



KENRIDGE PRE-PRIMARY SCHOOL APPLICATION FOR ADMISSION OF LEARNER 2025

Van Riebeeck Avenue, Kenridge, 7550 | Tel: 021 975 1163 / 7 | Fax: 021 975 1312
e-mail: pre-primenrolments@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	
Language of Learning and Teaching	English		Afrikaans	

Please
attach
photo
here

<p>Application information and requirements:</p> <ol style="list-style-type: none"> 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. The submission of this application form does not guarantee your child's acceptance at the school. <u>The application must be accompanied by:</u> <ul style="list-style-type: none"> 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: No other proof of address will be accepted <ul style="list-style-type: none"> Copy of recent municipal account or Certified copy of legal rental agreement Debit order Financial undertaking Confidential Information form After School Centre Application form A non-refundable enrolment levy of R1500,00 will only be payable once accepted. (Package will include a School T-shirt, winter fleece top and stationery pack) 	Parent Check list	Office Check list
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY:	ACCEPTED:	YES	NO
ADMISSION NO:	DATE:		
FAMILY NO:	PRINCIPAL:		
STAFFROOM:	RECEIVED ON:		
CEMIS:	ADDRESS:		
STAFF:	SIBLING IN KPS:		
LEVY:	CURRENT SCHOOL:		
OTHER INFORMATION:			

DETAILS OF LEARNER									
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ADDRESS AND CONTACT DETAILS OF LEARNER									
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Residential address:									Postal code:	
Learner resides with:	Father	Mother	Guardian	Grandparent	Sponsor	Other				

OTHER PERSONAL DETAILS OF LEARNER									
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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									
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Please indicate who is to receive the school report.	Father / Parent 1	Mother/Parent 2	Guardian
Please indicate who is to receive the fees account.	Father / Parent 1	Mother/Parent 2	Guardian
Correspondence & newsletters.	Father / Parent 1	Mother/Parent 2	Guardian
Preferred email address:			

MEDICAL DETAILS OF LEARNER									
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Doctor's Name:									
Practice Phone no:						Cell no:			

MEDICAL AID DETAILS									
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Main Member's Name:						Medical Aid: eg Fedhealth			
Membership no:						Specific Plan: eg Maxima			

EMERGENCY CONTACT (other than parents)									
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Name:						Tel. no:			
Relationship to learner:						Cell no:			

MEDICAL HISTORY OF LEARNER									
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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 conditions/diagnosis:									

INFORMATION FOR DEPARTMENTAL USE									
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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:		
NAME:													
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 phone number:													
Marital status:	Married	Divorced	Never married	Re-married	Widower								
<i>If re-married, complete stepmother's details on page 4</i>													

DETAILS OF PARENT 2 / BIOLOGICAL / ADOPTIVE MOTHER													
SURNAME:											Title:		
NAME:													
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 phone number:													
Marital status:	Married	Divorced	Never married	Re-married	Widow								
<i>If re-married, complete stepfather's details on page 4</i>													

TYPE OF MARRIAGE				
Antenuptial 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:				
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			Consent	
			No consent	

OTHER PERSONS AUTHORISED TO COLLECT THE LEARNER FROM SCHOOL												
Surname and initials				Identity number								
Contact details				Relationship								
DETAILS OF STEPFATHER / STEPMOTHER												
SURNAME:						Title:						
NAME:												
Identity no:						e-mail:						
Home phone no:				Cell no:								
Residential address:									Postal code:			
												Postal code:
Postal address: If different to above									Postal code:			
Name of Employer:												
Occupation:												
Business phone number:												

DETAILS OF LEGAL GUARDIAN / SPONSOR												
SURNAME:						Title:						
NAME:												
Identity no:						e-mail:						
Home phone no:				Cell no:								
Residential address:									Postal code:			
												Postal code:
Postal address: If different to above									Postal code:			
Name of Employer:												
Occupation:												
Business phone 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:		
NAME:													
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	
<ol style="list-style-type: none"> 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 <i>loco parentis</i> (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: <ul style="list-style-type: none"> • 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/GUARDIAN 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 2024.

.....
SIGNATURE

DECLARATION: PARENT/GUARDIAN 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 2024.

