian of

.....

In Grade ..... **Promise to pay School Fees on the** ..... Of each and every month starting from January to November. **(Payments in advance - 11 Months)**

**Failure to do so your child will not be able to attend classes until paid**

(Basic Education Rights Handbook—Chapter 20 Education Rights of Independent School)

Signed : Parent / Guardian : .....

Date : .....

Signed : .....

**BURSAR**

<b>AGE</b>	<b>GRADE</b>	<b>APP FEE</b>	<b>REG FEES</b>	<b>MONTHLY</b>	<b>AFTERCARE</b>	<b>HOMEWORK</b>
5 -6 YEARS	GR R	200	1 000	1800	500	
6 -9 YEARS	GR 1 - 3	200	1 000	2000	500	
10 -12 YEARS	GR 4 - 7	200	1 000	2100		500
13 - 14	GR 8	200	1 000	2250		
15 - 16	GR 9					
16 - 18	GR 10 -11	200	1 000	2300		
17 - 19	GR 12	200	1 000	2400		

### **HIGH SCHOOL**

**Tel: 043 722 3548**

**Bursar Cell : 063 046 4975**

**Banking Details:**

**Amitek Business College**

**FNB 62179879807**

**Ref: Name & Surname**

**Email: [bursar@amitekbc.co.za](mailto:bursar@amitekbc.co.za)**

### **PRIMARY SCHOOL**

**Bursar Cell : 078 816 9676**

**Banking Details**

**Amitek Investment Holdings**

**FNB 62617497666**

**Ref: Name & Surname**

**Email: [accounts@amitekbc.co.za](mailto:accounts@amitekbc.co.za)**

**PLEASE PAY INTO CORRECT BANK ACCOUNT : HIGH SCHOOL OR PRIMARY**



## **PAYMENT PLAN**

(to be completed by ALL parents and payer)

FULL NAME OF FATHER / LEGAL GUARDIAN	
IDENTITY NUMBER OF FATHER / LEGAL GUARDIAN	
FULL NAME OF MOTHER / LEGAL GUARDIAN	
IDENTITY NUMBER OF MOTHER / LEGAL GUARDIAN	
FULL NAME/S OF SIBLINGS AT AMITEK	

We, the parents / legal guardians of \_\_\_\_\_ hereby acknowledge that we are lawfully indebted to Amitek Schools for the fees as resolved by the parents at the Annual Budget Meeting. These fees must be paid according to the options available. (A monthly statement is handed to your child during the last week of every month.)

(Please indicate your preferred option):

- Quarterly in advance at the start of each term
- Monthly debit order or
- Monthly direct transfer (EFT) not later than the signed payment date of each month from January through to November each year. Monthly payment in advance.

In the event of my failing to make any payment promptly on due date, Amitek Schools shall have the right to demand the immediate payment of the total owing. I further accept that in such circumstances, I shall be liable for the payment of all legal fees based on the attorney and client scale of costs, including collection commission.

Physical address of Father/Legal Guardian:

\_\_\_\_\_

Physical address of Mother/Legal Guardian:

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
FATHER / LEGAL GUARDIAN MOTHER / LEGAL GUARDIAN

NAME OF CHILD: \_\_\_\_\_

NAME OF PAYER: \_\_\_\_\_

SIGNATURE OF PAYER: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF BURSAR: \_\_\_\_\_

SIGNATURE OF BURSAR: \_\_\_\_\_ DATE: \_\_\_\_\_





# AMITEK SCHOOLS

## ACKNOWLEDGEMENT / DECLARATION BY PARENTS / GUARDIAN LIABLE FOR THE PAYMENT OF SCHOOL FEES IN RESPECT OF:

**PUPIL:** \_\_\_\_\_, to be admitted to **GRADE** \_\_\_\_\_ in 2025

We acknowledge and accept that by a decision of the Parent Body, the payment of school fees at Amitek Schools is compulsory. We also acknowledge and accept that as parents/guardians we will be jointly and severally responsible for the payment of fees as prescribed by Amitek Schools in terms of current legislation.

We warrant that we are in a financial position to pay the prescribed fees and agree to pay timeously and in full when required to do so.

We do hereby consent to the jurisdiction of the East London Magistrate's Court and agree to pay collection commission and costs as between attorney and client in the event of legal steps being taken against us for defaulting.

We consent that this document may be used for the aforesaid purposes.

### **FATHER / LEGAL GUARDIAN:**

\_\_\_\_\_  
NAME & SURNAME:

\_\_\_\_\_  
ID NUMBER

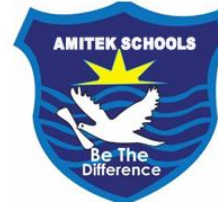
\_\_\_\_\_  
SIGNATURE:

### **MOTHER / LEGAL GUARDIAN:**

\_\_\_\_\_  
NAME & SURNAME:

\_\_\_\_\_  
ID NUMBER

\_\_\_\_\_  
SIGNATURE:



# AMITEK SCHOOLS GENERAL CONSENT FORM

I, \_\_\_\_\_  
(Full names and surname of the lawful parents/legal guardians of)

\_\_\_\_\_  
(Child's full name and surname)

Hereby declare that:

1. For the duration of my child's enrolment as a learner at Amitek Schools, I give my general consent for my child to participate in officially sanctioned school activities and excursions.
2. I expect to be informed in advance, of any planned excursions to exercise my right, should I so choose, to have my child excluded from such excursions.
3. I give my consent to the school obtaining medical help in case of necessity or injury to my child. Should my designated doctor be unavailable or unreachable, I consent to the school appointing a doctor at its discretion.

To my knowledge, the above-mentioned child does/does not\* suffer from any notifiable disease.

### **FATHER / LEGAL GUARDIAN:**

\_\_\_\_\_  
NAME & SURNAME:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CELL PHONE NUMBER

### **MOTHER / LEGAL GUARDIAN:**

\_\_\_\_\_  
NAME & SURNAME:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CELL PHONE NUMBER