



KENRIDGE PRIMARY SCHOOL

APPLICATION FOR ADMISSION OF A LEARNER PRESENTLY ENROLLED AT KENRIDGE PRE-PRIMARY SCHOOL (GRADE R)

Please note –

This form must be signed and completed in full by the learner’s parent/guardian/sponsor prior to admission to the school. All documents and forms listed below must be produced **BEFORE** admission can be confirmed.

1.	Completed forms that must accompany this document: Admission of Learner, Confidential Information: Child, Consent for Screening Tests, Tuckshop
2.	Enrolment Fee of R500 Only payable ON ACCEPTANCE (this is part payment of your 1st months school fee)
3.	I acknowledge the contents of the Kenridge Code of Conduct, Prospectus, official school uniform and screening tests documents.
Signature Parent/Guardian	

<u>OFFICE USE ONLY</u>	
Grade:
Sports House:
Admission No.:
Family No.:
Date of Admission:
Enrolment Fee Paid:.....	
Receipt No.:
Date application received:

PLEASE INDICATE FOR WHICH GRADE THE ENROLMENT IS SUBMITTED:

LEARNER’S DETAILS:

Learner Surname:	<input type="text"/>	Boy / Girl (B / G)	<input type="text"/>			
Full Names:	<input type="text"/>	Preferred name:	<input type="text"/>			
Date of Birth	<table border="1" style="display: inline-table;"> <tr> <td style="width: 30px; text-align: center;">Year</td> <td style="width: 30px; text-align: center;">Month</td> <td style="width: 30px; text-align: center;">Date</td> </tr> </table>	Year	Month	Date	ID Number:	<input type="text"/>
Year	Month	Date				
Country of Birth:	<input type="text"/>	Date of arrival in South Africa(if applicable)	<input type="text"/>			
		Citizenship:	<input type="text"/>			
1 st Language spoken at home:	<input type="text"/>	2 nd Language spoken at home (if applicable)	<input type="text"/>			
Previous School	<input type="text"/>	Province:	<input type="text"/>			
Grade Passed:	<input type="text"/>	Date of leaving the above-mentioned school:	<input type="text"/>			

Residential Address of Learner**Postal Address of Learner**

	Code:		Code:

Name & Address of Person Responsible for Account

	Code:

Is there a brother or sister already at our school?		If so, the name and grade of the learner	
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Does the learner receive a Government approved Social Grant?	YES		NO	
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State of Health:	Excellent		Good		Fair		Poor	
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Any serious/life-threatening allergy/medical condition. Please furnish with details	
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Underline illness(es) learner has been immunized against:

German measles, tuberculosis (B.C.G.), diphtheria, whooping cough, tetanus, measles, mumps, poliomyelitis

Emergency Contact Number

<u>Name</u>	<u>Relation</u>	<u>Number</u>
	Grandparent, Aunt, Friend etc.	

Information of Doctor

Name of doctor:	Number
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Information of Medical Aid

Name of Medical Aid:	Medical Aid Number:	Number:
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Extra-Mural / Religious Activities

Religion:

Do you have any objections to your child participating in any religious activities?	YES		NO	
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If YES, please furnish reasons:

Do you have any objections to your child participating in any extra-mural activities?	YES		NO	
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If YES, please furnish reasons:

PARENT / GUARDIAN / SPONSOR INFORMATION

Parent 1	Guardian	Sponsor	[please tick]	Parent 2	Guardian	Sponsor	[please tick]
Prof. Dr. Rev. Mr etc.				Prof. Dr. Mrs Miss Ms etc.			
Surname:				Surname:			
Name:				Name:			
ID Number:				ID Number:			
Occupation:				Occupation:			
Name of Employer:				Name of Employer:			
Employer's Physical Address:				Employer's Physical Address:			
Employer's Telephone Number:				Employer's Telephone Number:			
E-mail Address at work:				E-mail Address at work:			

Marital Status				
Married	Single	Divorced	Widow/er	Remarried

Marital Status				
Married	Single	Divorced	Widow/er	Remarried

Residential Address:				Residential Address:			
Telephone – Home:				Telephone – Home:			
Cell Number:				Cell Number:			
E-mail Address:				E-mail Address:			

NB: Please underline preferred e-mail address for bulletin, account and contact purposes

Postal Address:				Postal Address:			
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I, AS PARENT / GUARDIAN / SPONSOR,

1. undertake to reimburse the school for any damage to school property that may be caused by the LEARNER.
2. understand that while every reasonable effort will be made to prevent losses or damage to the LEARNER'S clothing and equipment, the school cannot be held liable in any such event.
3. undertake to give written notice of any intention to remove the LEARNER from the school and furthermore to return any books and/or equipment belonging to the school which the LEARNER may have in his/her possession.
4. undertake to ensure that the LEARNER is punctual at the beginning of each school day and is collected on time at the end of each school day.
5. understand that, should the LEARNER be absent for 50 days or more throughout a particular year in a grade, the LEARNER could repeat the particular grade on grounds of absenteeism.
6. understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
7. accept responsibility for immunizing the LEARNER against contagious diseases and produce proof thereof if required to do so.
8. undertake to inform the educator of the LEARNER'S absence from school and produce a doctor's certificate when required.
9. undertake to support the school's constitution and policy of admission, as defined and implemented by the Governing Body of the school.
10. understand that the LEARNER shall at all times be subject to the Code of Conduct of the School. A copy of the Code of Conduct is available at www.kenridgeprimary.co.za.
11. understand that the School reserves the right in its sole discretion to amend and/or alter any of the provisions of the Code of Conduct.
12. understand that the principal or his authorized and dedicated agent, is authorized and empowered to perform any act in *loco parentis* when my specific authority cannot reasonably be sought or obtained in time.

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SIGNATURE OF PARENT/GUARDIAN/SPONSOR

.....
DATE

FOR OFFICIAL USE

Result of application:

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Enrolment Officer

.....
Date

