

# APPLICATION FOR ADMISSION TO SCHOOL

## HIS GRACE PRE PRIMARY SCHOOL

80 KAMPONG BUILDING,

Telephone: 076 - 0257669

PRETORIA

Fax:

0001

Year: \_\_\_\_\_



**Note:** This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied For:	Highest Grade Passed	Year When Grade was passed:	Accession No:
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Surname:	Initials:	Nick Name:	Other Names:
First Name:	Gender: <input type="checkbox"/> Male: <input type="checkbox"/> Female: <input type="checkbox"/>		
Date Of Birth: YYYY <input type="text"/> MM <input type="text"/> DD <input type="text"/>	Identification or Passport No: <input type="text"/>		
Race:	Citizenship: <input type="text"/>		
Country of Residence:	If SA, indicate province of residence:		

Physical Address:	Home Telephone:	Emergency Telephone:
City/Suburb	Learner Cell:	
Code:	Learner Email Address:	

Home Language:	Preferred Language of Instruction	Boarder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Deceased Parent <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/>	Mode of transport:	
Religion:	For Grade 1 only: Indicate pre-primary education	None <input type="checkbox"/> Non Formal <input type="checkbox"/> Formal <input type="checkbox"/>

**Previous School Information**

Name of Previous School:
Previous School Address:
Code: Province: Country:

**Learner Medical Information**

Medical Aid Number:	Medical Aid Name:
Medical Aid Main Member:	Doctor Name:
Doctor's Address:	Doctor Telephone Number:
Medical Condition:	
Special Problems Requiring Counseling:	
Dexterity of Learner: <input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed <input type="checkbox"/> Ambidextrous <input type="checkbox"/>	Reg. Social Grant <input type="checkbox"/> YES <input type="checkbox"/> NO: <input type="checkbox"/>
	Rec. Social Grant <input type="checkbox"/> YES <input type="checkbox"/> NO: <input type="checkbox"/>

If the learner is accepted, the following documents must be submitted to the school:

1. Copy of Immunisation Records.
2. Copy of Birth Certificate
3. Progress Report from Previous School
4. Transfer Letter from Previous School

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**Siblings**

Number of other Children at this school:

Position in the family (e.g first):

Please supply full names below:

Name:  Grade:

Name:  Grade:

Name:  Grade:

**Parent / Guardian Information** Complete a SEPARATE parent form for each parent living at a different physical address

Title:  Initials:  Surname:

First Name:  Gender:  Male:  Female:

Home Language:  Race:

Identification Number:  Or Passport number  Account Payer:  Yes  No

Residential Street Address:

City/Suburb  Code:

Occupation:  Employer:

Surname of Spouse:  First Name:

Occupation of Spouse:  Learner resides with this parent/s  Yes  No

Spouse ID Number:  Relationship to Learner:

Marital status of parent:

**Correspondence Details**

Title:  Surname:

Postal Address:

City/Suburb  Code:

**Other Contact Details**

Home Telephone

Work Telephone

Fax Number:

Cell Number:

Spouse Work Telephone Number:

Spouse Cell Number:

E-Mail Address:

Spouse E-Mail Address:

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print) :

Signature of Parent / Guardian

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Office use only:**

1. Date:	2. Accepted:	3. Accession Number:
4. Rejected:	5. Reason for Rejection:	
6. Documentation Received:	6a Immunisation Record:	6b. Birth Certificate:
6c. Progress Report from Previous School:		6d. Transfer Letter from Previous School:

## AGREEMENT & ATTESTATION

I \_\_\_\_\_ Parents/Guadian of

\_\_\_\_\_ hereby authorizes the teacher or person care of my child to administer one dosage of Paracetamol syrup to my child for treatment of fever, and to administer first aid when necessary; so also to make provision for transport in case of emergency.

I declare that the management and staff members of HIS GRACE PRESCHOOL AND PRIMARY "will not be liable for any claims which may arise due to the transport of my child or injuries that may occur only while in the cares of the school.

I understand that the staff members will always put the safety of my child first, the staff members are not responsible for unforeseen accidents, and I have inspected the playground and gave consent that my child could play in all the available playground toys.

My child may participate in the library project. I accept the responsibility of the books my child brings home and will see that my child read the books under my supervision, should schoolbooks be damaged or lost; I undertake to replace a new book.

I will give a six (6) month calendar notice to the school management if I wish to withdraw my child from the school; if I fail to give notice legal action shall, be taken against me.

I undertake to pay all levy and outstanding debt owed to HIS GRACE PRESCHOOL AND PRIMARY before my child leaves the school. I agree to the jurisdiction of the magistrate court and will be liable to all attorney; client costs as well as collection fees in even of legal steps taken me, if I'm default in any of this agreement terms.

I adhere to pay my child's school fees monthly and in advance before the 3<sup>rd</sup> of every month this month this includes the December month even if my child will not be attending the school and I agree that the school fees and registration fees will not be refunded and that a R100 late payment charge applies only if I do not pay my child's school on time and a R100 late pick up fee applies if I do not turn up to pick my child before 6:00pm and it stands for every 30 minutes onward till you fetch you child.

I will notify HIS GRACE PRESCHOOL AND PRIMARY" of any changes which may occur with my child's information in the application section of this binding my child may undertake all trips organized by the school accompanied by the staff members of the school.

I have received the school rules and regulation and will abide by them.

\_\_\_\_\_  
Father's signature & date

\_\_\_\_\_  
Mother's signature & date

\_\_\_\_\_  
Management

\_\_\_\_\_  
Legal Advisor