.....
SIGNATURE

This form is an application for admission to the Pre-primary School only.

After School Centre

Should you wish to enrol your child in the After School Centre, please complete the attached form.

IF AN EXISTING PARENT PLEASE FURNISH THE SCHOOL WITH
YOUR **FAMILY ACCOUNT NUMBER**



DEBIT ORDER

In favour of Kenridge Primary School AND the Trust

Only to be completed if bank details have changed or if there is NO existing Debit Order with Kenridge Primary School and the Trust.

1. SURNAME & NAME OF LEARNER

2. I, the undersigned, hereby authorise the finance department of Kenridge Primary School to arrange with my bank to deduct from my account the compulsory levies as determined by the Governing Body together with other levies charged for school activities as reflected on my child/ren's Menu and Charge Form. This debit order will remain in force until such time as Kenridge Primary School or I cancel it in writing.

I also authorise the finance department of the Trust to deduct any other levies for professional activities as indicated on the Menu and Charge Form. This debit order will remain in force until such time as the Trust or I cancel it in writing.

3. SURNAME

FIRST NAMES

CONTACT NUMBER

4. NAME OF BANK

BRANCH

6-DIGIT BANK CODE

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ACCOUNT

CURRENT

SAVINGS

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SIGNATURE:

DATE:

22

- NB
1. A levy of R50 will be debited to your account to cover the cost for any unpaid debit orders.
 2. 2% per month interest will be charged on overdue accounts.



KENRIDGE PRIMARY TRUST

PRE-GRADE R & GRADE R

FINANCIAL UNDERTAKING

I/We, the undersigned,

(Parent/Guardian 1) _____ ID _____

(Parent/Guardian 2) _____ ID _____

currently residing at _____
(chosen *domicillium citandi et executandi*)

in my / our capacity as the legal guardian(s) of _____
(hereinafter referred to as "the Learner")

do hereby undertake in favour of the Kenridge Primary School Trust, as follows:

1. **SCHOOL FEES**

1.1 I/We undertake to pay the compulsory fees as determined by the Trustees of the Trust, in 10 (ten) equal monthly instalments by means of a debit order against my/our bank account.

1.2 I/We jointly and severally undertake to pay fees and I/we understand the following:

1.2.1 The annual fees will be determined by the Trustees.

1.2.2 Fees are payable in advance and are due on the first day of school.

1.2.3 The payment terms are as follows:

(a) Fees can be paid in full; or,

(b) Fees can be paid off in 10 equal monthly instalments.

1.2.4 If fees are paid in full, on or before a date to be determined at the budget meeting, then a discount, at the discretion of the Trustees, will be deducted from your annual fees.

1.2.5 The non-refundable Enrolment Levy of R1500 is payable on acceptance of your application. This package will include a School T-shirt, winter fleece top and stationery pack which the learner will receive at the beginning of the new year.

- 1.2.6 Parents are jointly and severally liable for the payment of all fees irrespective of their marital status and/or marriage regime.
 - 1.2.7 In the event of non-payment of fees, the Trust may institute action against both parents/guardians irrespective of, *inter alia*, a maintenance and/or court order(s) which may exist between the parents.
 - 1.2.8 If parents/guardians are in arrears with one instalment, then the full outstanding amount will immediately become due and payable.
 - 1.2.9 If payment is not received by the 7th of each month, the Trust reserves the right to charge interest on all overdue accounts at the rate of 2% per month.
 - 1.2.10 I/We authorise the Trust, or its agents, to conduct any credit enquiry on me/us as may be necessary. I/we further authorise the school to supply my/our consumer credit information to any credit bureau if and when needed.
 - 1.2.11 I/We consent to the Trust disseminating my/our names and contact details only to other parents, staff or responsible persons engaged or authorised by the Trust for school related purposes, unless at any time I/we instruct the Trust in writing to the contrary.
 - 1.2.12 Should there be a dispute on my/our statement of account I/we shall notify the Trust in writing within 48 hours.
- 1.3 The first instalment shall be payable on the 1st working day of February of the year during which the Learner attends the School and thereafter on the 1st working day of each and every succeeding month with the last instalment being payable on the 1st working day of November of said year.
 - 1.4 The Trustees, in their discretion, may vary any and all additional fees and the period over which payments are to be made, provided that I/we receive written notification thereof.

