

NEW APPLICATION



Welcome to The Olive Tree

Thank you for your enquiry.

Please complete and sign the attached forms and return to the school at your earliest convenience.

NAME OF LEARNER: AGE Years

THE OLIVE TREE SCHOOL, POTCHEFSTROOM

- The Olive Tree School is a private **DAY SCHOOL** for learners with **Autism Spectrum Disorder (ASD)** in Potchefstroom, North West Province.
- The Olive Tree School aims to deliver well-balanced, personalised programmes catering to the individual needs of learners who have **Autism Spectrum Disorder (ASD)**.
- The Olive Tree School offers a full school day programme from 07:30 to 13:30. We do have an aftercare facility from 13:30 to 16:30, however **NO Boarding Facilities** available.

Applications remain open throughout the year.

OUR VISION

To provide children with ASD a happy and safe space with quality support, training and programmes, enabling learners to grow in confidence and maximize their skills and potential.

FEE STRUCTURE

- **SCHOOL REGISTRATION FEE**

An annual non-refundable fee of R1500 is payable to confirm acceptance, payable before 31 December of the preceding year.

- **PAYMENT OF SCHOOL AND AFTERCARE FEES**

All fees are billed and payable monthly in advance over 12 months. The first month's fee is payable by the 1st January and the last payment is due by 1st December of each respective calendar year.

- **EARLY SETTLEMENT DISCOUNT**

Parents who pay the annual school and aftercare fees in full before the start of school in January are entitled to a discount.

	FEES	AMOUNT
ANNUAL	REGISTRATION FEES	R1 500 per year
07:30 – 13:30	SCHOOL FEES January to December	R4 600 per month x 12
13:30 – 16:30	AFTERCARE January to December	R1 500 per month x 12

The Olive Tree School provides learners with a caring and stimulating school environment where they can learn, play, laugh, love, develop, and grow to reach their full potential. Our objective is for special children and their families to benefit from this environment - **WHERE LOVE GROWS**

NAME OF LEARNER: AGE Years

APPLICATION FORM

Applications to include the following documents:

- Section A:** Learner Information
Section B: Medical Report
Section C: Parent Agreement
Section D: POPIA Act Permission

Parents to retain the following documents: General Information and Fee Structure with banking Details

Application Forms can be requested from our Email address info@theolivetreeschool.co.za.I hereby apply to enrol my child in The Olive Tree School on a full-day / half-day basis as indicated with an x.

SECTION A: LEARNER INFORMATION
 (Complete and return with Application)

LEARNER INFORMATION		
GIRL / BOY:		
SURNAME:		
FIRST NAMES OF CHILD:		
DATE OF BIRTH:		
PLACE OF CHILD IN FAMILY:		
HOME ADDRESS:		
PREVIOUS SCHOOL / LAST PLAYGROUP ATTENDED:		
DIAGNOSIS:	DIAGNOSED BY:	
PARENT / GUARDIAN INFORMATION		
	FATHER	MOTHER
NAME:		
SURNAME:		
IDENTITY NUMBER:		
CONTACT NUMBER:		
POSTAL ADDRESS		
EMAIL ADDRESS:		
OCCUPATION:		

NAME OF LEARNER: AGE Years

SECTION B: MEDICAL REPORT (Complete and return with Application)

LEARNER'S NAME: _____ **AGE:** _____ years

1. Has your child received all the necessary immunisations YES NO
Please attach a copy of your child's immunisation card.

2. Has your child been diagnosed with **Autism Spectrum Disorder**? YES NO

Diagnosis: _____

Diagnosed by: _____
(NB! Please attach doctors' or therapists' reports)

3. **Please list any daily medication your child is taking:**
(e.g. Risperdal, Ritalin, Epilim, including any over-the-counter medications): _____

4. **Allergies – medical** (please specify): _____

Any other allergies (e.g., dietary or other): _____

5. **Details of Family Doctor:**

Name of family doctor: _____

Telephone Number: _____

Physical Address: _____

6. **Details of Medical Aid Society:** *(Please attach a copy of your Medical Aid Card)*

Name of Medical Aid: _____ Name of Main Member: _____

Medical Aid Plan: _____ Membership Number: _____

7. **Name of Friend or Relative to be contacted If a Parent Cannot be reached in an Emergency:**

Name: _____

Relationship: _____

Telephone Number: _____

8. **I accept that The Olive Tree School:**

- 8.1 May consult a doctor if I cannot be reached in an emergency.
- 8.2 Cannot be held responsible for any necessary doctor's fees and medication.
- 8.3 Cannot be held responsible for any accidents.
- 8.4 Will notify parents immediately of any illnesses or accidents

NAME OF PARENT/GUARDIAN: _____

SIGNATURE: _____

DATE: 20 ____ / ____ / ____

NAME OF LEARNER: AGE Years

SECTION C: PARENT / GUARDIAN AGREEMENT
(Complete and return with Application)

1. I, Hereby apply to place my child, _____
(Full names and surname of child)
In the care of **The Olive Tree School**.
2. I accept that the School:
 - 2.1. Cannot be held responsible for any accidents.
 - 2.2. May contact a local doctor at the discretion of the Principal if I cannot be reached in an emergency.
 - 2.3. My medical information / report is correct.
3. I hereby apply to enrol my child in The Olive Tree School on a **full-day** / **half-day** **basis** as indicated with an **x**.
 - 3.1. I undertake to pay the monthly school fees **in advance** not later than 4 days after the end of each month.
 - 3.2. The Olive Tree School reserves the right, at its own discretion, to instruct parents to remove children for non-payment of fees or if the school deems it necessary for a child to be removed (after dialogue with the parents). This may occur if the child does not benefit from the facilities or the programme designed for him/her.
 - 3.3. Only learners **enrolled** at The Olive Tree School **may attend** The Olive Tree School Aftercare.
4. I understand that The Olive Tree School will be closed during school holidays as determined by the North West Department of Education.
5. I undertake to give **one calendar month's notice in writing** before withdrawing my child from the School or to pay one month's fees in lieu of notice.

NAME OF PARENT/GUARDIAN: _____

NAME OF CHILD: _____

SIGNATURE: _____

DATE: 20 / /

WITNESS: _____

WITNESS: _____

NAME OF LEARNER: AGE Years

SECTION D: POPIA ACT PERMISSION
(Complete and return with Application)

PARENT'S PERMISSION FOR THE RELEASE OF THE POPIA ACT OF LEARNER PHOTOS, IMAGES, VIDEOS, etc:

I, (please print full name clearly) _____, hereby grant permission to The Olive Tree School to display photos/images/videos of the child(ren) named below as part of:

- A demonstration, project, or activity in the course of classroom teaching;
- A sample project, activity, or CD created by the school for use in educational workshops, classrooms, advertisements, etc.;
- The school's web pages and social media platforms (including Facebook and Twitter);
- Samples provided to programme publishers, or contest entries submitted to sponsors;
- Video recordings to appear in a school-related programme broadcast on a television station; and/or
- Any printed publication, including but not limited to newspapers, magazines, yearbooks, etc.

By granting this permission, I understand that the school may use photos/images/videos of the child(ren) for purposes such as celebrating achievements and publicising educational events, as deemed appropriate by the school's governing body and the principal. Such use may include display in the school's photo gallery.

I further understand that although the school associated with the photos/images/videos will be identified, and adults appearing in photos/images/videos may be named, personally identifiable information of the child(ren), except for the name(s) of the child(ren), will not be used with any photo/image/video.

I am signing this release form with the understanding that any photos/images/videos posted on the school's website can be downloaded and reproduced by various news organisations, including print, electronic, and broadcast media. Therefore, I release the school from any liability arising from the use of photos/images/videos of the child(ren) in school web postings.

Additionally, I understand the potential risks associated with posting photos, images, and videos online, as global internet access means it is not possible to control who may view this content. I further understand that if I wish to rescind this agreement, I may do so at any time by sending a letter to the school principal.

NAME(S) OF LEARNER(S): _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: 20 ____ / ____ / ____

GENERAL INFORMATION

(Parents to retain this document)

1. TIMES:School hours: **07:00 to 13:30** and Aftercare: **13:30 to 16:30****2. UNIFORM:**

At this stage, we are considering a T-shirt with a school badge as the uniform. This can be worn with shorts or long trousers of your choice. We understand that our learners have different needs when it comes to clothing, and in consultation with our parents, we will explore options for a winter uniform.

All clothing must be suitable for the prevailing weather conditions. The school will not accept responsibility for any damage to or loss of clothing, toys, or other possessions. Please ensure that all clothing, face cloths, blankets, and pillows are clearly marked with your child's name.

4. TOILETRIES:

- 1 x large box of tissues **PER TERM**
- 1 x pack of hand/face wet wipes **PER TERM**
- 2 x facecloths
- 1 x guest towel along with soap of your choice
- 1 x small cushion and blanket

5. STATIONERY PACK:

- 1 x large Pritt stick
- 2 x pencils
- 1 x packet of twist wax crayons
- 1 x packet of large wax crayons
- 2 x 10-page flip files/folders
- 1 x 30-page flip file/folder
- 1 puzzle (age-appropriate)

6. OTHER REQUIREMENTS:

- All items to be clearly marked with your child's name.
- Additional items may be requested as your child progresses.
- The appropriate amount of nappies, wet wipes, and nappy disposal bags to be provided daily if your child is not yet toilet-trained.

7. FOOD:

Please ensure your child has breakfast at home before arriving at school. Parents are requested to provide the following:

- A sandwich
- A fruit
- A water bottle (clearly marked with your child's name)
- A snack your child enjoys
- Lunch and refreshments if your child stays for Aftercare

Please note that cakes, sweets, fizzy drinks, and chocolates are not allowed.

FEE STRUCTURE & BANKING DETAILS**THE OLIVE TREE SCHOOL, POTCHEFSTROOM**

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- The Olive Tree School has **NO Boarding Facilities** available.
- Applications remain open throughout the year.

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The Olive Tree School's fees are **tax-deductible** for qualifying taxpayers (Tax & Disability **ITR-DD** form).

TIMES:

The Olive Tree **School's** hours: **07:30 to 13:30** and
Aftercare hours: **13:30 – 16:30**

**SCHOOL
REGISTRATION FEE**

An annual non-refundable fee of **R1 500** is payable to confirm acceptance. This is due before 31st December of the preceding year.

**PAYMENT OF
SCHOOL AND
AFTERCARE FEES**

All fees are billed and payable monthly in advance over 12 months. The first month's fee is payable by 1st January, and the last payment is due by 1st December of each respective calendar year. School fees may increase in January each year.

**EARLY SETTLEMENT /
DISCOUNT**

Parents who pay the annual school and aftercare fees in full before the start of school in January are entitled to a discount

**NOTICE PERIOD /
CANCELLATION POLICY**

A calendar months' notice is required in writing before cancelling admission or withdrawing your child from the school.

BANK ACCOUNT DETAILS

Name : The Olive Tree School
Branch : 100 Grayston Drive Sandton
Acc No : 50017920302

Bank : Investec Bank Limited
Branch Code : 580105
Email POP to : accounts@theolivetreeschool.co.za;

Welcome to The Olive Tree School!
We look forward to a long and happy association with you and your child.