P.O. BOX 4481, GABORONE PHONE: +267 3933895

CELL: +267 76658310/72550944

WEBSITE: www.ambroseacademy.co.bw EMAIL: info@ambroseacademy.co.bw



APPLICATION FOR: FULL TIME LEARNERS

A. STUDENT INFORMATION	
Surname:	First Name:
Any Other Preferred Name If Any:	
Boy/Girl:	ID Number:
Date of Birth:	Home Language:
Day Care Center Attended:	
Residential Address:	
Current Therapy: (Please Include Reports Other	s) Occupational/ Psychological/
If your child has any disabilities, please g	ive full details:

B. PARENTS' DETAILS

INFORMATION	MOTHER	FATHER
Full Name		
ID Number		
Postal Address		
Email Address		
Physical Address		
Phone: Cell		
Home		
Work		

C. PARENTS' EMPLOYMENT DETAILS

INFORMATION	MOTHER	FATHER
Name of Employer		
(Company Name)		
Occupation		
Designation		
Office Address		
Marital Status (Married/		
Separated/Divorced/Widowed/		
Single)		

D. MEDICAL INFORMATION	
Medical Aid Name	
Medical Aid Number	
Name of Family Doctor	
Contact Number of Doctor	
State medical information about the le (e.g. allergies, epilepsy, dietary restric	earner that Ambrose Academy should be aware of tion, medication needed etc.)
E. EMERGENCY INFORMATIO	N

In the event of emergency, please list the details of $\underline{\text{two}}$ individuals (Next of Kin) you would like us to contact:

NAME	TEL (Home)	TEL (Work)	MOBILE	RELATIONSHIP

F. FEE STRUCTURE

See the attached fee structure:

RE-INSTATEMENT AND RE-ADMISSION

Re-instatement Fee – P1, 800-00

Should the student be removed from the school, for whichever reason and re-instated at a later stage, a re-instatement fee is payable.

Re-admission Fee - P1800-00

Should the student be withdrawn by the parents, for whichever reason and wish to reenroll at the school, a re-admission fee is payable.

The banking details are as below.

Acc name: Ambrose Academy, Bank Acc: First National Bank

Branch : First Place Branch Code: 281467

Account Number: 62768063796

G. COMPULSORY EXTRA-CURRICULAR ACTIVITIES

SWIMMING LESSONS - Our students go for swimming lessons at **Daryl Morton Swimming School** once a week for level 1 and twice a week for level 2 which is intensive swimming. The Fee structure is as follows:

Level 1 – P890-00 per Term (Inclusive of Transport).

Level 2 – P1780-00 + P250-00 for Transport, per Term.

All children are advised to bring along their swimming costumes on swimming days thus **EVERY MONDAY**.

H. CONTRACT BETWEEN PARENT/GUARDIAN AND THE AMBROSE ACADEMY

Thank you for enrolling your child into Ambrose Academy. We take pride in making sure that our learners excel as the followings are **IMPERATIVE**:

- 1. The parent/Guardian **MUST** ensure that the home program is implemented.
- 2. In case where the parent/guardian is not able to implement the home program, there should be a care-giver assigned to assist the child.
- 3. The parent/guardian takes full responsibility at the instance of the child regressing during holiday time.
- 4. The parent/guardian **MUST** ensure that there is a **ROUTINE** at home as it paves a way for learning in the classroom. (We believe in "do it yourself").
- 5. In a nutshell, the program is to serve the **BEST INTEREST OF THE CHILD** hence we believe, with the parents' co-operation we will succeed in achieving our Goal.

Parent /Guardian's Signature	Date	
I. GENERAL		

Documents needed:

- 1. Certified copy of the child's birth certificate.
- 2. A proof of the child's parent's/guardian's work address.
- 3. In case the parent is not a natural parent of the child, documentation supporting the parent's legal relationship with the learner.
- 4. In case of admission to the Academy, proof of the child's immunity against polio, measles, tuberculosis, tetanus and hepatitis.

Please note that all personal documentation provided by parents/guardians is considered private and confidential and will not be available to anyone but Ambrose Academy.

J. TERMS AND CONDITIONS OF PAYMENT

1. I agree to pay my child's tuition fees under the terms of this plan thus:

First Month:	P:
Second Month:	P:
Third Month	P:

- **1.** I agree that the plan cannot be changed or cancelled after it gets approved.
- **2.** I agree to pay Registration Fee and Development Fee before applying for my installment in the sum of P-----.
- **3.** I agree to pay my entire installment on time understanding that this means on or before the due date established.
- **4.** If I pay by cheque and it is returned for insufficient funds or for whatever reason, then I will pay the penalty and late fee plus the fee charged by the bank for the returned cheque.
- **5.** Tuition payments received are first applied against the oldest outstanding amount.

6. LATE PAYMENT POLICY

After one week of account delinquency, I will be informed in writing by the Accounts department. I will be given up to a maximum of **2 (two) warnings**, before my file is handed over to the lawyers for further actions as a result of defaulting in payment of school fees.

If I have an outstanding fee for the previous term, I will be given up to the **end of the first month of the Current term** to clear off the outstanding amount, failing which, the child will be removed from the school.

7. CANCELLATION OF PAYMENT PLAN

If I fail to pay my installments on time on more than **1 (one)** occasion, then I will not be legible for the "installment plan" in future.

8. READMISSION

If I have any outstanding tuition balance, then my child will not be able to enroll for future classes until I fulfill my obligation and I may risk my child student status.

9. BREACH

In the event of committing any material breach of this agreement and failing to remedy the same within fourteen (14) days of receipt of a written notice calling for such remedy, the **ACADEMY** shall be entitled, without prejudice to any remedy which may be open to this agreement or in law, to declare this plan cancelled whereupon each party shall forthwith take such steps as may be necessary to restore the status quo ante.

If as a result of any breach by me to this agreement, the **ACADEMY** instructs an attorney to make demand and/or to institute legal proceedings against the party in breach, the party in breach shall be liable for all legal costs incurred, including collection commission and costs on the scale of attorney and client.

10. INDULGENCE

No favor, delay, relaxation or other indulgence on the part of the **ACADEMY** in exercising any power of right conferred upon that party under this agreement shall operate as a waiver of such power of right, nor shall any single or partial exercise of any such power or right preclude any other or future exercise thereof or the exercise or any other power or right under this agreement.

11. WITHDRAWING OF LEARNER FROM THE ACADEMY

NOTICE PERIOD FOR WITHDRAWING LEARNERS FROM THE ACADEMY;

If I want to withdraw my child from the Academy, I will give a term's notice as penalty, failing which will result in paying a full term's school fees.

Undertaking by the Parent / Guardian

I have carefully gone through the registration and admission before yearand I agr	re applying for r	egistration of my	_	
If my child is selected for admis of school fees and other dues fi	ssion, I shall be	solely responsible		
Name:				
Signature:				
Date:				
Phone (Home):		Phone (Wo	ork):	
Cell:		_		
OFFICE USE ONLY				
Payment History: BAD/	GOOD/ SATIS	FACTORY/ EXC	ELLENT	(CIRCLE)
PAID FEES: YES	NO	PART PAYME	:NT	(CIRCLE)
Rec. no	Da	te	Amo	ount
Bursar:				
Date:				
Signature:				