2. **MENU ACTIVITIES**

- 2.1 I/we undertake to pay the Trust those fees as determined from time to time for menu activities in which the Learner participates.
- 2.2 I/we acknowledge that a statement/account from the Trust shall constitute as proof of those activities which the Learner has elected to partake in during a specific term/season, and that it shall constitute proof of the amount due, owing and payable according to the menu and charge form, provided that I/we shall be entitled to object thereto within 7 (seven) days after receipt of such statement/account and provided further that such objection shall be in writing and be hand delivered to the responsible representative of the Trust in charge of the Learner's account.
- 2.3 I/We undertake to pay the fees by means of a monthly debit order, provided that should the Learner engage in such activity during the course of the school term, payment shall be in respect of a pro rata share of the fees as indicated on the menu and charge form, calculated from the date of him/her commencing such participation until the end of that particular school term/season.

3. **GENERAL**

- 3.1 In the event of an increase in the fees referred to in paragraphs 1 and 2 above, I/we hereby authorize the Trust to adjust my debit order accordingly on condition that I/we shall be informed by the Trust in writing of their intention to do so.

- 3.2 I/we agree that any failure to settle any and all fees due, owing and payable to the Trust shall constitute a breach of this Agreement and any other agreements entered into with the Trust. In the event of said breach the full outstanding amount shall become immediately due and payable. If the breach is not remedied within 7 (seven) days from date of written notice to me/us, the school shall be entitled to:
- 3.2.1 proceed with the necessary legal steps to recover the outstanding amount from me/us. In such event I/we will be liable to pay all legal and / or collection fees / costs incurred on an attorney – client scale as well as all collection commission;
 - 3.2.2 charge interest at 2% per month to my account for fees, which are in arrears;
 - 3.2.2 refuse the learner entry to the school’s premises until such time as the breach has been remedied;
 - 3.2.3 sue for specific performance, alternatively, damages and/or take any further legal steps at its disposal.
- 3.3 I/We further agree that for the purpose of any legal proceedings against me/us in respect of my/our obligations in terms of this agreement, a certificate by a representative of the Trustees, duly authorized to do so, shall be sufficient and satisfactory proof of the amount outstanding for the purpose of summary/default/provisional sentence judgment.
- 3.4 For the purpose of this undertaking, any notice or legal action to be instituted against me/us and all process to be served on me/us, I/we hereby elect as my/our *domicillium citandi et executandi* my address as stated in the preamble of this undertaking.
- 3.5 The parties consent to the Magistrate’s Court having jurisdiction in respect of all proceedings connected with this agreement, notwithstanding the amount claimed or the value of the matter in dispute exceeds such jurisdiction in terms of Section 28 and Section 45 of the Magistrate’s Court Act 32 of 1944 (as amended). These clauses shall not preclude the parties from approaching the High Court having jurisdiction.
- 3.6 No variation, amendment or consensual cancellation of this Agreement or any term hereof will be binding or have any force and effect unless reduced to writing and signed by or on behalf of the Parties.

SIGNED AT _____ on this _____ day of _____ 2024.

PARENT/GUARDIAN (1) SIGNATURE

NAME IN FULL

PARENT/GUARDIAN (2) SIGNATURE

NAME IN FULL



**CONFIDENTIAL INFORMATION REGARDING YOUR CHILD
KENRIDGE PRE-PRIMARY SCHOOL PRE-GRADE R & GRADE R**

The following information will assist the teacher in understanding your child and the contributing circumstances affecting his/her wellbeing.

Full name of your child _____

From a total of _____ children in the family the above child is the _____ (1st, 2nd, 3rd etc.)

Who does the child live with? _____

Address where the child resides: _____

_____ Code: _____

Custody arrangements. Please furnish with details (i.e. visitation rights): _____

Any person not allowed to collect the child from school: _____

Home Language: _____ Any other language your child is exposed to: _____

Underline the illnesses which your child has had: Chicken-pox / Diphtheria / Enteric Fever / Measles / Mumps / Rubella (German Measles) / Scarlet Fever / Whooping Cough / Bilharzia / Cholera (St. Vitas' Dance) / Malaria / Rheumatic Fever

Is your child able to use the toilet independently? Yes _____ No _____ With assistance _____

Any concerns in connection with: Hearing? _____ Sight? _____ Speech? _____

If so, please specify: _____

Any concerns in connection with: Social interactions? _____ Behaviour? _____

If so, please specify: _____

At what age did your child start: Talking? _____ Crawling? _____ Walking? _____

Name any complications experienced pre-natal or during childbirth _____

Was your child born prematurely? Yes _____ No _____

If yes, please provide details _____

Has your child ever had a serious accident or injury? If so, please provide more details: _____

Sleeping habits (e.g. sleeps peacefully, a restless sleeper, has nightmares, does not yet sleep through in his/her own bed.) _____

At what time does your child go to bed at night? _____ Falls asleep at? _____

Does your child suffer from anxiety? Please provide details _____

Is your child left or right handed? _____

Underline personality characteristics (and elaborate):

Obedient, disobedient, stubborn _____

Independent, dependent _____

Shy, withdrawn, outgoing (bold) _____

Friendly, moody, aggressive _____

Tolerant, irritable _____

Unselfish, selfish _____

Loving, seeks attention, aloof, does not seek attention _____

Self-confident, lacking in confidence, over-confident _____

Helpful, uncooperative _____

Reacts well / does not take kindly to orders or correction _____

Has your child ever been referred to or assessed by any of the following:

*(This information is needed to **empower our teachers to support** our learners to the best of our ability.)*

Occupational Therapist Yes _____ No _____ When? _____

Speech Therapist Yes _____ No _____ When? _____

Psychologist or Play Therapist Yes _____ No _____ When? _____

Physiotherapist Yes _____ No _____ When? _____

Audiologist Yes _____ No _____ When? _____

Orthoptist or Behavioural Optometrist Yes _____ No _____ When? _____

Developmental Paediatrician Yes _____ No _____ When? _____

Paediatric Neurologist Yes _____ No _____ When? _____

If so, please **ATTACH AVAILABLE REPORTS** to this application and provide context below: _____

Is your child currently receiving any of the above support? Yes _____ No _____

What support? _____

With whom? _____

If required, may the School Based Support Team have permission to contact the specialist. Yes ___ No ___

Does your child have any special educational needs? (Please specify) _____

Any other important information _____

Are there any concerns which you would like to discuss confidentially? _____

I/We, hereby, confirm that all the information provided above is true and accurate and that I/we have not withheld any vital information that would be deemed material for the school to be aware of.

Parent / Guardian 1:

Name: _____

Signature: _____

Signed at: _____

Date: _____

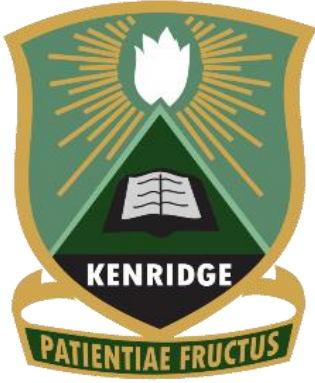
Parent / Guardian 2:

Name: _____

Signature: _____

Signed at: _____

Date: _____



**After School Centre
Laerskool Kenridge Primary School
Naskoolsentrum
Tel: 021 976 4048**

e-mail: ascadmin@kenridge.org.za

I/we would like to enrol my/our child in the After School Centre

Yes

No

If yes, kindly complete the attached After School Centre application form.


Please take note that placement at the Pre-primary school does not guarantee placement at the After School Centre. The After School Centre will provide feedback regarding placement separately.

