



# Hotty Totty ECD

## Motherly Love

### 2027 APPLICATION FORM

**CHECK LIST OF DOCUMENTATION - PRIMARY APPLICATIONS**

**FOR OFFICE USE**

	ID Photo of learner
	Court order or guardianship (if applicable)
	Learner's birth certificate/ID book/ passport
	ID of both parents
	Previous school reports
	Copy of Immunization Records and Clinic card
	Transfer Letter
	Copy of latest salary advice (person responsible for payments)
	Copy of 3 months bank statement of the person responsible for payments
	Copy of Rental contract (only if renting)
	Copy of municipal account (proof of address)
	Copy of Medical Aid card and Doctor's information
	Signed policy
	Sign where applicable and initial every page (both parents)

PLEASE TAKE NOTE TO PROCESS AN APPLICATION, A **NON-REFUNDABLE APPLICATION FEE OF R 250 IS PAYABLE BEFORE 01<sup>st</sup> SEPTEMBER 2025.** BY PAYING THIS FEE, YOUR CHILD'S APPLICATION WILL BE PROCESSED AND DOES NOT RESULT IN A DEFINITE ACCEPTANCE. IF YOUR CHILD IS ACCEPTED FOR THE FOLLOWING YEAR, **YOU WILL RECEIVE AN ACCEPTANCE LETTER WITHIN 14 WORKING DAYS.** IF YOUR CHILD HAS RECEIVED AN ACCEPTANCE LETTER A **NON-REFUNDABLE REGISTRATION FEE OF R 750 & STATIONANERY FEE OF R 2 250 AND OR BOOK FEE R 500 (Grade 4 to 7 learners only)** IS PAYABLE BEFORE 31<sup>st</sup> OCTOBER 2025. **NON-PAYMENT ON OR BEFORE THIS DATE WILL RESULT IN THE WITHDRAWAL OF THE LEARNER'S RESERVED SPACE.**

**PLEASE ATTACH  
A COLOUR  
PASSPORT  
PHOTO**

**NOT OLDER  
THAN 2  
MONTHS**

**FOR OFFICE USE ONLY**

Application received:      Date: \_\_\_\_\_  
 Accepted:                      Admission no. \_\_\_\_\_  
 Rejected:                      Reason: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Initial/Sign \_\_\_\_\_

**NO APPLICATION FORM WILL BE ACCEPTED IF NOT FULLY COMPLETED.**

PLEASE ENSURE THAT ALL INFORMATION IS CORRECT AND PLEASE SIGN THE APPLICATION FORM WHERE APPLICABLE

PLEASE ENSURE THAT ALL RELEVANT DOCUMENTS ARE ATTACHED, ANY MISSING DOCUMENTS WILL RESULT TO AN UNPROCESSED APPLICATION.

Application for admission to Grade  for 2027.

LEARNER DATA												
Learner's Surname												
Learner's Full Names												
Known as (Name)												
Date of Birth	Day		Month		Year 20							
ID No. / Passport No.												
SA Citizen / Immigrant												
If SA, indicate province of residence												
Gender	Male			Female								
Emergency No.												
Name of Emergency Person												
Learner's home address												
City / Suburb										Code		
Home Language												
Deceased Parent												
Religion							Mode of transport					
LEARNER MEDICAL INFORMATION												
Medical Aid					Medical Aid main member							
Medical Aid Number					Doctor Name							
Doctor's Address												
Doctor's Telephone Number												
Medical Condition/s												
Allergies												
2												
											Initial/Sign _____	

Special Problems Requiring Counseling

Dexterity of Learner	<b>Right-handed</b>										<b>Left-handed</b>														
<b>PARENT DATA</b>	<b>MOTHER</b>										<b>FATHER</b>														
Title & Surname																									
Initials & First Name																									
ID No / Passport Number																									
Home Language																									
Profession / Occupation																									
Employer / Name of Company																									
If Self Employed, please state nature of business																									
Work: Code & Telephone No.																									
Cellphone Number																									
E-mail Address																									
Married / Single / Divorced																									
Residential Address																									
Work Address																									
Learner resides with both parents	Yes										No														
Number of children in the family						Position in the family																			

