

KENTON-ON-SEA

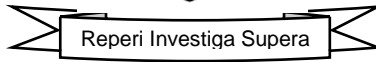
P O Box 351
KENTON-ON-SEA
6191

Tel/Fax: (046) 648-1358



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PRIMARY SCHOOL

***APPLICATION FOR ADMISSION OF A LEARNER TO
KENTON-ON-SEA PRIMARY SCHOOL***

Admission Number

Grade

ADMISSION REQUIREMENTS

The learner will be enrolled when:

1. The learner meets the admission criteria.
2. Admission Document is submitted and accepted.
3. The parent provides all documentation as required by the school.

FULL NAMES

DETAILS OF SCHOOLING

Present Grade : _____

Application for Grade : _____

Required Admission Date : _____

Date of Application : _____

Previous Schools Attended : 1. _____

2. _____

3. _____

4. _____

Tel. No. of last/current school: _____ Code: _____

Fax No. of last/current school: _____ Code: _____

PARTICULARS OF LEARNER BEING ENROLLED

Surname of Learner: _____ Gender: _____

First Names in Full: _____
(as shown on birth certificate)

Nick Name: _____

Date of Birth: _____

ID Number: _____

Race: _____ Citizenship: _____

Residential Address: _____

_____ Postal Code: _____

Telephone Number: _____ (Home)

Home Language: _____

Preferred Language of Instruction: _____

Previous School: _____

Religion: _____

With whom does learner reside on a permanent basis? _____

Deceased Parents: _____

Mode of Transport: _____

Dexterity of Learner: Right Handed Left Handed Ambidextrous

EMERGENCY CONTACT PERSON

Name: _____

Relationship to Learner: _____

Telephone Number: _____ Cell Number: _____

PARTICULARS OF FATHER/GUARDIAN (specify)

Surname: _____

First Names (*in full*): _____

ID Number (*copy to be supplied*): _____

Residential Address: _____
_____ Postal Code: _____
Home Telephone No: _____ Cell No: _____
Occupation: _____
Name of Employer: _____
Employer's Tel. No.: _____
Employer's Address: _____
Work/Personal E-mail Address: _____
Marital Status of Parents: _____

PARTICULARS OF MOTHER/GUARDIAN (specify)

Surname: _____
First Names: _____
ID Number (*copy to be supplied*): _____
Residential Address: _____
_____ Postal Code: _____
Home Tel. No. _____ Cell No.: _____
Postal Address: _____
_____ Postal Code: _____
Occupation: _____
Name of Employer: _____
Employer's Tel. No.: _____
Employer's Address: _____
Work/Personal E-mail Address: _____

PARENT RESPONSIBLE FOR PAYMENT OF SCHOOL FEES & SIGNATURE

Full Names: _____

Signature of parent/guardian/person paying school fees _____

BROTHERS AND SISTERS ALREADY ATTENDING THE SCHOOL

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

MEDICAL HISTORY *(Copy of Medical Card to be supplied)*

Name of Family Doctor: _____

Telephone No.: _____ Cell No.: _____

Operations: _____

Allergies: _____

Medication your child needs to take at school: _____

Handicaps: _____

Any other important facts/phobias you would like us to know: _____

Does/do learner and/or parent(s)/guardian(s) receive social grant(s)? _____

Type of social grant(s): _____

Grant number(s): _____

PLEASE NOTE:

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS ENROLMENT FORM:

1. The Learner's most recent school report.
2. One recent ID size photograph of Learner.
3. A CERTIFIED copy of the Learner's Birth Certificate
4. Copies of both parents/guardian's ID.
5. The transfer card from the previous school.
6. Immunization Card
7. Payslip(s) of parent(s)
8. Proof of Residential Address
9. Indemnity Forms (signed)
10. All sections of Application Form completed and signed

DECLARATION

I/We undertake:

- To furnish proof of the correctness of the child's age.
- To inform the school in writing of any change of address.
- To inform the school in writing of any case of infectious illness in my household.
- To ensure that this child attends school regularly and that he/she complies with the rules and regulations of the school.

