



KOMMETJIE PRIMARY SCHOOL

Teubes Road, Kommetjie, 7975 | Tel: 021 783 2973/021 783 2407 | Fax: 086 566 6682
 Email: komprim@iafrica.com | Website: www.kommetjieprimary.co.za

Name of Learner:	
Grade Applying for:	
Year Applying for:	20__
Application for:	DAY SCHOLAR

Please
Attach
Photo
Here

Application Information and Requirements:

1. Please print in capitals and complete **ALL** sections, even if there is repetition. The supplying of false information will invalidate this application. Please supply a **physical address** as well as a **postal address** if applicable.

2. The application must be accompanied by:

- Copy of Identity document of father,
- copy of Identity document of mother,
- copy of identity document of account payer,
- copy of proof of residence,
- copy of your child's birth certificate,
- copy of your child's latest school report,
- copy of immunisation records of your child,
- one passport size photograph of your child attached in the space provided.

3. REGISTRATION FEE: Should your application be successful you will be required to indicate your intention to take up the place offered to your child by the payment of a **registration fee of R1000.00** that will be deducted from your first term's school fees. This fee is payable **by the date indicated** in our letter of acceptance to you. Late responses will only be reconsidered if there is still a vacancy.

4. By signing this application, you are binding yourself to all the rules, as attached, and as amended from time to time.

5. In the case of a divorce, irrespective of the divorce agreement, both parents will be held responsible for the fees and must, therefore, both sign the application form.

6. Should your application be unsuccessful, please be informed that your application will remain valid for the duration of the year in which you applied. After the end of the year you will have to re-apply for the following year.

DETAILS OF LEARNER:					
SURNAME:		Initials:			
First names:					
Called name, if different to first name above:					
ADDRESS AND CONTACT DETAILS OF LEARNER:					
Physical address:					
	Postal code:				
Cellphone no:					
OTHER PERSONAL DETAILS OF LEARNER:					
Identity number:		Birth date:			
Home language:		Nationality:			
Date of arrival in SA:		SA Citizenship:	Yes	No	
Religion:					
Name of current school:					
Siblings in this school	Name:		Grade:	House:	
	Name:		Grade:	House:	
Siblings in other schools					
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
MEDICAL DETAILS OF LEARNER					
Doctor's Name:					
Practice Phone no:					
Cell no:					
EMERGENCY CONTACT (other than parents):					
Name:		Tel. no:			
Relationship to learner:		Cell no:			
MEDICAL HISTORY OF LEARNER					
Allergies:					
Routine Medication:					
Recent Injuries:					

Previous Operations:			
Existing Medical Problems:			
Please indicate any appropriate information below. Failure to do so may result in your application being withdrawn:			
Learning disabilities:			
Social disabilities:			
MEDICAL AID DETAILS			
Member's Name:		Medical Aid: eg Fedhealth	
Membership no:		Specific Plan: eg Maxima	

CORRESPONDENCE			
Please indicate who is to receive the school report.	Father	Mother	Guardian
Please indicate who is to receive the fees account.	Father	Mother	Guardian

WHO DOES THE LEARNER RESIDE WITH?					
Father	Mother	Guardian	Grandparent	Sponsor	Other

DETAILS OF FATHER					
SURNAME:				Title:	
FIRST NAMES:					
Identity no:			e-mail:		
Marital status:	Married:		Divorced:		
	Single parent:		Re-married:		
If re-married, complete stepmother's details on page 5					
Home phone no:			Cell no:		
Business number:			Fax no:		
Physical address:					
				Postal code:	
Postal address: If different to above:					
Name of Employer:	(If parent is a teacher, please state the name of the school)				
Occupation:					

DETAILS OF MOTHER					
SURNAME:				Title:	
FIRST NAMES:					
Identity no:			e-mail:		
Marital status:	Married:		Divorced:		
	Single parent:		Re-married:		
If re-married, complete stepfather's details on page 5					
Home phone no:			Cell no:		
Business number:			Fax no:		
Physical address:					
				Postal code:	
Postal address: If different to above:					
Name of Employer:	(If parent is a teacher, please state the name of the school)				
Occupation:					

