



Harding Academy

8 Phillip Street, Harding, 4680
Cellphone : 072 2486965

complete and return this page

Foundation Phase
Intermediate Phase
Senior Phase

Application Form 2026

Grade:

DETAILS OF CHILD

SURNAME : _____
FIRST NAME(S) : _____
KNOWN AS : _____
DATE OF BIRTH : _____ boy/girl? : _____

DETAILS OF FATHER

FULL NAMES : _____
ID NUMBER : _____
PHYSICAL ADDRESS : _____
POSTAL ADDRESS : _____
EMPLOYER : _____
OCCUPATION : _____
PHONE: WORK NO : _____ HOME NO: _____
PHONE: CELL NO : _____
EMAIL ADDRESS : _____

DETAILS OF MOTHER

FULL NAMES : _____
ID NUMBER : _____
PHYSICAL ADDRESS : _____
POSTAL ADDRESS : _____
EMPLOYER : _____
OCCUPATION : _____
PHONE: WORK NO : _____ HOME NO: _____
PHONE: CELL NO : _____
EMAIL ADDRESS : _____

DETAILS OF GUARDIAN (who the child lives with during school term) / or RELIABLE PERSON (to contact in emergencies)

FULL NAMES : _____
ID NUMBER : _____
PHYSICAL ADDRESS : _____
EMPLOYER : _____
OCCUPATION : _____
PHONE: WORK NO : _____ HOME NO: _____
PHONE: CELL NO : _____
RELATIONSHIP TO CHILD : _____

HOW WILL YOUR CHILD ARRIVE AT SCHOOL (TICK RELEVANT BOX)

WALKING ☐ CAR ☐ TRANSPORT ☐ CONTACT NO: _____

Please Submit :

- this Application Form this page [pg.1]
 - Medical Details form [pg.2]
 - Indemnity Form [pg.3]
 - Payment Agreement form [pg.4]
 - Copy of Parent or Guardian's Identity Document [I.D.]
 - Copy of Child's Birth Certificate
 - Copy of Child's Immunisations (Clinic Card) [a Health Department requirement]
 - Copy of their previous School Report and any Doctor's Assessments if possible please.
- [This is a list of all the papers you must submit when applying to the School]

Harding Academy

Child's Name : _____

Medical Details

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CONDITIONS (TICK RELEVANT BOX)

ASTHMA ☐

HEART CONDITION ☐

EPILEPSY ☐

ALLERGIES (SPECIFY) : _____

FOOD ALLERGIES : _____

ANY OTHER MEDICAL CONDITIONS THE SCHOOL NEEDS TO BE AWARE OF?

NAME OF DOCTOR : _____

TELEPHONE NO : _____

MEDICAL AID NAME : _____

MEDICAL AID NUMBER : _____

I HEREBY AUTHORISE THE PRINCIPAL, TEACHERS, OR ASSISTANTS TO SEEK ANY MEDICAL ATTENTION/ADVICE, WHICH MY CHILD MAY REQUIRE, WHEN THE FAMILY DOCTOR OR OURSELVES CANNOT BE CONTACTED.

THAT IN AN EMERGENCY THE PERSON IN CHARGE MAY SIGN FOR MY CHILD TO RECEIVE ANAESTHETIC AND ANY LIFE SAVING OPERATION OR MEDICAL TREATMENT AS DEEMED NECESSARY BY A MEDICAL PRACTITIONER IN ATTENDANCE.

THAT THE PERSON IN CHARGE MAY IN AN EMERGENCY TRANSPORT MY CHILD TO THE NEAREST MEDICAL FACILITY. I WILL THEN IMMEDIATELY BE INFORMED AND MAY GO DIRECTLY THERE.

THAT MY CHILD HAS BEEN PROPERLY IMMUNIZED AGAINST WHOOPING COUGH, DIPHTHERIA, TETANUS AND POLIO, AND VACCINATED AGAINST TUBERCULOSIS AND WHERE NECESSARY WILL FURNISH PROOF OF THIS.

