

Name of learner: _____ Grade: _____ Date: _____



ROBERT HICKS SCHOOL
AGREEMENT: Care@Hicks 2023



I / We the undersigned Parents / Guardians accept liability to pay the Care@Hicks fees as stipulated hereunder:

Physical address:

Postal address:

Father / Guardian:

Mother / Guardian:

Tel (H):

Tel (H):

Tel (W)

Tel (W):

Cell:

Cell:

E-mail

E-mail

SUMMARY

Care@Hicks Fees per learner per year for 2023 R10 890

R990 per month (January to November)

MATTERS RELATING TO CARE@HICKS FEES

The parties will be liable for the timeous and proper payment of the Care@Hicks fees.
All fees are to be paid via bank transfer.

IMPORTANT: Please remember to add an AC in front of your family code or child's name when making a payment. Proof of payments to be sent to care@roberthicksschool.co.za

DIRECT BANK DEPOSITS:

Robert Hicks School
ABSA
A/C: 1056980900
B/Code: 509045
Ref: AC + familv code

The Governing Body has the right, to amend the Care@Hicks fees and the terms of payment thereof under special circumstances.
Fees are payable in advance by the 3rd of the month. Should payment not have been made by this date and payment arrangements not discussed with the Care@Hicks Manager, you will receive an outstanding fees notice. Following 7 days after the issuance of that letter if payment has not been made, your child will not be allowed to attend Care@Hicks and the responsibility of care after school hours is considered terminated

Divorced parents must take note that both parents are liable for the payment of Care@Hicks fees. The school is not bound by the agreement between parents.

In the event of legal action being instituted against the parties hereto, the parties consent;

- to the jurisdiction of the Magistrate's Court for purposes of any action resulting from this Agreement;
- agree all costs relating to such action be on the scale of Attorney and client tariffs;
- that a certificate signed by the school Bursar, on behalf of the School Governing Body, as to any amount owed by the parties to the school in terms of this Agreement, shall be *prima facie* proof of the amount owed by the parties;
- that judgement be taken against the parties without any further notice to him/her and that an emolument attachment order be granted against the parties salary for the outstanding amount, and to be blacklisted;
- that all of the parties each choose *domicilium citandi et executandi* for all purposes hereunder at their respective physical addresses stated in the information section at the foot hereof. Any written notice or communication shall be deemed to have been received by the addressee on the fifth day following the date of sending thereof by email or on the date of delivery if delivered by hand.

The parties hereto bind themselves jointly and severally.

Date: _____

_____ Signature of Father / Guardian	_____ Signature of Mother / Guardian
ID No.:	ID No.:
Employer:	Employer:
Employer address:	Employer address:

THE MISSION AND VISION STATEMENTS OF THE SCHOOL

VISION
Providing a safe and happy environment whereby learners are equipped with the knowledge, skills and values to become well-adjusted individuals with the best chance of success

MISSION
To create a disciplined, structured, secure educational environment, striving for academic, cultural and sporting excellence. We base this on sound Biblical values, effective communication, mutual respect and social responsibility.

VALUES "Virtue et Benevolentia" – Goodness and Kindness
The parent/guardian undertakes to ensure the correct appearance, dress and behaviour of his/her child.

MATTERS PERTAINING TO CONTINUED ATTENDANCE

The parent/guardian notes that while attending Care@Hicks, his/her child will at all times be subject to the Rules of the School, the Code of Conduct and the criteria laid down by the Governing Body.

This Agreement commences on the date of enrolment and will automatically be renewed on a monthly basis for 2023. The parent/guardian will confirm continued attendance for the child at Care@Hicks on the prescribed form for every academic year.

The parent/guardian undertakes:

- not to hold the school responsible for loss or damage suffered to property brought onto the school grounds;
- to attend an interview with the Care@Hicks manager or administrator, the principal and/or Governing Body, upon being required to do so.

In the event of termination of enrolment, the parent/guardian will give one calendar month's written notice. Such notice of termination of enrolment is to be given before the first day of a calendar month. The parent/guardian giving notice of termination of enrolment shall remain liable for Care@Hicks fees calculated *pro rata* to the last day of the month of termination of enrolment. The parent/guardian remains liable for all outstanding Care@Hicks fees.

DETAILS PERTAINING CARE@HICKS.

Learners will be served a healthy meal by Café Hicks.

Food allergies and religious preferences must be completed on this form.

