



# KENRIDGE PRIMARY SCHOOL

## APPLICATION FOR ADMISSION OF A LEARNER

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.	One passport-size colour photo of learner	
2.	Copy of learner Birth certificate/ID Document	
3.	Copy of both Parent/Guardian/Sponsor’s ID Documents	
4.	Financial Clearance from previous school (copy of latest school account – not for Kenridge Pre-Primary)	
5.	Proof of Physical Residence e.g. electricity/water account	
6.	A non-refundable Enrolment Levy of R500 must accompany this document	
7.	Forms that must accompany this document: Admission of Learner, Debit Order, Financial Undertaking, Confidential Information: Child	

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

PLEASE INDICATE FOR WHICH GRADE THE ENROLMENT IS SUBMITTED:

### FLEDGLINGS / GRADE R

#### LEARNER’S DETAILS:

Learner Surname:  Boy / Girl (B / G)

Full Names:  Nickname:

Date of Birth: 

Year	Month	Date
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 ID Number:

Country of Birth:  Date of arrival in South Africa (if applicable)  Citizenship:

1<sup>st</sup> Language spoken at home:  2<sup>nd</sup> Language spoken at home (if applicable)

Previous School:  Province:

Grade Passed:  Date of leaving the above-mentioned school:

**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	
If YES, please furnish reasons:				

Do you have any objections to your child participating in any extra-mural activities?	YES		NO	
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:			
Postal Address:				Postal Address:			

**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.kenridge.org.za](http://www.kenridge.org.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.

.....  
**SIGNATURE OF PARENT/GUARDIAN/SPONSOR**

.....  
**DATE**

**FOR OFFICIAL USE**

**Result of application:** .....

.....  
**Enrolment Officer**

.....  
**Date**