

1. PARTICULARS OF LEARNER:

A. PERSONAL

SURNAME:	SEX: M/F	HOME LANGUAGE: AFR / ENG / XHOSA
		LANGUAGE OF TEACHING: AFR / ENG
FULL NAME:	DATE OF ADMISSION:	
	GRADE (PRE-GR.R / GR.R):	
I.D. NUMBER:		

NATIONALITY:

B. PREVIOUS SCHOOL

NAME AND ADDRESS OF PREVIOUS SCHOOL / DAYCARE ATTENDED BY LEARNER.

C. OTHER

NUMBER OF CHILDREN IN THE FAMILY:	
IS LEARNER THE 1ST, 2ND, 3RD OR 4TH CHILD?	

D. MEDICAL

UNDERLINE illness(es) learner has/had had:
MEASLES; GERMAN MEASLES; WHOOPING COUGH; CHICKEN-POX; MUMPS

NAME other important illnesses the learner has/had had: E.g. ASTMA; EPILEPSY, etc.

UNDERLINE illness(es) immunised against:
TUBERCULOSIS (B.C.G.); DIPHTHERIA; MEASLES; WHOOPING COUGH; TETANUS; GERMAN MEASLES;
CHICKEN-POX; POLIOMYELITIS

N.B:
Learners should have been immunised against all of the above before school attendance. Immunisation against POLIOMYELITIS and TUBERCULOSIS (B.C.G.) is legally COMPULSORY and written evidence of this immunisation could be required when a learner is admitted to a school.

ALLERGIES:

OPERATION(S) learner has undergone. Give date(s) and nature of operation(s):

FAMILY DOCTOR:

TELEPHONE NUMBER(S):

MEDICAL AID:.....MEDICAL AID NUMBER:

NEXT OF KIN:	NEXT OF KIN:
ADDRESS:	ADDRESS:
TELEPHONE NO(S):	TELEPHONE NO(S):
CELL:	CELL:

This information is needed when neither parent can be reached in an emergency

2. FAMILY DETAILS:

FATHER: (FATHER / STEPFATHER / LEGAL GUARDIAN) <i>(Underline applicable and attach legal proof)</i>			MOTHER: (MOTHER / STEPMOTHER / LEGAL GUARDIAN) <i>(Underline applicable and attach legal proof)</i>		
MARITAL STATUS:			MARITAL STATUS:		
I.D.NUMBER:			I.D.NUMBER:		
TITLE AND INITIALS:			TITLE AND INITIALS:		
SURNAME:			SURNAME:		
STREET ADDRESS:			STREET ADDRESS:		
POSTAL CODE:			POSTAL CODE:		
POSTAL ADDRESS: <i>(If different)</i>			POSTAL ADDRESS: <i>(If different)</i>		
POSTAL CODE:			POSTAL CODE:		
TELEPHONE NUMBERS: (H) (W) (CEL) (E-MAIL).....			TELEPHONE NUMBERS: (H) (W) (CEL) (E-MAIL).....		
OCCUPATION:			OCCUPATION:		
NAME OF FIRM AND SERVICE/PRODUCT PROVIDED:			NAME OF FIRM AND SERVICE/PRODUCT PROVIDED:		
PHYSICAL ADDRESS:			PHYSICAL ADDRESS:		
TELEPHONE NUMBER:			TELEPHONE NUMBER:		
E-MAIL (WORK):			E-MAIL (WORK):		
PORTFOLIO YOU ARE INTERESTED IN <i>(indicate your choices)</i>			PORTFOLIO YOU ARE INTERESTED IN <i>(indicate your choices)</i>		
COMPUTERS	GARDENS	MARKETING	COMPUTERS	GARDENS	MARKETING
FUNCTIONS	BUILDINGS	CULTURE	FUNCTIONS	BUILDINGS	CULTURE

PLEASE NOTE

The application will not be accepted if the following is not provided:

1. A copy of your child's identity document / birth certificate
2. A copy of your child's immunity certificate
3. Proof of present address (e.g Municipality account)
4. A copy of both parent's identity documents

3. TUITION FEES:

Name & Surname of learner : _____ Gr. _____

PLEASE TAKE NOTE:

In terms of Section 39 of the South African Schools Act, both parents are liable to pay compulsory school fees.

In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.

PAYMENT AGREEMENT: I / We undertake to pay our tuition fees: The information of **both parents** must be supplied:

NAME AND SURNAME: _____

ID NO: _____

TEL: _____ CELL: _____

E-MAIL: _____

SIGNATURE: _____

RELATIONSHIP: _____

NAME AND SURNAME: _____

ID NO: _____

TEL: _____ CELL: _____

E-MAIL: _____

SIGNATURE: _____

RELATIONSHIP: _____

UNDERTAKING BY PARENT / GUARDIAN WITH REGARD TO PAYMENT OF TUITION FEES

- I/We acknowledge that tuition fees are charged from **1 January** and are payable before the **7th** of each month. Parents who settle the tuition fees for the whole year before 07 February, will receive a 5% discount.
- I/We are liable for the payment of tuition fees. Should an obligation be in arrears for more than **30 days**, the Governing Body will take legal steps to collect this debt. Should I refuse, neglect or fail to settle the tuition fees owing on the day it is due, the full balance due to Dwergiebos Pre-Primary will be claimable and payable immediately. In such a case, the accountable parent/guardian will be responsible for the payment of all legal fees incurred in the recoupment thereof on an Attorney and own Client scale, as well as for the collection commission.
- I/We acknowledge receipt of a letter with information of the annual tuition fees.

MANNER OF PAYMENT THAT CAN BE CONSIDERED : (Please mark block with an X)

A	Full payment of tuition fees before 07 February (Qualify for 5% discount)
B	Eleven (11) equal monthly installments (January – November)
C	Quarterly payments – Four (4) equal payments

- I/We acknowledge that **BOTH parents** are liable for the payment of tuition fees.
- I undertake to let Dwergiebos Pre-Primary know immediately *in writing* should problems be experienced with the payment of tuition fees.
- I/We hereby declare that the above-mentioned information is true and correct.

SIGNED IN _____ ON THIS _____ DAY OF

_____ 20____

SIGNATURE OF PARENT / GUARDIAN
RESPONSIBLE FOR PAYMENT OF ACCOUNT

SIGNATURE OF SECOND PARENT

PRINCIPAL

DWERGIEBOs

PRE-PRIMARY

APPLICATION FOR ADMISSION

SURNAME	
NICK NAME	
FULL NAME	
DATE OF BIRTH	



SIBLINGS IN OTHER SCHOOL	
(NAME; SURNAME; GRADE E.G. JOHN SMITH GRADE 3)	

FOR OFFICE USE ONLY	
ADMISSION NUMBER:	DATE OF ADMISSION:
ADMITTED TO GRADE:	FAMILY CODE: