EXCELSIOR
ACADEMIC COLLEGE

SPECIAL NEEDS APPLICATION FORM 2025

Specialists in Remedial Education

APPLICATION PROCESS & REQUIREMENTS

Complete all the required information fields.

1. Attach the following documentation to this Application Form as stipulated:
   - 1.1 A certified copy of applicants Identification Document/ Birth Certificate.
   - 1.2 A certified copy of applicants' parent/s/Guardian Identification document.
   - 1.3 1x Full colour ID photos of the applicant. *(To be attached when original application is handed/posted to the office)*
   - 1.4 Copy of the applicants' medical aid card.
   - 1.5 Most recent school report (First time enrolments).
   - 2.5 A non-refundable application fee of R 300.00 (Please attach proof of payment to this application form).
   - 2.6 A recent Educational Psychologist assessment report to be attached.
   - 2. 7 A recent Speech therapist, Occupational therapist, Play therapist or any other therapist report to be attached.

** ***No applications will be processed without proof of payment.***

HOW DID YOU HEAR ABOUT EXCELSIOR ACADEMIC COLLEGE?

☐ WEBSITE ☐ SOCIAL MEDIA ☐ WORD OF MOUTH ☐ CAMBRIDGE WEBSITE ☐ OTHER

If Other, Please Specify: _____

If Social Media, Please Specify: _____

OFFICE USE ONLY:

Date form received: _____

Date Enrolment fee paid: _____

Student Name: _____

Start Date: _____

Grade allocated to: _____

☐ Pre-Primary ☐ Primary ☐ High School

EXCELSIOR
ACADEMIC COLLEGE

A. AGREEMENT

ENTERED INTO BETWEEN:

EXCELSIOR ACADEMIC COLLEGE (hereinafter referred to as EAC)
Registration number: 2008/000456/23

And the following parties

Print Full Name & Surname of applicant/Participant/Student: _____ Identification Number: _____
(Hereinafter referred to as "applicant")

Print Full Name & Surname of Parent 1 and/or Legal Guardian 1: _____ Identification Number: _____

Print Full Name & Surname of Parent 2 and/or Legal Guardian 2: _____ Identification Number: _____

Residing at the following physical address:

Street Address: _____

Area: _____

Suburb: _____

Area code: _____

Name & Surname of Applicant: _____ Signature: _____ Date signed: _____

Name & Surname of Parent 1/ Legal Guardian 1: _____ Signature: _____ Date signed: _____

Name & Surname of Parent 2/ Legal Guardian 2: _____ Signature: _____ Date signed: _____

Print Full Name and Surname of Witness: _____ Signature: _____ Date signed: _____

EXCELSIOR
ACADEMIC COLLEGE

1. PAYMENT

1.1 The applicant or his/her parent/legal guardian shall pay the programme fees in the amount and accordance with the payment plan fully hereto, as set out in section "K".

1.2 The applicant agrees to furnish EAC with their banking details and furthermore agrees that their account be debited on the agreed upon date.

2. PREMATURE WITHDRAWL

Should the applicant voluntarily withdraw before the end of the programme he/she will remain liable for the payment of a terms fees that must be settled within one month.

3. EXPULSION/ TERMINATION OF PROGRAMME

Should EAC decide to expel you or terminate your contract with cause, you will remain liable for the payment of a term's fees that must be settled within 30 days.

4. DAMAGES

Should the applicant cause damage to any of EAC property due to wrongful or unlawful conduct, he/she or his/her parents/legal guardian will be liable to EAC for full payment of those damage/loss and payment will have to be made on demand.

5. INDEMNITY

Whilst every effort will be made to ensure the safety and wellbeing of the applicant and their possessions, his/her parent/legal guardian will indemnify EAC, all personnel and students should any prejudice, loss of property, damages, illness, injury or death occur to the participant during any activity example, games, sporting, cultural, educational trips, tours, camps and excursions as well as during the day on the school grounds from whatsoever cause arising. This indemnity includes cost from damage, loss of property and/or any medical conditions or hospitalization, unless such loss is caused by the negligence, willfulness or deliberate act of the school or one or more of its employees.