ACCEPTANCE OF CONDITIONS OF ADMISSION

I, the undersigned parent/guardian hereby agree to pay **IN ADVANCE** all school fees due to the school by

either: Annual Payment

 Quarterly Payment

 Monthly Payment by application

I further accept full liability for costs incurred in recovery of overdue amounts owed to the school.

The Governing Body of the School is hereby authorized to collect debts, publish details of outstanding debt, and take whatever steps of action it deems necessary in the process of recovering outstanding debts.

SIGNATURE: FATHER/GUARDIAN

SIGNATURE: MOTHER/GUARDIAN

DATE

When depositing school fees directly into bank account, please e-mail/fax deposit slip to school as confirmation.

(Please ensure you have read the Declaration and Conditions of Admission and understood the contents thereof)

**SOUTH AFRICAN SCHOOLS ACT, NO. 84 OF 1996
REGULATIONS FOR THE EXEMPTION OF PARENTS FROM PAYMENT OF SCHOOL FEES**

SCHOOL FEES EXEMPTION & CHECK LIST

Mark with a cross in the applicable box:

1.	Have you been informed about the amount due in terms of the annual school fees?	YES	NO
2.	Have you been informed that you are liable for the payment of school fees unless you are totally exempted from paying school fees?	YES	NO
3.	Have you been informed about your right to apply for exemption from paying school fees?	YES	NO
4.	Do you wish to apply for such exemption?	YES	NO
5.	Do you wish to be assisted in making such application?	YES	NO
6.	Do you understand that the onus/responsibility is on you to collect school fee exemption application forms from the Bursar's office during office hours?	YES	NO

NAME OF PARENT/GUARDIAN/SPONSOR: _____

SIGNATURE OF PARENT/GUARDIAN/SPONSOR: _____

NAME OF PRINCIPAL: _____

SIGNATURE OF PRINCIPAL: _____

SIGNED AT (PLACE) _____ ON THE (DAY) _____ (MONTH) _____ YEAR _____

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Reperi Investiga Supera

PRIMARY SCHOOL – LAERSKOOL

INDEMNITY FORM

I _____ the parent/guardian of _____

hereby give permission that my son/daughter may participate in the extramural activities of the school including trips or excursions which may deem necessary educational or otherwise.

I understand completely and accept that all tours and excursions are undertaken at my son's/ daughter's own risk and I undertake to indemnify the principal, the staff and parents (or others persons appointed by the school) to render them blameless and will not hold them liable to any claim whatsoever in connection with damage to property or any injury which might occur during such an excursion.

I accept that the principal and staff will ensure that all precautions, regarding the safety and well-being of my child have been taken.

Date: _____

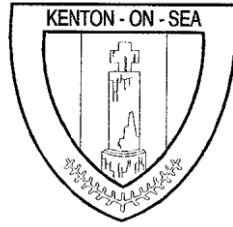
Place: _____

Signature: _____

Witness: _____

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PRIMARY SCHOOL – LAERSKOOL

IMAGE RELEASE FORM

I, the undersigned, do hereby confirm that I am the parent/legal guardian of _____ (learner's name) and have legal authority to execute this release on his/her behalf. I hereby grant KENTON ON SEA PRIMARY SCHOOL irrevocable permission to publish photographs of my son/daughter taken during the duration of his/her scholastic career at the aforementioned school including but not limited to official and unofficial school events both on and off the school premises.

These images may be published in any reasonable manner, including (but not limited to) calendars, advertisements, periodicals, posts on social media and press releases. Furthermore, I will hold harmless any photographer and his/her legal representatives and assigns, from any liability by virtue of minor cropping that maybe required, and colour and exposure shifts that may occur in reproducing this photograph.

I have read this release and fully understand its implications.

Parent/legal guardian's Name: _____

Parent/legal guardian's Signature: _____

Date: _____

Witness's Name: _____

Witness's Signature: _____

Date: _____