

info@woodburyschool.co.za - PO Box 395 STUTTERHEIM 4930 - Tel: (043) 555 0425 - www.woodburyschool.co.za

OAKS (CAIE - Age 15+) APPLICATION FORM Applications for 2024 close on the 8th of September 2023. Late applications will only be considered should we have space.

Please note that this form needs to be completed in full, initialled on all pages, and signed by BOTH parents or the legal guardian in FOUR places prior to admission.

All the documents in the Checklist below must accompany the application form:

	CHECKLIST	Tick or N/A	Office Use
1	Completed AND signed Application Form (p5, p7, p10 & p11)		
2	Copy of Child's Birth Certificate or Passport		
3	Copy of Child's Clinic Card (Vaccination Record)		
4	Copy of both Parents' or Legal Guardian's ID Documents		
5	Copy of person responsible for the payment of the fees' ID	·	
6	Proof of payment of R100 Admin Fee		
7	Previous School Reports for 3yrs (& Evaluations if applicable)	·	

Kindly drop off the documents in a clearly marked sealed envelope at our Campus OR at Razors (Tiana de Lange) OR Stutt Stationers AND WhatsApp to alert us once done.

Please note that completion of this form and an interview DOES NOT imply acceptance.

Please tell us where you heard about TallTrees:
Why would you like a Cambridge Education for your Teen?
What is your Worldview or Belief System or Religious Orientation?
TallTrace Learning Community (Dtv.) Ltd.

1. THE CHILD'S PERSONAL DETAILS

Year & Course	Intended	
Applying For:	Commencement	
	Date:	
Date of Birth:	Age upon	
(dd/mm/yy)	Commencement:	
Child's Surname:	,	'
Child's First Names:		
Child's Call Name:		
Male or Female:	Home Language:	
Other Language(s):	Does he/she	
3 3 1	understand	
	English?	
Identity or Passport	Nationality (if not	
Number:	South African)	
(Planned/unplanned, adop birth/caesarean section, p breastfed/bottlefed, good/	regnancy & Birthing History: oted/biological, pregnancy complications, pren lanned/emergency caesarean section, hospital, fussy eater, good/poor sleeper etc.) Order? (Only child or oldest/middle/younges	/home birth,
vvnat is mis/ner birth	Orders (Only child or oldest/midale/younges	t or 13/2111/311/411 etc.)
What are the ages of (please include non-si	the other Children (under 18) living in blings too)?	the same house

2. THE CHILD's HISTORY (continued)

Who does the Child live with at present? Please list all adults in the same house.
The does the state with at present. I tease ust all dadies in the same house.
Who has been the Child's main Care-giver(s) from birth until now?
Title has been the ordina's main bare given (5) from birth article how.
Please list all the Schools that the Child has attended until now (include copies of
final reports of the last 3 Grade if at all possible):
Jital reports of the last 5 drade if at all possible).
Are or were any Developmental Milestones significantly delayed or skipped? If
yes, please give details. (Sitting, crawling, walking, talking, potty-training)
ges, prease give details. (Sitting, crawling, walking, talking, potty-railing)
Has the Child been diagnosed with or do you suspect him to have any Learning
Disability?
Disability:
Has the Child been diagnosed with any Special Needs or Syndromes or do you
suspect him/her to be on any Disorder Spectrum? If yes, please give details.
suspect him/her to be on any disorder spectrum: If yes, please give details.
Has the Child been exposed to or been treated or is he/she currently being treated
for any Emotional Upset or Psychological Trauma? If yes, please give details.
Jor any Emotional opset of rsychological Trauma: If yes, please give details.

3. THE CHILD'S MEDICAL AND EMERGENCY INFORMATION

Name of Emerge	ency Contact Person:		
Landline:		Cell:	
Family Doctor:		Telephone	2:
Medical Aid:		Number:	
Has the Child be	een fully vaccinated? If	no, please	give details.
Does the Child o	currently suffer from an	y Allergies	If yes, please give details.
Does the Child of details.	currently suffer from an	y Chronic I	llness? If yes, please give
Is the Child curr	ently on Medication? If	yes, please	give details.
			give details. ditions or Illnesses? If yes, please
Has the Child su			
Has the Child sugive details.	ıffered from any past Se	erious Cond	
Has the Child sugive details. What Childhood Chickenpox)	iffered from any past Se	erious Cond	ditions or Illnesses? If yes, please erman Measels, Measels, Mumps,
Has the Child sugive details. What Childhood Chickenpox)	iffered from any past Se	erious Cond	ditions or Illnesses? If yes, please

MEDICAL CONSENT							
I,							
C: (M.II	/C 1:	6: 1 (5.11	10 1:				
Signature of Moth	er/Guardian	Signature of Fath	ner/Guardian				
Full Name in print of Mother/Guardian	Date	Full Name in print of Father/Guardian	Date				
4. OTHER RELEVANT INFORMATION Is there a family history of any form of learning disability?							
What is the Young Adu	lt really good at (list his/har stranaths)?					
What is the roung Aut	iii really good at (ust misther strengthist:					
What is the Young Adult's current main interests or favourite activities?							
What career is she/she hoping to pursue?							
Anything else you think is relevant and that we should know?							

5. THE PARENTS OR LEGAL GUARDIANS' INFORMATION

	Mother/Legal Guardian		Father/Legal Guardian					
Full Name and Surname:								
Relationship to Child:				1			T	
Marital Status:	Married [Divorced	Single	Widowed	Married	Divorced	Single	Widowed
I. D.	Access Rights to Child?	Ye	?S	No	Access Rights to Child?		es	No
If Divorced or a Single Parent:	Child living with you?	Ye	2S	No	Child livi with you		es	No
	Are you the Legal Guardian?	Ye	2S	No	Are you the Legal Guardian		es	No
Identity Number:								
Work Telephone:								
Home Telephone:								
Cell phone:								
E-mail Address:								
Residential Address:								
Postal Address:								
Occupation:								
Name of Employer:								
Employer's Address:								
Employer's Telephone Number:								
Work E-mail Address:								
Next of Kin's Name & Contact Number:								

INDEMNITY						
I,, acknowledge th						
whilst my son/daughte	er,		is attending			
TallTrees Learning Con	nmunity (Pty) Ltd	T/A Woodbury Private S	School, the			
community (which incl	ludes, but is not lir	nited to, the parents, dir	ectors or staff),			
cannot accept any liab	ility for mishap, lo	ss or injury which may l	oe suffered			
during attendance on o	campus, or during	participation in any exc	ursions, or extra-			
curricular activities.						
I accept that all reason	able precautions v	vill be taken to ensure th	e safety and			
welfare of our/my child	d and that I shall b	e held responsible for th	e payment of			
medical and/or hospito	al accounts where	applicable, should any ir	njury or loss be			
sustained by my child.	I specifically inder	nnify and hold TallTrees	Learning			
Community (Pty) Ltd 7	Γ/A Woodbury Priv	ate School, its directors	and staff			
blameless against any	claims of any natu	ire arising out of any inj	ury, damage or			
loss sustained in pursu	ance of the afores	aid participation.				
I hereby indemnify Tal	lTrees Learning Co	mmunity (Pty) Ltd T/A	Woodbury			
Private School, its directors and staff in respect of all occurrences relating to the						
above.						
Signature of Moth	er/Guardian	Signature of Fath	er/Guardian			
Full Name in print of Mother/Guardian	Date	Full Name in print of Father/Guardian	Date			

6. FEES

6.1 DETAIL OF PERSON(S) RESPONSIBLE FOR TUITION FEES

If OTHER has been selected, please supply the following information:

Full Names and Surname:		
Relationship to Child:		
Identity or Passport Number	·:	
Work Telephone:		
Home Telephone:		
Cell phone:		
E-mail Address:		
Residential Address:		
Postal Address:		
Occupation:		
Name of Employer:		
Employer's Address:		
Employer's Telephone Number:		
Work E-mail Address:		
Next of Kin's Name & Contact	Number:	

6.2 ADMISSION FEES (10% DISCOUNT applies if 50% is paid by 31 July 2023)

Admission Fees				
Admin Fee (non-refundable)	R100 (Payable upon Submission of Forms)			
Registration Fee (non- refundable)	R900 (Payable upon Acceptance after Interview)			
Deposit (refundable)	R5 874 ((Payable on the 1st of December for the New Year or ONE Calendar Month Prior to Commencement Date)			
TOTAL Admission Fees Payable	R6 874 (or R6 186.60)			

Curriculum Supplies	TAGGE ROOG per gear	Art,Technology, Stationery & Printing Supplies	R 1 500 per year (Payable on 1 November)
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6.3 TUITION FEES (Tutoring)

12 – 15 years (Year 7 – 9)	R3 941 p/month	Pre-GED & GED 15 years+	R4 114 p/month	IGCSE & AS-Levels 15 years+	R5 874 p/month
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6.4 EXAM FEES (EXCLUDING travelling to Exam Venue in East London)

IGCSE Exam Fees	±R2 500 per subject Depending on the Subject	AS Exam Fees	±R3 000 per subject Depending on the Subject
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6.5 TOTAL AMOUNT PAYABLE

DESCRIPTION	AMOUNT	Per Day/Month/Term/Year
Admin & Registration Fee		Once-Off
Refundable Deposit		Once-Off
Annual Curriculum Fee		Per Year
Annual Art & Stationery Fee		Per Year
SUB-TOTAL		
Tuition		
TOTAL		

Payment	1 Annu	al	4 Termly		12 Mor	nthly
Option:	Payme	nt	Payments		Payme	nts
Payment	Debit	Future	Manual	*Dire	ect	Cash
method:	Order	Dated EFT	EFT	Depo	osit	Cash

LIABILITY FOR FEES					
I/we,					
acknowledge that by s	acknowledge that by signing this Application, I/we acknowledge liability for				
payment of all fees an	payment of all fees and that if this application has been signed by more than				
one parent, the liabilit	y of signatories w	vill be joint and several.	I/we choose		
domicilium citandi et e	executandi for anı	y correspondence or the	service of any		
court processes at the	court processes at the residential address recorded on the application form and				
acknowledge liability	acknowledge liability for all attorney and own client costs, plus collection				
commission in the event of any outstanding accounts being handed over to					
TallTrees Community's attorneys for collection.					
Signature of Mother/Guardian Signature of Father/Guardian					
-					
Full Name in print of Mother/Guardian	Date	Full Name in print of Father/Guardian	Date		

BANKING DETAILS				
Bank	FNB			
Branch	STUTTERHEIM			
Branch Code	FNB			
Account Name	TALLTREES LEARNING COMMUNITY (PTY) LTD			
Account Number	62786804685			
Reference	Child's Name			

^{*}Please note that CASH DEPOSIT FEES will be charged to your child's account

TERMS AND CONDITIO	NS				
I/we,		, the undersigned:			
Hereby certify that the information provided by us on this application form is true, complete and accurate.					
		nt of our child at the Learning Co			
philosophies, policies and cond	•	-	minuming according to the		
□ Understand that the Learnin	g Community reserves th	ne right in its sole discretion to a	mend and/or alter any of		
the provisions of the TallTrees $$	the provisions of the TallTrees Learning Community's website including the philosophies, policies and conditions.				
$\hfill\Box$ Understand that all new app	licants have to attend a	n Observation Period prior to be	ing accepted to TallTrees.		
□ Give permission that photogr	aphs of our child may b	e used on the TallTrees website o	and Facebook Page.		
□ Understand that all textbook	s, workbooks and all wo	ork done by a child are the prope	erty of TallTrees for		
recordkeeping purposes.					
□ Are aware that annual/terml	y fees are payable in ad	vance, on or before the first day	of the first term/each term.		
$\hfill \Box$ Are aware that monthly fees	are payable in advance,	on or before the first day of eac	th month and are payable		
over twelve months (1st Janua	ary — 1st December).				
\square Accept that a late payment p	enalty fee of 10% is cha	rged on monthly overdue accou	nts.		
\square Hold ourselves accountable f	or the prompt payment	of tuition fees and for any late p	ayment penalties added		
onto overdue accounts.					
□ Understand that TallTrees Le	earning Community rese	rves the right to refuse admission	n to a child with		
outstanding fees.					
$\hfill \square$ Understand that attendance	of this Learning Commu	nity is a privilege and that learn	ers that do not subscribe to		
= = = = = = = = = = = = = = = = = = =		ked to leave to protect the right:	s of other learners. This will		
result in the forfeiture of the d	eposit.				
$\hfill\Box$ Understand that tuition fees whatsoever.	are due irrespective of a	bsenteeism due to illness, vacati	on or for any other reason		
□ Understand that in the event	that I/we wish to remov	ve my/our child from the Learnin	ıg Community, one full		
term's written notice must be s	submitted to the commu	nity, on or prior to the final day	of the penultimate term of		
attendance.					
□ We understand that failure t	o do so will result in the	forfeiture of the deposit, <u>in addi</u>	<u>tion to</u> being liable for one		
full term's fees in lieu of notice					
□ Undertake to ensure that my	our child is punctual at	the beginning of each day and i	s collected on time at the		
end of each day.					
□ Undertake to reimburse Tall1	rees Learning Communi	ty for any damage to communit	y property that may be		
caused by my/our Child.					
$\hfill\Box$ Understand that while every	reasonable effort will be	e made to prevent losses or dame	age to my/our Child's		
clothing and equipment, the co	ommunity cannot be hel	d liable.			
Signature of Mother/Guardian Signature of Father/Guardian					
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Name in print of	Date	Name in print of	Date		