KENRIDGE PRE-PRIMARY SCHOOL
APPLICATION FOR ADMISSION OF LEARNER
2022

Van Riebeeck Avenue, Kenridge, 7550 | Tel: 021 976 3046 / 7 | Fax: 021 975 1312
e-mail: hanri.heystek@kenridge.org.za | www.kenridgeprimary.co.za

Surname of Learner:		
Full name/s of Learner:		
Preferred name:		Boy / Girl
Date of birth:		
Home language:		
Grade applying for:	Pre-Grade R / Grade R	

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 or non-disclosure of material and / or important information will invalidate this application.
2. The submission of this application form does not guarantee your child's acceptance at the school.
3. **The application must be accompanied by:**

One passport-sized colour photo of learner in the space provided	
Certified copy of learner's unabridged birth certificate	
Certified copies of both parents / guardians / sponsors' ID documents	
Copy of immunization certificate	
Proof of permanent residential address: Copy of recent municipal account or	
Certified copy of legal rental agreement	
A non-refundable enrolment levy of R500,00 will only be payable once accepted	
Debit order	
Financial undertaking	

FOR OFFICE USE ONLY:		**ACCEPTED:**	**YES**	**NO**
RECEIVED ON:		**DATE:**		
ADDRESS:		**PRINCIPAL:**		
RECEIPT NUMBER:		**ADMISSION NO:**		
APPLICATION NUMBER:		**FAMILY NO:**		
SAMI:		**CEMIS:**		

DETAILS OF LEARNER

ADDRESS AND CONTACT DETAILS OF LEARNER

Residential address:						
					Postal code:	
Learner resides with:	Father	Mother	Guardian	Grandparent	Sponsor	Other

OTHER PERSONAL DETAILS OF LEARNER

Identity number:													Birth date:	Year	Month	Day
SA Citizenship:	Yes	No	Nationality:		Date of arrival in SA: if applicable	
Name of current school:																
Siblings in Kenridge Primary	Name:												Grade:		House:	
	Name:												Grade:		House:	
Siblings in other schools:																
Name:										School:				Grade:		
Name:										School:				Grade:		

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
Correspondence & newsletters.	Father	Mother	Guardian
Preferred email address.			

MEDICAL DETAILS OF LEARNER

Doctor's Name:			
Practice Phone no:		Cell no:	

MEDICAL AID DETAILS

Member's Name:		Medical Aid: eg Fedhealth	
Membership no:		Specific Plan: eg Maxima	

EMERGENCY CONTACT (other than parents)

Name:		Tel. no:	
Relationship to learner:		Cell no:	

MEDICAL HISTORY OF LEARNER

Please indicate any appropriate information below. Failure to do so may result in your application being withdrawn

Allergies:		Routine/chronic medicine:	
Recent injuries:		Previous operations:	
Existing medical problems:			

INFORMATION FOR DEPARTMENTAL USE

Religion:	African	Bahai	Buddhist	Christian	Hindu	Jewish	Islam	Other:	
Disability (if any):									
Type of social grant (e.g. Foster care, care dependency grant, etc.)									

DETAILS OF PARENT 1 / BIOLOGICAL / ADOPTIVE FATHER

SURNAME:		Title:	
FIRST NAMES:			
Identity no:		e-mail:	
Home phone no:		Cell no:	
Residential address:			
		Postal code:	
Postal address: If different to above		Postal code:	
Name of Employer:			
Occupation:			
Business number:			

Marital status:	Married	Divorced	Never married	Re-married	Widower

If re-married, complete stepmother's details on page 4

DETAILS OF PARENT 2 / BIOLOGICAL / ADOPTIVE MOTHER

SURNAME:		Title:	
FIRST NAMES:			
Identity no:		e-mail:	
Home phone no:		Cell no:	
Residential address:			
		Postal code:	
Postal address: If different to above		Postal code:	
Name of Employer:			
Occupation:			
Business number:			

Marital status:	Married	Divorced	Never married	Re-married	Widow

If re-married, complete stepfather's details on page 4

TYPE OF MARRIAGE

Ante nuptial contract	In community of property	Customary	Hindu / Muslim	Other

PERSONAL DETAILS

Do you have any objection to your contact details being given to other parents for play dates / parties / other school matters?	Yes	No
If YES, please supply reason:		

OTHER PERSONS AUTHORISED TO COLLECT THE LEARNER FROM SCHOOL

Surname and initials		Identity number	
Contact details		Relationship	

DETAILS OF STEPFATHER / STEPMOTHER					
SURNAME:			Title:		
FIRST NAMES:					
Identity no:			e-mail:		
Home phone no:			Cell no:		
Residential address:					
			Postal code:		
Postal address: If different to above			Postal code:		
Name of Employer:					
Occupation:					
Business number:					

DETAILS OF LEGAL GUARDIAN / SPONSOR					
SURNAME:			Title:		
FIRST NAMES:					
Identity no:			e-mail:		
Home phone no:			Cell no:		
Residential address:					
			Postal code:		
Postal address: If different to above			Postal code:		
Name of Employer:					
Occupation:					
Business number:					
Marital status:	Married	Divorced	Never married	Re-married	Widow/er

RELATIONSHIP TO LEARNER:			
Legal Guardian	Grandparent	Foster Parent	Other: please complete p.5

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

UNDERTAKING

I / WE, AS PARENTS / GUARDIANS / SPONSORS

1. undertake to reimburse the school for any damage to school property that may be caused by the LEARNER;
2. understand that whilst every reasonable effort will be made to prevent loss 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. accept responsibility for immunizing the LEARNER against contagious diseases and produce proof thereof, if required to do so;
6. undertake to inform the educator of the LEARNER'S absence from school and produce a doctor's certificate when required to do so;
7. undertake to support the school's constitution and policy of admission, as defined and implemented by the Trustees of the school;
8. 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;
9. 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;
10. understand that the school (this includes the principal, teachers and all those authorized to act on behalf of the school – hereinafter referred to as "the person") is authorized and empowered to perform any act in *loco parentis* (this essentially means acting in the place of the parent or guardian) when my specific authority cannot reasonably be sought or obtained in time. Without restricting the generality of the authority:
    - I hereby authorise the person in charge of the outing or event to make arrangements within his / her discretion for the welfare of my son / daughter (including medical or surgical treatment, and transport**) <u>in case of an emergency, including when the person deems such arrangements to be in the interest of my child;</u>**
    - I consent that the person in charge will have the discretion, **<u>should circumstances within his / her discretion require</u>**, to determine that my child be transported by bus or private car / vehicle, driven by a teacher, parent or another person, on request by the school, as the case may be, to and from his / her school;
11. Unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to 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;

12. Unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to 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
13. 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. I / We further understand that my / our child's admission to the school is dependent on the fact that the address provided in this application is the **family's permanent residential address** and not a business address, or that of another family member or friend.

    ADDRESS: ……

    ……..

14. The above is valid from the day on which it is signed by the parent / guardian to the day on which the learner officially leaves the school.

DECLARATION: PARENT 1

I ……hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Trustees 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, the school reserves the right to lay a criminal charge of fraud against any of the parties involved with this application and further reserves the right to, in the event that the learner has been admitted on such falsity, have such admission reversed.**

Signed on this …… day of …….. 2021.

……
SIGNATURE

DECLARATION: PARENT 2

I ……hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Trustees 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, the school reserves the right to lay a criminal charge of fraud against any of the parties involved with this application and further reserves the right to, in the event that the learner has been admitted on such falsity, have such admission reversed.**

Signed on this …… day of …….. 2021.

……
SIGNATURE