

BOSTON AFTER-SCHOOL CARE CENTRE (BASCC)**APPLICATION FOR ADMISSION**

Date Application Received	FOR
Applying For EXTENDED / FULL CARE	OFFICE
Account (NEW / EXISTING)	USE
Grade of Sibling (NEW / EXISTING)	ONLY
Fees up to date	YES / NO

I HEREBY APPLY FOR ADMISSION FOR MY CHILD TO ATTEND THE BOSTON AFTER-CARE CENTRE (BASCC)

FROM ___ / ___ / ___ UNTIL ___ / ___ / ___ FOR

EXTENDED CARE (Only for GrR – Gr2)
After-Care from 12:30 until 15:30
No School Holiday Care

OR

FULL CARE (GrR – Gr7)
After-Care from 12:30 until 17:45
Includes School Holiday Care

PARTICULARS OF LEARNER

SURNAME NAME/S GRADE

RESIDENTIAL ADDRESS

MEDICAL CONDITIONS THE SCHOOL SHOULD BE AWARE OF

MEDICATION USED BY LEARNER

NAME OF PERSON WHO WILL FETCH LEARNER FROM BASCC CONTACT NO.

PARTICULARS OF PARENTS / LEGAL GUARDIANS**FATHER / PARENT 1 / LEGAL GUARDIAN 1:**

TITLE INITIALS SURNAME

CONTACT NOS. Work Cell Home

EMAIL ADDRESS

OCCUPATION EMPLOYER

RESIDENTIAL ADDRESS

MOTHER / PARENT 2 / LEGAL GUARDIAN 2:

TITLE INITIALS SURNAME

CONTACT NOS. Work Cell Home

EMAIL ADDRESS

OCCUPATION EMPLOYER

RESIDENTIAL ADDRESS

EMERGENCY CONTACTS**DOCTOR:**

TITLE INITIALS SURNAME

CONTACT NOS. Work Cell Other

ALTERNATE EMERGENCY CONTACT:

TITLE INITIALS SURNAME

CONTACT NOS. Work Cell Other

I have read and accept the conditions of enrolment as stipulated by the School Governing Body. Furthermore, I undertake on behalf of myself, my executors, my spouse and my child aforesaid to indemnify, hold harmless and absolve the Western Cape Education Department, Boston Primary School, its office bearers and the School Governing Body against all claims whatsoever that may arise in connection with any loss of or damage to the property or injury to the person of my child aforesaid, in the knowledge that those in control will, nevertheless, take all reasonable precaution for the safety and welfare of my child. **I do acknowledge that submission of an application form does not mean that my child has been accepted.**

Signed at _____ this _____ day of _____

NAME & SURNAME OF PARENT / LEGAL GUARDIAN

SIGNATURE OF PARENT / LEGAL GUARDIAN

**BOSTON PRIMARY SCHOOL
PAYMENT UNDERTAKING FOR BASCC FEES**

I, We _____ (name and surname), the undersigned
and residing at _____ (address),
the parent(s) / legal guardian(s) of:

	LEARNERS SURNAME	LEARNERS NAME	LEARNERS GRADE APPLYING FOR
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

understand that in terms of the SA Schools Act (Act No 84 of 1996), I am/we are liable to pay the annual BASCC Fees as determined by the School Governing Body of Boston Primary School.

I/We undertake to make this payment:

A **Annually** – Payment will be made in full by 31 March 2021.
(Early settlement discount applicable for School Fees only)

B **Monthly Debit Order System** – Debit my/our bank account monthly on
 the 1st working day of each month OR
 the 15th working day of each month OR
 the 26th working day of each month.
(February to November inclusive i.e. ten equal payments)
On acceptance, the debit order form will be sent to you after the budget meeting in November.

C **Monthly cash payment / Electronic Fund Transfer** - This is to be remitted
on the first working day of each month and no later than the 7th of the month.
(1 February to 1 November inclusive i.e. ten equal payments)

I/We understand that this undertaking remains valid for the academic year unless written notice of change is given 30 (thirty) days before such change is to become effective.

I/We undertake to submit a written proposal of alternative arrangements to the School Governing Body in the event of my/us not being able to meet this undertaking.

Should I/we fail to comply with my/our choice of payment as indicated above, the full outstanding amount becomes immediately due and payable and steps will be taken to collect all unpaid School Fees after 1 month of non-payment. Should outside agencies be appointed to recover my/our outstanding debt, I/we hereby agree to pay all costs between such agent and Boston Primary School.

Should any or all the above learners for whom I am/we are responsible, leave the School during the course of any month or term, I/we undertake to pay all outstanding Tuition Fees for the learner(s) on the last day of attendance, unless the School Governing Body approves otherwise in writing.

I/We understand that the Payment Undertaking for BASCC Fees must be renewed every year and that the amount due may vary subject to the changes in the annual fee structure as determined by the School Governing Body.

Signed at _____ this _____ day of _____

NAME & SURNAME OF PARENT 1 / LEGAL GUARDIAN 1

SIGNATURE OF PARENT 1 / LEGAL GUARDIAN 1

NAME & SURNAME OF PARENT 2 / LEGAL GUARDIAN 2

SIGNATURE OF PARENT 2 / LEGAL GUARDIAN 2