6. CANCELLATION OF TUITION FEES

One full term's notice (three term college) by a parent or guardian of the intention to remove a student from the College is required, failing which the College will impose a penalty equivalent to one full term's tuition fees in lieu of such notice period being given. If a student has not attained the academic requirement to advance to the next grade and a parent or guardian elects to remove the student from the College, a full term's notice is required and settled within 30 days.

7. POPI ACT

According to the POPI ACT, I hereby agree and declare that the information provided by myself is correct and give consent for all information collected by Excelsior Academic College to be shared with all

8. VIDEO AND PHOTOGRAPHIC MATERIAL

The applicant and his/her parent/legal guardian/s hereby consent to the use by EAC for promotional purposes of sound recordings, video and photographic material of the applicant. No claims can be made towards EAC or any of its employees arising from the use of such material.

All signatures below testify and acknowledges that the applicant and his/her parents/legal guardian/s has read all the terms and Information set out in this contract and understand all the terms and conditions set out.

Signature of Parent 1/ Legal Guardian 1:	Signature of Applicant:	Date signed:
Signature of Parent 2/ Legal Guardian 2:	Signature of Applicant:	Date signed:

EXCELSIOR
ACADEMIC COLLEGE

B. DETAILS OF APPLICANT

SURNAME: _____ INITIAL: _____

FIRST NAMES: _____ TITLE: _____

PREFERED NAME: _____ SEX: _____

ID NUMBER: _____

HOME LANGUAGE: _____
(Please note that all course material will be provided in English)

NATIONALITY: _____

COUNTRY OF CITIZENSHIP: _____

If you are a Non-South African, please provide the following documentation with your application form:

☐ STUDY PERMIT ☐ RESIDENT PERMIT ☐ OTHER (Please specify) _____

PERMIT/STUDY/PASSPORT/OTHER (Please specify) NUMBER _____

PHYSICAL ADDRESS: _____

_____

_____ AREA CODE: _____

POSTAL ADDRESS: _____

_____

_____ POSTAL CODE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____
(Students Cell number, not a parent)

EXCELSIOR
ACADEMIC COLLEGE

C. MEDICAL AID DETAILS OF APPLICANT

DO YOU HAVE ANY ILLNESS/ ALLERGIES THAT WE SHOULD BE AWARE OF? (Please attach detail)

YES **NO**

MEDICAL AID NAME: _____

TYPE OF SCHEME: _____ MEDICAL AID NR: _____

NAME AND SURNAME OF MAIN MEMBER: _____

NAME AND SURNAME OF APPLICANT: _____
(AS ON MEDICAL AID CARD)

DEPENDANT NUMBER OF APPLICANT: _____

MEDICAL AID CONTACT NUMBER: _____

FAMILY DOCTOR CONTACT NUMBER: _____

D. EDUCATION HISTORY OF APPLICANT

NAME OF PREVIOUS SCHOOL: _____

ADDRESS OF PREVIOUS SCHOOL: _____

_____

_____ AREA CODE: _____

CONTACT NUMBER OF SCHOOL: _____ CENTRE NUMBER: _____

EMAIL ADDRESS OF SCHOOL: _____

PREVIOUS GRADE ATTAINED: _____

ANY LEARNING DIFFICULTIES:_____

_____

EXCELSIOR
ACADEMIC COLLEGE

E. DETAILS OF PARENT 1 / LEGAL GUARDIAN 1 (Compulsory)

RELATIONSHIP TO APPLICANT

☐ FATHER ☐ MOTHER ☐ LEGAL GUARDIAN

TITLE:

☐ MR ☐ MRS ☐ OTHER: _____

SURNAME: _____ INITIAL: _____

FIRST NAMES: _____ TITLE: _____

RELATIONSHIP WITH APPLICANT: _____

ID NUMBER: _____

NATIONALITY: _____

COUNTRY OF CITIZENSHIP: _____

PHYSICAL ADDRESS: _____

_____

_____ AREA CODE: _____

POSTAL ADDRESS: _____

_____

_____ POSTAL CODE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

HOME NUMBER: _____ WORK TELL NUMBER: _____

EMPLOYER: _____

(If self-employed – please specify details of what you do)

ADDRESS: _____

_____ POSTAL CODE: _____

POSITION HELD/
OCCUPATION: _____ TELL NUMBER: _____

EMAIL ADDRESS: _____ ALTERNATIVE CONTACT NR: _____

F. DETAILS OF PARENT 2 / LEGAL GUARDIAN 2 (Compulsory)

RELATIONSHIP TO APPLICANT

☐ FATHER ☐ MOTHER ☐ LEGAL GUARDIAN

TITLE:

☐ MR ☐ MRS ☐ OTHER: _____

SURNAME: _____ INITIAL: _____

FIRST NAMES: _____ TITLE: _____

RELATIONSHIP WITH APPLICANT: _____

ID NUMBER: _____

NATIONALITY: _____

COUNTRY OF CITIZENSHIP: _____

PHYSICAL ADDRESS: _____

_____

_____ AREA CODE: _____

POSTAL ADDRESS: _____

_____

_____ POSTAL CODE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

HOME NUMBER: _____ WORK TELL NUMBER: _____

EMPLOYER: _____
(If self-employed – please specify details of what you do)

ADDRESS: _____

_____ POSTAL CODE: _____

POSITION HELD/
OCCUPATION: _____ TELL NUMBER: _____

EMAIL ADDRESS: _____ ALTERNATIVE CONTACT NR: _____

G. CONTACT DETAILS OF RELATIVE/FRIEND/NEXT OF KIN / IN CASE OF EMERGENCY

SURNAME: _____ INITIAL: _____

FIRST NAMES: _____ TITLE: _____

RELATIONSHIP WITH APPLICANT: _____

ID NUMBER: _____

PHYSICAL ADDRESS: _____

_____

_____ AREA CODE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

HOME NUMBER: _____ WORK TELL NUMBER: _____

H. DETAILS OF PERSON PAYING FEES (Compulsory)

RELATIONSHIP TO APPLICANT:

TITLE:

☐ FATHER ☐ MOTHER ☐ LEGAL GUARDIAN

☐ MR ☐ MRS ☐ OTHER: _____

EXCELSIOR
ACADEMIC COLLEGE

SURNAME: _____ INITIAL: _____

FIRST NAMES: _____ TITLE: _____

RELATIONSHIP WITH APPLICANT: _____

ID NUMBER: _____

NATIONALITY: _____

COUNTRY OF CITIZENSHIP: _____

PHYSICAL ADDRESS: _____

_____

_____ AREA CODE: _____

POSTAL ADDRESS: _____

_____

_____ POSTAL CODE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

HOME NUMBER: _____ WORK TELL NUMBER: _____

EMPLOYER: _____

ADDRESS: _____

_____ POSTAL CODE: _____

POSITION HELD/
OCCUPATION: _____
(If self-employed – please specify details of what you do)

TELL NUMBER: _____

EMAIL ADDRESS: _____ ALTERNATIVE CONTACT NR: _____

EXCELSIOR
ACADEMIC COLLEGE

I. PAYMENT OF FEES

Payments are ONLY to be made into the following account:

BANK: **ABSA**
BRANCH CODE: **632 005**
BRANCH: **SPRINGS**
ACCOUNT NUMBER: **407 028 326 6**
TYPE OF ACCOUNT: **CHEQUE**
NAME OF ACCOUNT: **EXCELSIOR ACADEMIC COLLEGE**
REFERENCE: **ACCOUNT NUMBER/STUDENT NUMBER & What you are paying for, ex. (1234 – K. Jones School Tour), (1625 – K. Jones Annual Fees), (1234 – K. Jones Textbooks), (1234 – K. Jones Exams) etc.**

*****Please set the College up on your banking that we receive an email automatically with a Proof of Payment every time you make a payment to the College. The Colleges' accountant is not on site and the administration office will not know to allocate a payment and/or if your payments are up to date if they do not receive a proof of payment directly from the person responsible for paying fees. If payment notifications are not received before or on the payment deadline to the office, we will assume that it is a late payment, and proceed with the late payment steps. Please be sure to email all payment information to** finance@excelsiorac.co.za.

