

## APPLICATION FOR ADMISSION TO SCHOOL

Pg 1/4

## HIGHLANDS PRIMARY SCHOOL

1 Ametis Crescent Tel : 074 343 6406  
 Middelburg Fax : 086 628 5733  
 1050



Date:

**Note:** This form must be completed in full. All changes to be initialled 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 Grade was passed:  Accession No:

Surname: (Learner)	<input type="text"/>	Initials:	<input type="text"/>
First Name:	<input type="text"/>	Nick Name:	<input type="text"/>
Date of Birth: (yyyy-mm-dd)	<input type="text"/>	Other Names:	<input type="text"/>
Race:	<input type="text"/>	Gender:	<input type="text"/>
Country of Residence:	<input type="text"/>	ID or Passport No:	<input type="text"/>
If SA - Province of residence:	<input type="text"/>	Citizenship:	<input type="text"/>

Home Tel. No:	<input type="text"/>	Physical Address:	<input type="text"/>
Emergence Tel. No:	<input type="text"/>	Street	<input type="text"/>
Lerner Cell No:	<input type="text"/>	Suburb:	<input type="text"/>
Lerner E-mail Address:	<input type="text"/>	City / Town:	<input type="text"/>
		Postal code:	<input type="text"/>

Home Language:	<input type="text"/>	Boarder: Yes / No	<input type="text"/>	Religion:	<input type="text"/>
Preferred Language of Instruction:	<input type="text"/>				

Deceased Parents: Yes / No	<input type="text"/>	Mother	<input type="text"/>	Father	<input type="text"/>
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For Grade 1 only: Indicate pre-primary education. Yes / No	<input type="text"/>	Mode of Transport:	<input type="text"/>
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Name of Previous School:	<input type="text"/>	Medical Name:	<input type="text"/>
Previous School Address:	<input type="text"/>	Medical No:	<input type="text"/>
Street:	<input type="text"/>	Med. Aid Member:	<input type="text"/>
Suburb:	<input type="text"/>	Doctor Name:	<input type="text"/>
Code:	<input type="text"/>	Doctor Tel. No:	<input type="text"/>
Country:	<input type="text"/>	Doctor's Address:	<input type="text"/>
Province:	<input type="text"/>		<input type="text"/>
Tel. No:	<input type="text"/>		<input type="text"/>

Medical Conditions:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Has your child had his / her eyes tested? Yes / No When?	<input type="text"/>
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Special Problems	<input type="text"/>
Requiring Counselling:	<input type="text"/>
	<input type="text"/>

Dexterity of learner:	<input type="text"/>	Right / Left Handed:	<input type="text"/>	Ambidextrous: Yes / No	<input type="text"/>
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Reg. Social Grant: Yes / No	<input type="text"/>
Rec. Social Grant: Yes / No	<input type="text"/>

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

- |  |                      |
|--|----------------------|
| 1. Copy of Immunisation Records.         | <input type="text"/> |
| 2. Copy of Birth Certificate.            | <input type="text"/> |
| 3. Progress Report from Previous School. | <input type="text"/> |
| 4. Transfer letter from Previous School. | <input type="text"/> |

Name of other Children at this school:			
1. Name:		Grade:	
2. Name:		Grade:	
3. Name:		Grade:	
4. Name:		Grade:	



Complete a Separate Form for each parent living at a different physical address.			
Parent / Guardian:		Gender: (Male / Female)	
Title:		Race:	
Initials:		Home Language:	
Surname		ID or Passport No:	
First Name:		Account Payer: Yes / No	
Physical Address:		Relationship to Learner:	
Street		Marital status of parent:	
Suburb:		Occupation:	
City / Town:		Employer:	
Postal code:		Learner resides with this parent: Yes / No	

Surname of Spouse:		Correspondence Details:	
Occupation of Spouse:		Postal Address:	
Employer:		Suburb:	
Work Tel. No:		City / Town:	
Spouse ID No:		Postal code:	

Other Contact Details:	
Tel. No:	
Fax No:	
Cell phone No:	
1. E-mail Address:	
2. 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 (yyyy - mm - dd):	

<b>Office use only:</b>		
1. Date:	2. Accepted:	3. Accession No:
4. Rejected:	5. Reason:	
6. All required documents received:		