HOW MARRIED?				
Ante-Nuptial Contract	Community of Property	Customary	Hindu/Moslem	Other

DETAILS OF STEPFATHER/STEPMOTHER					
SURNAME:				Title:	
FIRST NAMES:					
Identity no:			e-mail:		
Home phone no:			Cell no:		
Business number:			Fax no:		
Physical address:					
				Postal code:	
Postal address: If different to above:					
Name of Employer:	(If stepparent is a teacher, please state the name of the school)				
Occupation:					

DETAILS OF GUARDIAN/SPONSOR					
SURNAME:					
FIRST NAMES:					
Identity no:			e-mail:		
Marital status:	Married:		Divorced:		

	Single parent:		Re-married:	
Home phone no:		Cell no:		
Business number:		Fax no:		
Physical address:				
		Postal code:		
Postal address: If different to above:				
Name of Employer:	(If guardian/sponsor is a teacher, please state the name of the school)			
Occupation:				

RELATIONSHIP TO LEARNER:			
Guardian	Grandparent	Foster Parent	Other:

To be completed only if 'OTHER' is indicated above):			
SURNAME:			
FIRST NAMES:			
Identity no:		e-mail:	
Home phone no:		Cell no:	
Business number:		Fax no:	
Physical address:			
		Postal code:	
Postal address: If different to above:			
Name of Employer:			
Occupation:			

Unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to:

1. collect, store and process information about you and any Third Party or divorced or separated Parent responsible for payment of any or all amounts owing in school fees
2. collect, store and process names, contact details and information relating to yourself and your Child, and to such information being made available to other parents/guardians, staff or responsible persons engaged or authorised by the School for School-related purposes to the extent required for managing relationships between the School, parents/guardians, and current learners as well as providing references and communicating with the body of former learners;
3. include photographs, with or without name, of your Child in School publications, or in press releases to celebrate the School's or your Child's activities, achievements or successes;
4. supply information and a reference in respect of your Child to any educational institution which you propose your Child may attend. We will take care to ensure that all information that is supplied relating to your Child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, the School cannot be liable for any loss you or your Child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us; and

5. The School may not distribute or otherwise publish any of your personal information in its possession, unless you give your consent, in writing, to the School that it may do so. Should this be the case, the School may only distribute or otherwise publish the information specified in your consent to the people and for the purpose stated in your written consent.

STATUTORY OBLIGATION TO PAY SCHOOL FEES

1. I /We hereby apply to have the child whose name appears on this form as a learner at Kommetjie Primary School.
2. I /We hereby certify that I / we are the biological/ adoptive parents and that I/we have legal custody and / or legal guardianship in respect of the above-named learner.
3. We take note and understand the following:
 - a. Compulsory annual school fees for 2018 for Grade R is R 23 950.00 and R 18 450.00 for Gr 1 to 7 as adopted by the majority of parents at a general meeting.
 - b. School fees are payable in advance and are due on the first day of school.
 - c. The payment options are as follows:

	TICK
Fees can be paid in full	
Fees can be paid off in 10 monthly equal instalments	

- d. If parents are in arrear with one instalment, then the full amount becomes due and payable immediately.
 - e. A sum of R.....is to accompany this admission form. This amount will be deducted from the R..... compulsory annual fees. Should the learner not attend the school, this fee will be refunded to the parent upon a written request from the parent providing us with banking details for a refund.
 - f. Biological/adoptive parents are jointly liable for the payment of the school fees irrespective of their marital status.
 - g. In the event of nonpayment of school fees the school will institute legal action against both parents irrespective of maintenance and court orders which may exist between the parties.
 - h. In terms of Section 39 of the South African Schools Act, parents are liable to pay compulsory school Fees. This is a statutory obligation.
 - i. In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
 - j. In the event of the school having to take legal action for the recovery of school fee, all legal costs, including attorney / client fees and collection costs incurred by the school will be charged to the parent's account
 - k. I/We have been informed that if we are unable to pay school fees may apply for exemption of these fees.
 - l. If Parents/s fail to meet their school fee obligations the school may record the Parent/s nonperformance with a bureau.
4. I/We undertake to give notice in writing of any intention to remove my/our child from the school and furthermore to return any books and/or equipment belonging to the school which our child may have.
 5. The school may hold and process by computer or otherwise, any information obtained about parents as a result of their liability for payment of school fees

6. The signatory hereto hereby chooses domicillium citandi et executandi as indicated below. In the event of a change of address, parents are to notify the school in writing.

ADDRESS: The signatory hereto hereby chooses domicillium citandi et executandi (official address) as:

.....

7. The above is valid from the day on which parent / guardian signs to the day on which the learner officially leaves the school.

DECLARATION: PARENT 1

Ihereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me.

Signed on this day of 20.....

.....
SIGNATURE

DECLARATION: PARENT 2

Ihereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me.

Signed on this day of 20.....

.....
SIGNATURE

KOMMETJIE PRIMARY SCHOOL
CONFIDENTIAL INFORMATION RE CHILD

Name of child in full: _____

From a total of _____ children in the family this child is the _____ (1st, 2nd, 3rd etc.)

Underline the illnesses which the child has had:

Chicken-pox, Diphtheria, Enteric Fever, Measles, Mumps, Rubella, German Measles, Scarlet Fever, Whooping Cough, Bilharzia, Chorea (St. Vitus' Dance), Malaria, Rheumatic Fever.

State any other illnesses from which the child has suffered or still suffers: _____

State (if any) the operations which the child has undergone, when and for what purpose:

Is this child on any medication? _____

Why? _____

Any allergies? _____

Urination: Any problems? _____

Any problems in connection with:

Hearing? _____

Sight? Speech? _____

At what age did this child start talking? _____

At what age did this child start walking? _____

Any dentition problems? _____

Name any problems experienced during pregnancy or during the child's birth _____

Has the child ever had a serious accident? If so, give details _____

Information about the child's eating and drinking habits _____

At what time does the child go to bed at night _____

Sleeping habits (eg. sleeps peacefully, a restless sleeper, has nightmares) _____

Does the child evidence any signs of nervous tension by day or at night? _____

Is the child right or left handed? _____

Is any compulsion exercised at home in this connection? _____

Name the places where this child prefers to play _____

Friends with whom this child frequently plays: (underline and mention ages)

Brothers _____ Sisters _____ Boys _____ Girls _____

How does the child interact with friends? _____

How does the child interact with the members of the family? _____

Underline personality characteristics (and elaborate):

Obedient, disobedient, stubborn _____

Independent, dependent _____

Shy, withdrawn, outgoing (bold) _____

Friendly, moody, aggressive _____

Tolerant, irritable _____

Unselfish, selfish _____

Self-confident, lacking in confidence, over-confident _____

Helpful, un co-operative _____

Reacts well, does not take kindly to orders or correction _____

Other qualities about which the school should know _____

Does the child have many, few or no stories read or told to him/her at home? _____

Is the child allowed to view television/video programs indiscriminately? _____

Does the child show any interest in music? _____

Any other information regarded as important _____

Are there any problems which you would like to discuss confidentially? _____

INFORMATION SUPPLIED BY: _____ DATE: _____

SIGNATURE: _____

KOMMETJIE PRIMARY SCHOOL

CONSENT AND INDEMNITY FORM

I, the undersigned, being the parent, custodian parent or guardian of child (please print child's name) _____ hereby give consent for my child to take part in educational activities.

Furthermore, indemnify and absolve the aforesaid school, Board of Governors, its staff, participating parents and the Western Cape Education Department against all claims of whatsoever nature and howsoever arising directly or indirectly out of the child's participation in the said educational excursions, sports activity or any activity organized at the school.

I give this undertaking, on behalf of myself and my child, in the knowledge that the Principal and staff will nevertheless take all reasonable precautions, for the safety and welfare of my child.

DATED AT KOMMETJIE ON _____

PARENT'S NAME _____

Parent, Custodian Parent or Guardian (signature) _____