PRE-SCHOOL

**DETAILS OF PERSON RESPONSIBLE FOR SCHOOL FEES**

Name and Surname										
Relationship to the Learner										
Home: Code & Telephone No.										
Work: Code & Telephone No.										
Cellphone Number										
E-mail Address										
Residential Address										
Postal Address										
Payment Date										

**NEXT OF KIN DETAILS OF PERSON RESPONSIBLE FOR THE SCHOOL FEES**

Name and Surname										
Relationship to the Learner										
Home: Code & Telephone No.										
Work: Code & Telephone No.										
Cellphone Number										
E-mail Address										
Residential Address										
Postal Address										
Payment Date										

**BANKING DETAILS**

**Nedbank Account:**  
Anchor Independent Academy

**Account Number:**  
118 025 4309

**Branch:**  
Preller Square

**Branch Code:**  
16273400

Initial/Sign \_\_\_\_\_

## FINANCES, SCHOOL FEES AND FUNDRAISING.

Please contact the school for any queries @  
084 633 3250 or e-mail  
[info@anchoriacademy.com](mailto:info@anchoriacademy.com) /  
[applications@anchoriacademy.com](mailto:applications@anchoriacademy.com)  
Proof of payment to [applications@anchoriacademy.com](mailto:applications@anchoriacademy.com)

### SCHOOL FEES STRUCTURE FOR THE ACADEMIC YEAR 2027

#### **PAYMENT OPTIONS**

EFT	CASH	Debit Order
-----	------	-------------

#### **ONCE OFF NON-REFUNDABLE REGISTRATION FEE**

**R850**

#### **ONCE OFF NON-REFUNDABLE TOY / STATIONERY FEE**

Infants till 4 years old	<b>R 2 000</b>
--------------------------	----------------

#### **School fees for 1 child (payable over 12 months) (1<sup>st</sup> January to 1<sup>st</sup> December)**

Infants till 3 years old	R 2 700 per month	R 32 400 per annum
3 to 4 years old	R 2 600 per month	R 31 200 per annum

#### **➔ FUNDRAISING (Compulsory)**

Term 1	= R400
Term 2	= R400
Term 3	= R400
Term 4	Will be communicated

All fundraising are paid in **CASH** to the school.

Paid once per Term

#### **Right of Admission:**

Please note that submitting an application does not guarantee admission to our school. The school reserves the right to refuse admission to any student who, in the school's opinion would not benefit from the school's programs or whose admission would not be in the best interest of the school community. This decision is final and binding. By submitting this application, you acknowledge and accept this condition.

## DECLARATION BY CONTRACTING PARENTS/GUARDIAN

I, \_\_\_\_\_ hereby declare that I:

1. Shall abide by all the rules and regulation of the school which shall for all purposes be deemed to be essential and motivate the learner to do the same.
2. **Understand that by signing this application form I enter into an agreement with HOTTY TOTTY ECD which shall remain in full force and effect until the end of the school year it is entered in for.**
3. Give my consent that the principal, staff and /or his representative may act loco of parents in case of emergency; and provide consent to process Health information of my child in any way or form needed to provide special support or to assist with special arrangements made in advance.
4. Acknowledge that the word “parent” or “guardian” shall for purposes hereof also mean to include any person who undertake to fulfill the obligations of the parents or other person legally entitled to the custody of the learner towards the learner’s education at school.
5. Accept liability for any medical expenses that may arise from an illness, injury or an emergency and any actions taken incidental thereto by the school.
6. Undertake on demand, compensate the school for any damages or loss caused directly or indirectly by learner.
7. Indemnify **HOTTY TOTTY ECD**, its directors, employees, and contractors against any claim for loss, damage or injury to property or person (including death, injury, illness or trauma) on the school premises or school trips arising from negligence (excluding gross negligence) of **HOTTY TOTTY ECD**, its staff, employees, contractors or guests.
8. Take full responsibility for the **punctual payments of the learner’s school fees.**
9. Shall see to **the punctual payment of school fees in advance on or before the 31<sup>st</sup> day of the month in advance (e.g. pay the 31<sup>st</sup> of December 2025 FOR 1<sup>st</sup> January 2027)** with the first payment on 31 December 2025. In the event of a debit order or before/on the 1<sup>st</sup> day of payment of school fees per term and of annual payment within the first week after the school opened for a school year. I will accept liability for the payment of a R250 late payment fee per month for any late payments or where it remains unpaid.
10. Accept liability for the payment of attorney and client costs as well as collection commission in the event of legal action taken against me.
11. **Give me consent that despite anything to the contrary herein contained, HOTTY TOTTY ECD in its discretion shall at any time be entitled to suspend a learner and refuse such learner access to school in the event of the learner’s school fees or any part thereof being in arrears at any given time until such school fees is brought fully up to date.**
12. **Agree that in an event I wish to terminate this agreement before the expiry of the school year for whatsoever reason, I shall give HOTTY TOTTY ECD LEASE one calendar month prior written notice of termination WITH A FULL TERM (3 MONTHS) SCHOOL FEES PAID WITH THE NOTICE.**
13. **Understand in the event of prior written termination as referred to above, I shall remain liable for all money already due including the 3 months payment for cancellation referred to herein.**

Initial/Sign \_\_\_\_\_

14. Understand further that in the event of my failure to give prior written notice of termination as set out herein for any reason whatsoever, I shall remain liable for the school fees and other monies payable in terms of this agreement or until the expiry of the school year, and such monies shall become immediately due and payable upon my termination of this agreement for any reason whatsoever.

15. Understand and accept that school fees are a total of **R 32 400** (*Infants to 3 years*) / **R 31 200** (*3 to 4 years*) per year.

Which excludes a Registration fee of **R 850 once off** and a Toyfee/Stationery fee of **R 2 000 once off**. The school fee amount of **R 2 700** (*Infants to 3 years*) / **R 2 600** (*Infants to 3 years*) per month for **12 months**. To be paid monthly in ADVANCE. **NO ACCEPTIONS OR ARRANGEMENTS.**

16. Understand, that **HOTTY TOTTY ECD** reserve the right to forthwith terminate this agreement because of breach by the learner of the school rules and regulations or for any other reason in **HOTTY TOTTY ECD** sole discretion and that I shall have no claim against **HOTTY TOTTY ECD** for damages, repayment of monies paid.

17. Agree that in the event of school fees that are in arrears, a **penalty fee of R 250 per month** will be added to my bill. I agree that in the event I fail to pay school fees, my child will be suspended from school until the fees are paid fully up to date. Arrears account over 3 months will result in the termination of the contract. **NO ARRANGEMENTS WILL BE ALLOWED AT ALL, WE WILL NOT ACCEPT ANY ARRANGEMENT FOR ARREAR ACCOUNTS TO BE PAID OVERTIME. THE ACCOUNT MUST BE SETTLED BEFORE THE LEARNER WILL BE ALLOWED TO RETURN TO HOTTY TOTTY ECD.**

18. Am aware that in the event of **HOTTY TOTTY ECD** no longer be in the position to provide educational services, it will remain my responsibility to search and enroll my child in another school. I acknowledge that all above information is true and correct and by signing below I agree to all above mentioned.



PRE-SCHOOL

*NOTE: IF DIVORCED, copies of section of the DIVORCED AGREEMENT pertaining to schooling must be attached.*

*IF MARRIED BOTH PARENTS MUST SIGN THIS AGREEMENT.*

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
(Place) (Day) (Month) (Year)

\_\_\_\_\_  
SIGNATURE OF FATHER and \_\_\_\_\_  
MOTHER / GUARDIAN

In the presence of the undersigned witness:

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SCHOOL OFFICAL