Full Name of Pupil:	
ID No:	
Grade:	

- I, \_\_\_\_\_ (Full name and surname), the Parent / Guardian of the abovementioned pupil, hereby give permission for him / her to participate in the extracurricular activities of the school, and to go on tours and excursions of educational interest.
- I fully understand and accept that all tours and excursions shall be undertaken at my son / daughter's own risk and I undertake on behalf of myself, my executors, my wife and my aforesaid child, to indemnify, not hold responsible and absolve the Middelburg Christian School, Governing Body, the Principal and the Staff against and from all claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of my aforesaid child in the course of any such tour or excursion, in the knowledge that the Principal and the staff will, nevertheless take all reasonable precautions for the safety and welfare of my child.
- I cede my powers as parent / legal guardian to the Principal of the school or her representative should medical treatment / surgery be deemed necessary for my child. As far as I know he / she is physically capable of participating in the activities and he / she is in good health.
- However, the persons responsible should please note the following: (Please state aspects that the teaching staff should be aware of, e.g. allergies, tendency towards abnormal bleeding, epilepsy, special medication, etc. Also state activities in which he / she may not participate).


- If necessary, I give my permission and authorisation to the Principal, or responsible representative to give his / her permission in reasonable circumstance for medical attendance to my child. I will also take responsibility for all medical costs.

Information required in case of medical / hospital treatment:	
Medical Name:	
Medical No:	
Med. Aid Member:	
Doctor Name:	
Doctor Tel. No:	
Tel No. (H)	
Tel No. (W)	
Cell No.	
Name & Address of Employer:	
Unique No.	

Signature Parent / Guardian:	
ID No.	

Date:	
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Students are expected to abide by Christian standards of conduct throughout their enrolment whether at home, school or elsewhere. Students found to be out of harmony with this school's ideals of work and life maybe invited to withdraw whenever the administration determines it necessary.

School fees 2020						
GRADE		Annual Reg.	Per month (Jan to Nov)	Per Term (Less 2,5%)	Per Semester (Less 5%)	Per Annum (Less 7,5%)
Pre- grade 0	RR	R 0-00	R 1 250-00	R 3 350-00	R 6 530-00	R 12 720-00
Grade 0	R	R 700-00	R 2 290-00	R 6 140-00	R 11 965-00	R 23 300-00
Grade 1-7	1 - 7	R 700-00	R 2 700-00	R 7 240-00	R 14 100-00	R 27 470-00
Aftercare	RR - 7	R 0-00	R 575-00	R 1 540-00	R 3 000-00	R 5 850-00
Sibling Discount		R110.00 per sibling				

Fee Agreement:

School fees can be paid in the following ways:

**1. Monthly:**

Salaries received month-end:

School fees are to be paid in full in advance from January to November (eg beginning of January for January's fees).

School fees need to be paid before the 7th of the month.

Salaries received on the 15th of the month:

School fees need to be paid in full by the 22th of the month.

**2. Per Term:** (2,5% discount on school fees)

If paying per term, the school fees need to be paid in full within the first week of the new school term, otherwise the discount falls away and your account will be charged with the monthly fee.

**3. Per Semester:** (5% discount on school fees)

If paying per semester, the school fees need to be paid in full within the first week of the new school semester (Jan & July), otherwise the discount falls away and your account will be charged with the monthly fee.

**4. Per Year:** (7,5% discount on school fees)

If paying per year, the school fees need to be paid in full within the first week of the new school year, otherwise the discount falls away and your account will be charged with the monthly fee.

**Annual Registration fee:**

Is payable for new students on registration and by old students every year at the end of November in order to ensure a place in the school for the following year. Registration fees are non-refundable!

**Option Form** - I wish to be invoiced as follows:

1. Per Month	R	On the 1st monthly		On the 15th monthly	
2. Per Term	R				
3. Per Semester	R				
4. Per Annum	R				

- I agree to the terms and conditions of payment of fees and agree that if I do not pay my fees according to the above agreement, my child will be put on probation and will not be allowed to attend school until full settlement has been made.
- I have read the information furnished and agree to insist that my child submit to the programme and all other requirements instituted by the administration and carried out by the Principal and faculty.

Signature of Father / legal Guardian

Date:

Signature of Mother / Legal Guardian

Date:

Signature of School Principal

Date: