

Africa Welcome to your Future



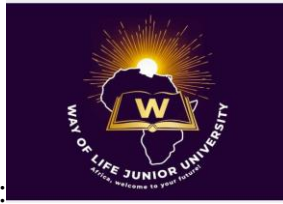
This application must accompany a once-off, non-refundable application fee of R200-00.

Received Date: (FOR OFFICE USE ONLY)

THIS FORM IS TO BE COMPLETED IN FULL BY THE PARENT / GUARDIAN. PLEASE NOTE THAT YOUR APPLICATION WILL NOT BE CONSIDERED IF THE BELOW REQUIRED DOCUMENTS DO NOT ACCOMPANY THE APPLICATION FORM.

Please provide the following documents:

1. Original transfer Card (CEMIS) / Transfer document from the school outside the province.
2. Copy of the child's birth / unabridged birth certificate.
3. Copy of child's latest academic report.
4. ID/passport sized photo of the child in colour.
5. Copy of the study permit of the learner (if foreign).
6. Copy of I.D / passport for both parents/guardians.
7. Permits of parents if parents are from another Country (Outside the boundaries of South Africa).
8. Declaration and Financial Agreement duly completed and signed.
9. Proof of Residence.
10. Any medical records of the learner, i.e. Clinic Card
11. Both parents' payslips and 3 months bank statements to establish ability to pay school fees.



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NEW LEARNER APPLICATION FORM

Child Information:

Surname: _____

Name(s): _____

ID Number: _____

Age: _____

Home Language: _____

Other Languages: _____

Date of birth: _____

Ethnic Group: _____

Male or Female: _____

Address: _____

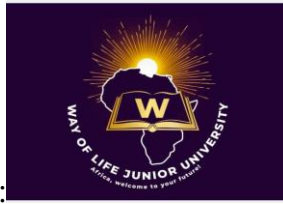
Home telephone number: _____

Current School Details:

Last School attended: _____

Last grade passed: _____

Address: _____



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Telephone number: _____

Dates attended at last school: _____

General Information:

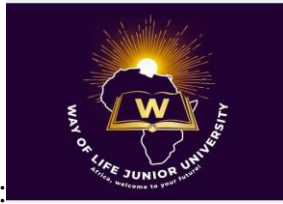
Does your child receive SASSA Social Grant? _____

Is your child part of a special needs class? YES / NO. If yes, please provide details:

Is your child from a special needs school? YES / NO. If yes, please provide details:

Is your child currently attending any treatment from an occupational therapist? If yes, please provide details: (*attach report if applicable*)

Any disabilities / allergies / chronic illnesses, including ADHD, ADD Autism or dyslexia, please specify:



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PERSONAL INFORMATION OF PARENT/GUARDIAN

Father/Guardian

Name and Surname: _____

ID number: _____

Mobile number: _____

Occupation: _____

Work telephone number: _____

Email address: _____

Home telephone landline number: _____

Home Address: _____

Mother/Guardian

Name and Surname: _____

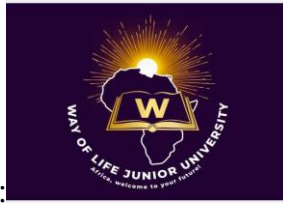
ID number: _____

Mobile number: _____

Occupation: _____

Work telephone number: _____

Email address: _____



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Home telephone landline number: _____

Home Address: _____

Where did you hear about us? _____

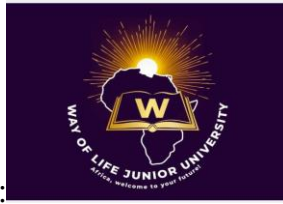
EMERGENCY CONTACT PERSON

Name and Surname: _____

Relationship to Learner: _____

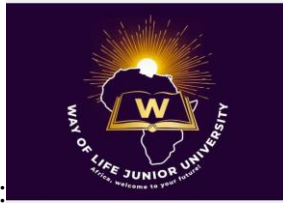
Mobile number: _____

Work telephone number: _____



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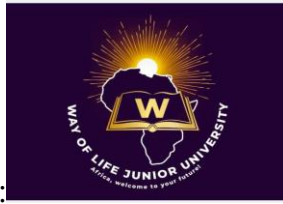
LEARNER MEDICAL DETAILS							
Has the learner suffered from any of the following illnesses? Please indicate with an X.	Polio	Measles	Mumps	Asthma	Malaria	Chickenpox	Covid 19
Does the learner suffer from any allergies	Yes			No			
If yes, please provide details							
Does the learner have any special medical needs?	Yes			No			
If yes, please provide details							
Is the learner receiving medical treatment for any condition	Yes			No			
If yes, please provide details							
Is/has the learner suffered from or received treatment for any psychological/emotional upset	Yes			No			
If yes, please provide details							



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Has the learner had any operations?	Yes	No
If yes, please provide details		
Please specify any other relevant medical details:		

Family doctor		
Contact Number		
Has learner received all the necessary immunisations?	Yes	No
If no, please state the reason		



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EXTRA MURAL ACTIVITIES (Compulsory)

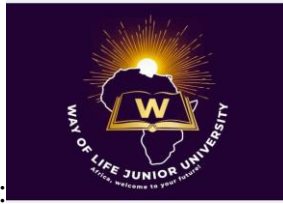
- Creative Arts
- Music
- Computer Literacy

PICK UP AND DROP OFF

- **07:45- 16:00** (Mon-Fri)
- Learners may be collected from **13:00** on **Fridays** as the afternoon hours are allocated to homework and playing games. The academic programme ends at **13:00**.
- If there is a change/emergency that requires another person to collect the child, please call the school to alert us of this change.
- All children are signed into school and signed out at the end of the day.
- There are **transport options available**, however it is a **private initiative**, and the **school will not be held liable** for **incidents** or issues that occur.

SNACK

- Wet wipes / Vaseline
- Water bottle
- Healthy snack: sandwich, fruit. (**Mon-Thurs**)
- Yoghurt, biscuits, juice. (**Fri**)



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SCHOOL FEE STRUCTURE – 2025

Fees paid monthly to the school

GRADE	AMOUNT
Grade RR	R760
Grade R	R950
Grade 1	R1300
Grade 2	R1300
Grade 3	R1300
Grade 4	R1500

ENROLMENT FEES STRUCTURE - 2025

Fees paid on acceptance due by the **1st of December 2024**. This amount includes the school fees for the **FIRST** month

GRADE	AMOUNT
Grade RR	R1270
Grade R	R1580
Grade 1	R2170
Grade 2	R2170
Grade 3	R2170
Grade 4	R2500

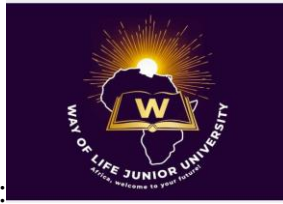
OTHER FEES - 2025

TYPE	AMOUNT
Application Fees	R200

REFUNDS:

Application Fee is non-refundable

Enrolment Fee – Only the amount equivalent to the first month school fee is refundable before the 31st of December 2024. There are no refunds from the 1st of January 2025.



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Discounts:

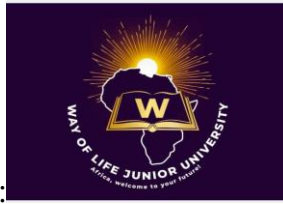
The following discounts are available:

- **10% discount** on **annual** school fees paid upfront.
- **5% discount** on school fees paid **3 months** in advance.
- **5% discount** on school fees for **siblings** (ONLY second child whose fee amount is smaller than the first child).
- **2.5% discount** on school fees for **siblings** (ONLY third child whose school fee amount is smaller than the first and second child).

BANKING DETAILS

BANK:	FIRST NATIONAL BANK
ACCOUNT HOLDER:	WOLJU
ACCOUNT NUMBER:	62474629907
REFERENCE:	CHILD SURNAME + NAME + GRADE

CASH WILL NOT BE ACCEPTED



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FINANCIAL TERMS AND CONDITIONS OF “WAY OF LIFE JUNIOR UNIVERSITY” SCHOOL

1. AGREEMENT WITH SCHOOL AND ACCOUNT PAYER.

- 1.1. The “account payer/s” as described in the Enrolment form filled by you, the account payer/s, herewith assumes liability for the account, and binds himself/herself as the person responsible for all fees payable to the school.
- 1.2. If the R200 application fee is not paid with the application form, it can be assumed that the application is unsuccessful.
- 1.3. Fees need to be paid on the 1st of every month **for [11] (eleven) months**. WOLJU will give a grace period up until the 7th of the month.
- 1.4. Your child’s acceptance into the school will be confirmed after the payment for R200 application fee and First Month School fees for the current month is paid. Enrolment fees **are not refundable**.
- 1.5. School fees not paid on the **7th day of each month** will be considered as overdue with a penalty fee of **R100 per month**.
- 1.6. As part of the rights with being an Independent School, **the school has the right to refuse the learner’s entry into the school’s premises**, due to overdue accounts.

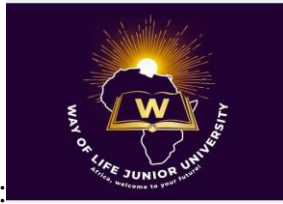
CANCELLATION:

- 1.1. The Parent/Gurdian can cancel the application at any time subject to REFUND terms stipulated in this document. The Parent/Gurdian is expected to inform the school through writing if they wish to cancel. If no notice is received, the account holder will still be liable for the fees equal to one full month.

We the undersigned _____,

I.D.: _____, hereby certify that we have read the FINANCIAL TERMS AND CONDITIONS OF “WAY OF LIFE JUNIOR UNIVERSITY”. We accept all liabilities owed to WAY OF LIFE JUNIOR UNIVERSITY and commit to the due and punctual payment of the application fee of R200 (once-off, non-refundable), school fees and any other amounts which may become due and payable.

We accept the Financial Terms and Conditions of which a copy has been kept.



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1. ACCOUNT HOLDER DETAILS:

Name and Surname:

Mobile number:

Work telephone number:

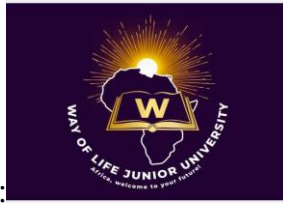
Home Address:

Signature of Account Holder:

Date:

.....

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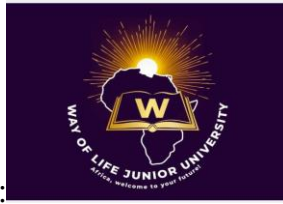


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DECLARATION AND AGREEMENT:

We declare that the abovementioned information is correct:

1. We undertake to notify the school in the case of any possible address changes taking place.
2. We understand that the school may arrange an entry assessment, after submission.
3. We confirm that we are the legal parent(s)/guardian(s) of the abovementioned learner.
4. We undertake to honour all responsibilities, as stipulated in the application form.
5. We acknowledge and accept that school fees are payable upfront on the 1st of each month.
6. We undertake to notify the school one month in advance and in writing if we want to take our child out of the school. No reimbursements will be considered should the parent fail to give suitable notification to the school regarding notice.
7. We understand that the school has the right to study and analyse the information given in the application form. If it is found that any of the information or documentation is fraudulent, the school may take any legal steps against the parent(s)/guardian(s) of the learner.
8. Learners are often photographed for use in variety of platforms including our social media, website, school Facebook page and print media such as magazines, brochures etc. By attending Way of Life Junior University, you acknowledge and agree to your child's image being captured and used by Way of Life Junior University.
9. We acknowledge and confirm herewith that we accept it as binding.
10. We confirm our commitment to pay school fees on or before the due date.
11. We confirm our commitment to the contract as whole, from the date of application to the date of termination.
12. We, the undersigned parent(s)/guardian(s) give permission that our child may participate in extramural activities of the school, including academic visits, excursions and field trips.
13. If we cannot be reached in the case of an emergency, the responsible emergency person will apply the principles of being the parent/guardian.



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We _____ acknowledge the declaration and agreement between the parent and School and declare that the information provided in the application form is correct, and by signing this form we give the permission for our information to be transparent. We understand that if any information is given incorrectly, legal steps will be taken against us as indicated in point no. 8. We acknowledge that we have read the School's Code of Conduct and are in agreement. We agree to: Way of Life Junior University, its owner's or staff will not be held responsible for any loss or injury occurred, for any financial outstanding amounts.

Signature of Father/Guardian:

Signature of Mother/Guardian:
