



KENRIDGE PRE-PRIMARY SCHOOL APPLICATION FOR ADMISSION OF LEARNER 2017

Van Riebeeck Road, Kenridge, 7550 | Tel: 021 976 3046 / 7 | Fax: 021 975 1312
e-mail: soria.human@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: Certified copy of recent municipal account or

Certified copy of legal rental agreement

A non-refundable enrolment levy of R500,00 must accompany this document

Forms that must accompany this application: Debit order

Financial undertaking

Confidential information regarding your child

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

OTHER PERSONAL DETAILS OF LEARNER

Identity number:	<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																					Birth date:	Year	Month	Day
Home language:			Nationality:																						
Date of arrival in SA: <small>if applicable</small>			SA Citizenship:	Yes	No																				
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:	

EMERGENCY CONTACT (other than parents)
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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 Medication:	
Recent Injuries:	
Previous Operations:	
Existing Medical Problems:	

MEDICAL AID DETAILS

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

DETAILS OF FATHER													
SURNAME:											Title:		
FIRST NAMES:													
Identity no:												e-mail:	
Home phone no:							Cell no:						
Physical address:													
											Postal code:		
Postal address: If different to above											Postal code:		
Name of Employer:													
Occupation:							Business number:						
Business address:													
Marital status:	Married		Divorced		Single parent		Re-married						
<i>If re-married, complete stepmother's details on page 4</i>													

DETAILS OF MOTHER													
SURNAME:											Title:		
FIRST NAMES:													
Identity no:												e-mail:	
Marital status:	Married:		Divorced		Single parent		Re-married						
Home phone no:							Cell no:						
Physical address:													
											Postal code:		
Postal address: If different to above											Postal code:		
Name of Employer:													
Occupation:							Business number:						
Business address:													
Marital status:	Married		Divorced		Single parent		Re-married						
<i>If re-married, complete stepfather's details on page 4</i>													

STATUS OF MARRIAGE?				
Ante-Nuptial Contract	Community of Property	Customary	Hindu / Muslim	Other

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

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

DETAILS OF GUARDIAN / SPONSOR																
SURNAME:									Title:							
FIRST NAMES:																
Identity no:												e-mail:				
Home phone no:								Cell no:								
Physical address:																
										Postal code:						
Postal address: If different to above										Postal code:						
Name of Employer:																
Occupation:																
Business number:																
Marital status:	Married		Divorced		Single parent		Re-married									

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

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 address** and not a business address, or that of another family member or friend.

ADDRESS:

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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

Ihereby 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 2016.

.....
SIGNATURE

DECLARATION: PARENT 2

Ihereby 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 2016.

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SIGNATURE