NAME OF PARENT : _____

SIGNATURE OF PARENT : _____

WITNESS : _____

DATE : _____

PLACE : _____

PLEASE NOTIFY THE SCHOOL OF ANY RELEVANT CHANGES TO ADDRESSES, CONTACT PERSONS, ETC
AS THEY OCCUR

Harding Academy

Child's Name : _____

Indemnity Form

**FOR THE CHILD TO BE ACCEPTED INTO HARDING ACADEMY IT IS REQUIRED THAT
HIS/HER PARENT OR LEGAL GUARDIAN SIGN THIS INDEMNITY FORM.**

I, _____ (full names)
ID number : _____
Address : _____
The parent/guardian of : _____

Hereby indemnify and hold blameless HARDING ACADEMY and MR KEITH HOGG, together with the employees of the Centre and/or property owner and all other persons to whom the Centre and/or Property Owner or its employees may delegate the care and supervision of my child against all loss or damage from any cause arising which my child may suffer, whether by way of personal injury otherwise irrespective of whether such loss or damage was caused or arose out of negligence on the part of HARDING ACADEMY and/or MR KEITH HOGG or any other persons to whom the school and/or Property Owner may delegate the care and supervision of my child.

I fully understand and accept that all activities of the Centre shall be undertaken at my son/daughters and my own risk and I undertake on behalf of myself, the executors of my estate, my spouse, and my child aforesaid, to indemnify, hold harmless and absolve the school, the Property Owner, the Principal, Teachers and paid or unpaid assistants against and from any claims whatsoever that may arise in connection with any loss and damage to the property, or injury, illness or death to the person of my child aforesaid in the course of an activity or excursion notwithstanding that the owner, principal, church, teachers and paid or unpaid assistants will nevertheless take all reasonable precautions for the safety and welfare of my child.

I, as parent/legal guardian, agree to comply with the rules of the school.

THUS SIGNED at _____ on this _____ day of _____ 20 _____.

PARENT / GUARDIAN : _____

WITNESS : _____

Harding Academy

Child's Name : _____

Payment Agreement

Payment agreement between The Parent and *Harding Academy*.

I, _____ (Payee), ID # _____ agree to pay the fees that will be owing by me, according to the following payment option that I decide on.

- | | | | | |
|----------|--------------------------|---|--------------------------|------------------------------------|
| Option 1 | <input type="checkbox"/> | Fees paid over 11 months | <input type="checkbox"/> | my eldest child at this school |
| Option 2 | <input type="checkbox"/> | Fees paid once a year | <input type="checkbox"/> | not my eldest child at this school |
| Option 3 | <input type="checkbox"/> | Fees paid every quarter (which means each term) | | |

I understand that: - I may change the option, provided that I continue to pay by the deadlines mentioned below
- and that all legal fees for collection of any overdue accounts will be for my account.

I understand that fees must be paid by the first week of:

- the month (if paying monthly) or
- the school year (if paying the full year's fees) or
- the school term (if paying quarterly)

Note:- registration fees must be paid on registration before the child starts school
- monthly payments must be paid by the first week of the month
January payment may be paid by the first week of school
- quarterly payments must be paid by the first week of each school term
- when registering for next year please pay by the first week of December
to give time for admin to get the books and stationary needed for each child

This Contract will be suspended if the school fees are left unpaid for more than THREE MONTHS, and the learner may be asked to leave the school.

I understand that all payments must be accompanied with the child's reference number and name,
and that the management cannot be held responsible for mistakes made if this reference number is wrong or missing.

This reference number will be given on registration by the school office and will look something like this:- H1999
The first 2 digits (H1) indicates the class/year, and the last 3 digits (999) is a unique number for your child only.
All payments must include your child's reference number with the child's name; like this: **H1999Andrew**
Every effort will be made to find and credit the correct account - Please help us to serve you well.

I understand that the management of *Harding Academy*, along with their commitment to provide excellent education, are committed to honouring God in teaching and example.

[The title 'God' is here used to refer to the One who is known as the God of Abraham, Isaac and Jacob and is revealed in the book known as 'the Bible', as the Creator, Sustainer and complete Authority of all things.]

I consent to my child being taught in this environment where YEH0VAH God is honoured above all.

Date of Learner's First Day at School: _____

Signed

Parent

HARDING ACADEMY

Date

Date

Harding Academy

RULES OF THE SCHOOL

ARRIVAL & DEPARTURE TIMES

School times are from 08h00 to 14h00 from Monday to Friday.