PLEASE NOTE THAT THE BANK IS UNABLE TO PROCESS THE PAYMENT IF THE REFERENCE IS NOT INDICATED ON THE PROOF OF PAYMENT.

J. TERMS AND CONDITIONS & FEES AND PAYMENT AGREEMENT

1. After application has been approved by management of EAC, a once off, non-refundable, non-transferrable deposit of **R 3000.00** will be payable to the college. This payment does not form part of annual school fees. (First time applicants only). This amount, which is non-refundable, must be paid within 72 hours receiving notification of acceptance into the College.
2. Payments are to be made strictly as stipulated and agreed upon below.
3. Fees are revised on an annual basis.
4. Any deviation of payment without prior arrangement or notice may result in cancellation of the Applicants' programme and will be liable to a notice period and/or full balance of account up until end period of the contract agreed to.
5. Arears balances will attract interest at the rate of 15 % straight per annum calculated monthly in advance on the arrears balance.
6. Payments not made will result in the applicant being suspended.
7. Late payment will result in immediate suspension of student
8. In the event of any action being taken to recover any amount due by the parent / guardian, such parent /guardian undertakes to indemnify the College against any legal or other costs incurred by the College on an attorney and own-client- scale.
9. Acceptance into the College in respect of a particular academic year is not a guarantee of acceptance in subsequent academic years , and the College shall enjoy the right to extend this Tuition Agreement, alternatively not to do so, in its sole discretion, with due notice of its intention in the latter instance to the parent/guardian should the fees be in arrears or the College be in legal proceedings to collect the debt owed by the parent/guardian to the College.
10. If at any period from date of commencement to the end of the contact period the applicant decides to quit, is expelled

Initial:_____

or cannot continue as a
student for whatsoever reason, a 3 Months' notice period will be payable. – A notice letter must be typed, signed and sent to the College.

11. Payments may be made in advance.
PER 4 PAYMENT OPTIONS:
    11.1 **OPTION 1** - FULL PAYMENT as per our standard 2025 fees list -excluding applicable/authorized discounts- UPFRONT – An additional 5% discount will be given off your total cost of course AND is payable before or on **31 January 2025**.
    11.2 **OPTION 2** – BI ANNUAL PAYMENT of total fees (as per our standard 2025 fees list), -excluding applicable/authorised discounts-, as per fees and fee calculator stipulated in section "M & N", UPFRONT remainder fees thereafter payable over TWO (2) Months (**31st January 2025 & 1st June 2025**) in equal instalments.
    11.3 **OPTION 3** – QUARTERLY PAYMENT of total fees payable (as per our standard 2025 fees list), -excluding applicable/authorised discounts-, as per fees and fee calculator stipulated in section "M & N", UPFRONT remainder fees thereafter payable over FOUR (4) Months (**31st January 2025, 1st April 2025, 1st July 2025 & 1st October 2025**) in equal instalments.
    11.4 **OPTION 4** – MONTHLY PAYMENT of total fees payable (as per our standard 2025 fees list) – excluding applicable/authorized discounts- as per fees and fee calculator stipulated in section "M & N", UPFRONT remainder fees thereafter payable over TWELVE 12 Months (**From January 2025 to December 2025 before or on the 1st of every calendar month**) in equal instalments.
12. Examination, Photostatting, lab and workshop fees are not included in the annual fees.
13. Examination fees are subject to exchange rate.
14. Textbooks are not included in the annual fees.
15. NO CASH and/or CASH DEPOSITS ACCEPTED. Bank charges applicable when making cash deposits.
16. Annual fees and examination fees are Non-Transferable, Non-Refundable and cannot be exchanged.
17. Your payment reference should ALWAYS be the applicant's account/student number, in order for us to correctly allocate payments. See above for details. An admin fee of R300.00 will be charged if the payments are received without the correct information as stipulated as above, as this has to be traced and allocated to the correct account.
18. Monthly payments must be made before or on the 1st of every calendar month. There will be an administrative late penalty fee of R600 for any outstanding monies, i.e. account must be at a zero balance after the 1st of a particular month..
19. No exams are allowed to be written if school fees are not up to date – candidates will not be registered. Fees will be deducted for school fees first.
20. DISCOUNTS: Discounts will be given based on the following terms: (All discounts have to be authorised by the Management of Excelsior Academic College)
    20.1 No discount will be given to the first child enrolled at EAC.
    20.2 The second child will receive a 5% discount on their annual fees.
    20.3 The third/and additional children after will receive a 10% discount on their annual fees.
    20.4 Promotional discounts may be applicable and is subject to approval.
    20.5 Bursary policy is applicable to any child that has been accepted on the bursary scheme.

