B"H

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### Cape Town Torah High

Phone: 021 461 2524

Email- admin@cttorahhigh.com

**ENROLMENT FORM**

**Enrolment Date: \_\_\_\_\_\_\_\_\_\_\_**

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| **Student’s Details** |
| Student’s Surname: |
| Student’s First Name: |
| Preferred First Name: |
| Student’s Hebrew Name: |
| Date of Birth:Hebrew Birthday: |
| Identity/Passport Number: |
| Gender:  |
| Home Language: |
| Home Address: Postal Code: |
| Home Phone: ( )  |
| Student’s Contact Details: Cell Gmail |
|  |
| **Father’s Details** |
| Father’sname**:** ID:Father’s occupation: Work No.: ( )Cell No.: Email address:Residential Address (if different from the student’s address) |
|
| **Mother’s Details** |
| Mother’s name**:**  ID:Mother’s occupation: Work No.: ( )Cell No.: Email address:Residential Address (if different from the student’s address) |
| **Emergency Details**Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) Cell :   |

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| --- | --- |
| **Marital Status**Please note: in case of divorce, communication and reports will be issued to both parents, unless there is a legal restriction limiting the parent’s rights. Please provide documentation in this case. |  Married Separated Divorced If separated/divorced, for how long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child resides with? (Circle one)Both parents/ father/ mother/ guardian   |
| Please list any conversions in the family:(Please include copy of conversion certificate) |  |
| Name of previous school |  |
| Name of primary school |  |
| Indicate student’s particular strengths and/or deficiencies (physical, emotional): |  |
| Please indicate subjects of interest to incorporate in the student’s personal curriculum package. |  |
| Does your child have siblings? (Enter a number)  Brother (s) Sister (s) | 1. Name: Birthday: School:2. Name Birthday School:3. Name:  Birthday School:  |
| I agree to have my name and telephone number included on a parent roster. | Please initial |
| I agree to have my child photographed for personal profiles and/or school PR. | Please initial |

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| **Student Medical Information** |
| **Emergency Transportation** |
| In case of emergency, G-d forbid, I give Cape Town Torah High and its employees my permission to have my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_transported to the nearest doctor/dentist or hospital/clinic for emergency medical care.Parent/Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Doctor Information** |
| Doctor’s Name:  |
| Phone: ( )  |
| Dentist’s Name:  |
| Phone: ( )  |
| Medical Aid: Medical Aid No. |

|  |  |
| --- | --- |
| **Health Information** | **X** if not applicable |
| Allergies (food, medication, environmental) and precautions, reactions and treatment: |  |
| Medications, food supplements, modified diet currently being administered: |  |
| Chronic Physical Problems:  |  |
| History of diseases the student has had: ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------ |  |
| Any additional health or enrolment information you feel we should know about your child: ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------ |  |
| If required, I agree to my child being involved in educational or psychological assessments by a registered therapist. | Signature  |

**TUITION FEES**

All fees are payable one month/term in advance, there are 4 terms.

Sibling discount is 10% for 2nd child and 15% for 3rd child on school fees.

**A non-refundable Registration Fee of R1800 is applicable.**

**Printing Levy of R300 per Term**

Tuition fees do not include textbooks or workbooks.

|  |
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| **2017 FEES PER TERM** |
| **Number of Children**  | 1 child | 2 children | 3 children | 4 children |
| **Discount for additional child** |  | 10.00% | 15.00% | 20.00% |
| **Junior High (grades 7 - 9)** | R17,400 | R15,660 | R14,790 | R13,920 |
| **Senior High (grades 10 - 12**) | R21,750 | R19,575 | R18,488 | R17,400 |

**METHODS OF PAYMENT**

1.Full annual payment by 1 January – a 5% discount has been levied on this amount.

2. Debit orders – payable on the 1st of the month.

3. Direct internet payment to be paid into:

FNB Account Name: Cape Town Torah High

Cheque Account

Account no. 62408429943 Branch code 250655

**Please use student’s name + “fees" for beneficiary reference.**

If you have any queries please email admin@cttorahhigh.com

For Financial Assistance Applications email admin@cttorahhigh.com

**FEES POLICY**

1. School fees have been determined per annum. They have been divided into 4 terms and then further into monthly amounts in order to make payment easier for parents. Fee structure conditions remain unchanged irrespective of your child’s school attendance.

Term 1: January, February, March

Term 2: April, May, June

Term 3: July, August, September

Term 4: October, November, December

 Our policy with regard to late admittance is the following:

* Learners in attendance for two thirds or more of the term will be liable for a full term fees
* Learners who are admitted at any time during the last month of a term will be liable for one full month's fees of that term
1. All fees are payable in ADVANCE and must be paid on time.
2. One full terms written notice is required when leaving the school in order to avoid being liable for fees.
3. All fees are subject to change with notification.
4. School fees are invoiced termly.
5. All reports and transcripts will be released on full payment of fees.

**PERSON RESPONSIBLE FOR PAYING THE ACCOUNT:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoices will be emailed to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please provide preferred email address)*

A hard copy will be supplied on request.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to the terms and conditions on this form and in the handbook

and validate all information supplied on this form.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When submitting your enrollment form, please ensure you have completed the following:**

* Non-refundable registration fee of R1800.00
* Certification of Jewish identity. e.g. Jewish marriage, bris, conversion certificate, Shul Membership certificate / letter from your Rabbi.
* The completed enrollment form
* If need be, a financial assistance application form - details of finance will need to be discussed up front if full tuition will not be able to be covered
* A copy of the child’s Birth Certificate or ID document
* Reports from the child's current school
* Psychological assessments
* A medical report from the family doctor
* Immunisation certificates
* Copy of your most recent statement of account for school fees of your child’s prior school (to determine fees charged and settlement of all fees due).

**Your child’s application will be successful when:**

* Proof of payment of R1800.00 for enrollment fee. Without this, the enrollment is null and void. Please attach proof of payment to this form.
* Both teacher and applicant agree that moving to CTTH is the best move for the applicant.
* A trial period, decided by CTTH principals is agreed upon by the applicant. After the trial period, the applicant will meet with the principals to discuss progress and future at CTTH
* Both parents acknowledge by signature (below and on every page of the enrollment form) that they have read and understood all aspects, especially pertaining to the current school fees and the opportunity of applying for remission should they wish.

Name Parent/guardian 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Name Parent/guardian 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_