A member of staff will receive the children from 07h30 onwards. Please note that children may not be left at the gate, but must be personally handed over to a member of staff. For safety reasons the gate will be locked from 08h00. Parents who are late because of unforeseen circumstances are requested to wait at the gate with the child until he/she is received by a staff member. Departure time is from 14h00. Please collect your child at the school for safety reasons. Parents are requested not to be late in collecting a child as it upsets a young child terribly if all the other children leave. In the event that you may be late, please notify the school so that an explanation can be given to your child.

REFRESHMENTS AND FOOD

All meals are to be supplied by the parent (healthy nutritious meals). A sandwich and a bottle of juice is sufficient, but a yoghurt or fruit may also be included. Please DO NOT send any chips or sweets - these will be removed & sent home with the child at the end of the day.

ILLNESS

Parents are kindly requested to phone if a child will be absent. Children with contagious diseases / infections must be kept home until these have cleared up. Children with a persistent runny nose or bad cough should also be kept at home. Please supply doctors letter if child is absent more than 3 days.

CLOTHING

BOYS: Grey trousers and grey short pants (summer), white shirt long sleeve and short sleeve. Grey socks, black school shoes, black jersey (ALL AVAILABLE AT PEP) Black blazer, school badge for blazer and tie will be available at school.
GIRLS: Black dress, white shirt for underneath, black jersey, white socks (summer), black wool long socks for winter, black school shoes, black jersey. Black blazer, school badge and tie available at school.
Hair and nails must be neat at all times.

TOYS

No toys are to be brought to the school.

BIRTHDAYS

A birthday is a great event in every child's life and others love to share their day. Mothers may arrange beforehand to bring some "goodies" on the day and may also join us to celebrate.

COLLECTION OF CHILD

Please advise the school should someone other than the usual person be collecting your child from the school. No child will be allowed to leave with any person not known to the school staff.

The school reserves the right to make any changes to the Rules and Regulations where deemed necessary.

Harding Academy

Fee Structure (2025)

Registration

A Registration fee must be paid for each child before the child starts school.

registration fee: R 2 500,00

Paying over Eleven months

Monthly fees must be paid by the first week of each month (Jan - Nov)

January payment may be made by the first week of the term.

	Instalment	Total for year
eldest child:	R 1 400,00	R 15 400,00
sibling:	R 1 200,00	R 13 200,00

Quarterly fees

Quarterly payments are due at the beginning of each term, and must be paid by the first week of each term in January, April, July and October.

eldest child:	R 3 850,00	R 15 400,00
sibling:	R 3 300,00	R 13 200,00

Annual fees

Tuition costs may be made as a once-off payment at the start of the school year, and must be paid by the first week of school in January.

eldest child:	R 15 400,00	R 15 400,00
sibling:	R 13 200,00	R 13 200,00
Total including Registration fee		R17 900,00
Total fees including Registration and Sibling discount		R15 700,00

Notes

- All fees must be paid in advance. Remember your fees are vital for the school to function. Please pay on time.
- Registration fees must be paid on registration before the summer break so that text books can be ordered in good time.
- SIBLING DISCOUNT applies when a mother has more than 1 of her own children at this school for the siblings of the eldest child.
- All payments must be accompanied with the child's school 'Reference Number' and Name, (for example, H1999Andrew)
The Ref. Number is given by the school office and will be quoted on your statement. The first 2 digits (H1 in our example) indicates the class or year, and will change each year. The last 3 digits (ie. 999) will be a unique number for your child only.

Please provide the following items each term:

- 1 packet A4 COPY PAPER (500 sheets)
- 1 box TISSUES
- 9 rolls TOILETPAPER
- 1 bottle of DETTOL 500ml

Note: when Paying your School Fees

- Pay by EFT (Electronic Funds Transfer) or Direct Deposit into the School account - the Account details are below
- The FNB ATM in Harding takes Direct Deposits
- No cash Fees can be accepted at the School
- Please talk with School management if you need to make special arrangements for payment
- Use your child's Ref.Number and Name as your Reference when paying into the bank
- if you don't know the Ref. Number yet, use your child's Name and Family Name .

BANKING DETAILS

Account Number : 623 422 467 42
Branch Code : 25 06 55
Account Name : Amorette Artworks & Projects CC