21. It is school policy that no pupil is permitted to go on any school tour (sport or cultural) or be considered for local or international exchange, unless the fee account is current or paid in full.
22. The consumer/debtor consents to and authorises EAC, the service provided, as the case may be, to:-
    22.1 contact, request and obtain information at any time from any supplier, service or credit provider (or potential credit provider) or registered credit bureau in order to assess the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the consumer / debtor; an
    22.2 provide information about the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the consumer / debtor to any registered credit bureau or to any supplier, service or credit provider (or potential credit provider) seeking a trade reference regarding the consumer's/debtor's dealings with the supplier, service and/or credit provider
23. The College reserves the right and is hereby entitled to list any defaulting party with the credit bureaus.
24. *The school reserves the right to:*
    24.1 *Do a credit check on the parent and/or person responsible for the payment of fees.*
    24.2 *Not allow any additional charges such as exam fees or other school services to be charged to the account for a new term if tuition fees are in* arrears.
    24.3 Deduct tuition fees before any exam and/or any other additional fees off the students' account.
    24.4 Withhold any and all correspondence ie. School reports, results etc. from the student if tuition fees are not paid up to date.
    24.5 Refuse entry to the student and/or require him/her to leave the school.
25. The parent / guardian / person responsible for paying fees agrees that any notice sent to the parent / guardian / person responsible for paying fees by prepaid registered post at the chosen postal address shall be deemed to have reached the parent / guardian / person responsible for paying fees within seven days after the date of dispatch, unless the contrary is proved.
26. The parent / guardian / person responsible for paying fees agrees that no variation of these terms and conditions shall be of any effect unless reduced to writing and signed by the parent / legal guardian / personal responsible for paying fees as well as the Principal and Management staff of EAC.
27. In the event that the College is to take legal proceedings at any time for the recovery of any debt owed to it by the parent / guardian, and irrespective of whether is it successful in recovering the debt, the Academic Agreement shall automatically lapse upon termination of the Academic year without notice to the parents and shall not be renewed the following Academic year.
28. The parent / guardian consents to the jurisdiction of the Magistrate Court in terms of the provisions of Section 45 of Act 32 o 1944 and confirms that the College is entitled to instituted legal action for the recovery of any amounts owing to it in terms of this Agreement.
29. The parties hereby choose as their domicilim citandi et executandi for delivery of notices and processes arising out of this agreement, for the parent, the addresses set out on the face of this agreement, and for the school, 47 Tenth Street, Boksburg North, Boksburg, 1459.
30. The signatory to this agreement, regardless of any divorce agreements to which the school is not a party accepts full responsibility for all fees and charges due under this agreement.
31. Please inform the office should you qualify for a promotional discount!

Initial:_____

EXCELSIOR
ACADEMIC COLLEGE

K. FEE CALCULATOR

PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:

☐	**OPTION 1:**	FULL PAYMENT ONCE OFF BEFORE OR ON 31 JANUARY 2025 – 5% DISCOUNT ON TOTAL COST OF ANNUAL FEES.
☐	**OPTION 2:**	BI-ANNUAL PAYMENT – 2 PAYMENTS DURING THE YEAR, 1ST PAYMENT BEFORE OR ON 31 JANUARY 2025, 2ND PAYMENT BEFORE OR ON 01 JUNE 2025.
☐	**OPTION 3:**	QUARTERLY PAYMENT – 4 PAYMENTS DURING THE YEAR, 1ST PAYMENT BEFORE OR ON 31 JANUARY 2025, 2ND PAYMENT BEFORE OR ON 01 APRIL 2025, 3RD PAYMENT BEFORE OR ON 01 JULY 2025, 4TH PAYMENT BEFORE OR ON 01 OCTOBER 2025.
☐	**OPTION 4:**	MONTHLY PAYMENT – PAYMENT BEFORE OR ON EACH 01 OF THE MONTH FROM JANUARY 2025 TO 01 DECEMBER 2025.