Invigilation will be provided for learners to complete their homework. It is important that all learners must diarise their homework and use their time during the homework session productively.

Learners need to be signed in and eat their lunch before attending homework/extra-curricular activities.

Care@Hicks closes at 18:00. A late-coming levy of R50 per 15 minutes will be charged!

The centre will be closed on weekends, public holidays and during school holidays.

For security purposes no learner will be permitted to leave the premises unless prior arrangements have been made.

It is important to communicate to the staff of Care@Hicks, any changes in who will collect the learner.

All communication must be done via email care@roberthicksschool.co.za.

PERMISSION FOR A LEARNER TO PARTICIPATE IN EXTRA CURRICULAR ACTIVITIES.

We, the parents/guardians hereby give permission for my/our child to participate in extra curricular activities of the school.

I/We accept that all reasonable precautions will be taken to ensure the safety and welfare of my/our child and that I/we will be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained which cannot be ascribed to negligence on the part of staff responsible.

THE CONDITIONS OF THIS PERMISSION ARE:

My/Our child will obey all the instructions given by the person(s) in charge. Care@Hicks reserves the right to terminate the contract, should a learner be in constant breach of the RHS Code of Conduct.

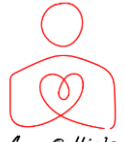
Provided all efforts to contact me/us, or the family doctor have failed, I/we cede my/our powers as parent(s)/guardian(s) to the principal of the school or his/her representative should medical treatment/surgery be deemed necessary for my/our child.

My/Our child, as far as I/we know, is in good health. The persons responsible for the activity should note the following: (please state allergies or special medication required, epilepsy, abnormal bleeding, etc). Please also indicate food allergies and/or Religious preferences

Signature: _____ Date: _____



ROBERT HICKS SCHOOL



Care@Hicks
care@roberthickschool.co.za

Care@Hicks FEES FOR 2023: R10 890.00

OPTION A: MONTHLY INSTALMENTS

TOTAL FEES

R10 890.00

To be paid as follows:

Payment no later than 3 rd of month:	Payments	Balance
13 January 2023	R990	R9 900
31 January 2023	R990	R8 910
28 February 2023	R990	R7 920
31 March 2023	R990	R6 930
30 April 2023	R990	R5 940
31 May 2023	R990	R4 950
30 June 2023	R990	R3 960
31 July 2023	R990	R2 970
31 August 2023	R990	R1 980
30 September 2023	R990	R990
31 October 2023	R990	R0

OPTION B: PAYMENT IN FULL BY NO LATER THAN 28 FEBRUARY 2023

10% discount granted when Care@Hicks fees are settled in full by no later than 28 February 2023:

TOTAL FEES

R10 890.00

DISCOUNT: R10 890.00 – 10% (Discount R1 089)

R9 801.00

R9 801.00 to be paid by 28 February 2023 to qualify for the 10% discount.

RHS banking details: ABSA
Account number: 1056 980 900
Branch code: 509045
Ref: AC + family code or learner's name

Signature: _____

Date: _____



ROBERT HICKS SCHOOL

GAUTENG DEPARTMENT OF EDUCATION

588 ADCOCK STREET

GEZINA PRETORIA 0084

Tel (012) 329-1695

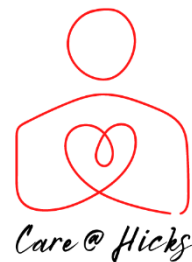
Fax (012) 329-6507

e-mail: mail@roberthicksschool.co.za

www.roberthicksschool.co.za

WE STRIVE FOR EXCELLENCE

1903



care@roberthicksschool.co.za

OUTSTANDING CARE@HICKS FEES

We refer you to your statement and note that your account is in arrears.

Please be advised that your contract with Care@Hicks will be terminated as per signed agreement should the full outstanding amount not be paid within 7 days from the date of this letter. Please take note that you will remain liable for outstanding fees related to the services provided to your child from the date of the agreement to the date of termination.

Yours Sincerely.

ADV KETELO
SGB CHAIRPERSON

A.C BOTHA
PRINCIPAL

RETURN SLIP: (Mrs De Witt – C22)

I, _____ parent/guardian of _____

in Grade _____ hereby acknowledge receipt of the termination letter. Should I wish to continue making use of Care@Hicks, I undertake to pay the full outstanding amount within 7 days from the date of this letter.

SIGNATURE: _____ DATE: _____