For any enquiries, please contact them directly. Telephone number: (021) 976 4048 or email: ascadmin@kenridge.org.za

Learner Information Leerderinligting	ASC APPLICATION FORM NSS AANSOEKVORM	Year Jaar	2025
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OFFICE USE ONLY SLEGS VIR KANTOORGEBRUIK

Application Aansoek	Accepted Aanvaar	Denied Afgekeur	Date Datum	ASC Informed Parents: Phoned / email NSS het Ouers ingelig: Gebel / e-pos	Date Datum
Staff Room	QB	C/LOG	Karri	Staff learner / Personeelleerder	

 <p style="text-align: center;">After School Centre Laerskool Kenridge Primary School Naskoolsentrum Tel: 021 976 4048 e-mail: ascadmin@kenridge.org.za</p> <p style="text-align: center;">NSS</p>	Learner / Leerder	Surname & Name / Van & Naam		Grade / Graad KPS Teacher
		ID Number / Nommer	Date of birth / Geboortedatum	
		English	School term Skoolkwartaal	Boy/ Seun
		Afrikaans		Girl/ Dogter

Learner Information - Important **Leerder se Inligting - Belangrik**

Siblings applied for / at ASC **Broers of susters ingeskryf / reeds in NSS**

Name Naam	Grade Graad	Name Naam	Grade Graad
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Food and religion preference **Kos en geloofsgodsdienst**

Food: Allergies (medicinal, food & other), chronic illness, food preferences - on grounds of religion, Vegan, Vegetarian, or Diabetic
 Kos: Allergieë (medisyne, kos & ander), kroniese siekte, voedselvoorkeure op geloofsgodsdienst, "Vegan", Vegetaries, of Diabeet

Please indicate: ADD, ADHD - Indicate please
 Dui aan asseblief: AAS, AAHS - Dui aan asseblief

Father's Information **Vader se Inligting**

Title Titel	Name Naam	Occupation Beroep
ID Number ID Nommer	e-mail e-pos	
Tel (h)	Tel (w)	Cell Sel
Home address Huisadres	Code Kode	

Mother's Information **Moeder se Inligting**

Title Titel	Name Naam	Occupation Beroep
ID Number ID Nommer	e-mail e-pos	
Tel (h)	Tel (w)	Cell Sel
Home address Huisadres	Code Kode	

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Person / persons who may collect / sign out Learner from the After School Centre	Persoon / persone wat leerder mag afhaal / uitteken by die Naskoolsentrum
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Please name other people who will collect your child/ren. Only siblings aged 16 and older may collect learners. You are still required to inform us if any one other than yourself will be collecting your child.	Noem asseblief ander persone wat u kind sal afhaal. Slegs broers en susters 16 jaar en ouer mag u kind afhaal. U moet ons steeds in kennis stel indien iemand anders, behalwe u, u kind afhaal.
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Name / Naam	Contact number / Kontaknommer	Relationship / Verbintenis
1.		
2.		
3.		
4.		

Parents are: / Ouers is:
 Married / Getrou
 Separated / Woon apart
 Divorced / Geskei
 Single / Enkel
 Widowed / Weduwe / Wewenaar

Other	Ander
--------------	--------------

Doctor / Dokter
Contact number / Kontaknommer

Name of medical fund & number / Naam van mediese fonds & nommer

Confidential information	Vertroulike inligting
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Is there any other confidential information of we need to know? (e.g. Adoption, special needs etc.)
Is daar enige vertroulike inligting waarvan ons bewus moet wees? (Bv. Aanneming, spesiale behoeftes, ens.)

Please mark your choice	Merk asseblief u keuse
--------------------------------	-------------------------------

Holiday club / Vakansieklub
 → You will receive a holiday booking notice for each holiday; Please contact the office if you do not receive one.
 → U sal voor elke vakansie 'n vakansiebesprekingsbrief ontvang. Kontak asseblief die kantoor indien u nie een ontvang nie.

Father or Mother to sign	Vader of Moeder moet teken
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I / Ek (Father or Mother) / (Vader of Moeder) of / van (Learner) / (Leerder)

hereby acknowledge reading the rules and policies accompanying this application and will abide by the contents thereof.
 bevestig hiermee dat ek die aangehegte reëls en beleide gelees het en my daaraan sal onderwerp.

Date / Datum
 Father or Mother sign / Vader of Moeder teken

Aftercare admission is only official once written acceptance is confirmed. Due to limited spaces at Kenridge Aftercare, we urge you to apply to at least two Aftercare facilities.	Confirm by initial
Nasorgtoelating is eers amptelik sodra skriftelike aanvaarding bevestig is. Weens beperkte spasie by Kenridge Nasorgsentrum, versoek ons u om by ten minste twee Nasorgfasiliteite aansoek te doen.	Bevestig deur voorletter