Signature: _____

I, person responsible for paying fees _____ID number:

_____hereby agrees that although I am entering the dates and amounts above, I will adhere to the payment options and payment structures of EAC.

DECLARATION

I/ we the undersigned hold myself/ourselves liable/jointly and severally liable for payment to the College the application tuition fees on or before the 1st day of each month. I /we understand that and acknowledge that I /we shall be liable to pay to the College one full term's tuition fees in the even that I/we fail to furnish the College with one full term's written notice of my/our intention to withdraw my/our child from the College.

I/we understand, accept and agree to abide by the College's Student Code of Conduct and Appeals Procedure and any other policy/ies which may be published on the College website or otherwise communicated to me/us, and to amendments which may from time-to-time, be made at the discretion of the College. By my/our signature/s below, I/we confirm that I/we have read and understand the aforesaid policies, as published on the website or otherwise, and that I/we have explained the contents of the policies to my/our child/children, who are hereby deemed to also understand and agree to abide by the policies of the College.

_____	_____	_____
Signature	Name	Date

L. ADDITIONAL INFORMATION

1. SPEECH DEVELOPMENT

Speech and Language developed normally	
Speech and language developed in a delayed way	
Speech developed in normally and then became delayed	

Speech is intelligible	

Description of speech and language development at present: _____

_____

_____

_____

_____

2. SENSORY MOTOR INTEGRATION:

Does your child like to walk barefoot? YES / NO

Dislike specific texture clothing? E.g. labels YES / NO

Seems clumsy, accident-prone, often fall or walk into things, spill fluid? YES / NO Specify: _____

_____

_____

Avoid balancing activities? i.e. does your child see anxious when climbing steps, playing on jungle gym, slides, riding a bicycle etc.?

YES ? NO? Specify: _____

_____

Enjoys fine motor activities? (Colouring in, cutting out, construction games, etc.) YES / NO Specify: _____

_____

CURRENT MEDICATION:

Name: _____ Dosage: _____ Duration: _____

Reason for administration: _____

Name: _____ Dosage: _____ Duration: _____

Reason for administration: _____

Name: _____ Dosage: _____ Duration: _____

Reason for administration: _____

	Age	Name of Practitioner	Tel No.	Treatment
Medical				
Neurologist				
EEG				
Psychologist				
Speech Therapist				
Occupational Therapist				
Other				

M. CORRESPONDENCE FORM

To Whom Should All **Finance** Correspondence be sent: (Please mark with an X)

Applicant	Parent / Legal Guardian 1	Parent / Legal Guardian 2	Person responsible for paying fees

Email: _____

Email: _____

Email: _____

Email: _____

To Whom Should All **Exam, test etc. result** Correspondence be sent: (Please mark with an X)

Applicant	Parent / Legal Guardian 1	Parent / Legal Guardian 2	Person responsible for paying fees

Email: _____

Email: _____

Email: _____

Email: _____

EXCELSIOR
ACADEMIC COLLEGE

To Whom Should All **School trips and Excursions Information** Correspondence be sent: (Please tick X)

Applicant	Parent / Legal Guardian 1	Parent / Legal Guardian 2	Person responsible for paying fees

Email: _____

Email: _____

Email: _____

Email: _____

To Whom Should All **General Notifications & Information** Correspondence be sent: (Please mark with an X)

Applicant	Parent / Legal Guardian 1	Parent / Legal Guardian 2	Person responsible for paying fees

Email: _____

Email: _____

Email: _____

Email: _____

End of Full Time Application