



APPLICATION FOR ADMISSION OF A PUPIL TO MTUNZINI PRIMARY

(TO BE COMPLETED BY PARENT OR GUARDIAN)

For office use
 Birth certificate:
 Immunisation card:
 Proof of residence:
 Report
 Indemnity:
 Transfer card:
 Copy of parents ID:

1. PERSONAL DETAILS OF PARENT / GUARDIAN AND CHILD:

(a) LEGAL PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> GRANDPARENT / STEP PARENT <input type="checkbox"/>	(b) LEGAL PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> GRANDPARENT / STEP PARENT <input type="checkbox"/>
Prof/Dr/Mr/Mrs/Miss:	Prof/Dr/Mr/Mrs/Miss:
Surname:	Surname:
First Names:	First Names:
I.D. No: <input type="text"/>	I.D. No: <input type="text"/>
Residential Address:	Residential Address:
Postal Address:	Postal Address:
Code: <input type="text"/>	Code: <input type="text"/>
Occupation:	Occupation:
Company:	Company:
Company address:	Company address:
Tel No (B):	Tel No (B):
Tel No (H):	Tel No (H):
Cell No:	Cell No:
EEmail:	Email:

(c) APPLICANT'S MARITAL STATUS:

Married:	<input type="checkbox"/>	Never married:	<input type="checkbox"/>	Widowed:	<input type="checkbox"/>	Divorced:	<input type="checkbox"/>
In the event of a divorce, state the name of the legal guardian:							
State the name of the person who has custody of the child:							

(d) CHILD:

Surname:							
First Names:							
Known as:				Home language:			
Gender:	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>	Religion:		
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	I.D. No:	<input type="text"/>	<input type="text"/>
Place of Birth:				Citizenship:			
Grade applied for:				Last school attended:			

2. SCHOLASTIC PARTICULARS OF CHILD:

Date of Admission to Mtunzini Primary School:		Medium of instruction:	ENGLISH
Has this child ever been refused admission or been expelled from another school:		YES	NO
If so give name(s) of the school(s):			

3. MEDICAL PARTICULARS OF CHILD:

Indicate in the relevant space against which of the following diseases he / she has been immunised:									
DIPHTHERIA	YES	NO	DATE:	..... / ..... / .....	WHOOPING COUGH	YES	NO	DATE: / /
TETANUS	YES	NO	DATE:	..... / ..... / .....	TUBERCU- LOSIS	YES	NO	DATE: / /
TYPHOID	YES	NO	DATE:	..... / ..... / .....	POLIOMYE- LITIS	YES	NO	DATE: / /
Name any other diseases against which he / she has been immunised:									
Has the child any disability or allergy?	YES	NO	If so which:						
Dexterity of learner:	Right handed			Left handed			Ambidextrous		
Name of Doctor:					Doctor's Tel no.:				
Is the child covered by a membership of a Medical Aid?	YES	NO	Member:						
Name of Med. Aid:					Membership No:				
Should the school not be able to reach the parents in case of emergency / illness, please contact: (local person)									
Name:					Tel. No:				
Relationship:					Cell. No:				

4. NOTES:

<p>The following documents must be attached:</p> <ul style="list-style-type: none"> (i) a certified copy of both parents I D documents (ii) a certified copy of the child's Birth Certificate (iii) a certified copy of the child's Immunisation Card (iv) a certified copy of the child's 2nd Term School Report (v) completed Consent and Indemnity form (vi) proof of residence (if living in the village) <p>The required admission fee must be paid upon enrolment.</p>

5. DECLARATION AND CONSENT:

I DECLARE that the above particulars are to the best of my knowledge correct, and that I have read and understand the Notes in Section 4 hereon.

I UNDERTAKE to:

- (a) furnish proof of the correctness of this child's age
- (b) to inform the school in writing of any change of address / telephone numbers
- (c) to inform the school in writing of any case of infectious diseases in my household
- (d) to ensure that this child attends school regularly and that he / she complies with the rules and regulations of the school of which I am aware

I/We UNDERSTAND that in terms of section 63 of the Education Affairs Act (House of Assembly), 1988 (Act No 70 of 1988 and its related regulations every learner attending a public school shall be expected to participate in physical education and other organised school activities, unless the parent of the child has lodged with the principal an objection in writing to his / her so doing.

I/we, the undersigned parent / guardian, hereby give my consent for my child, referred to in Section 1(d) to participate in the school's extra-curricular activities, including educational visits and tours, and expeditions of historical and geographical interest.

I/we, the undersigned parent/ guardian, hereby accept that I/we will be responsible for all school fees as per the resolution passed at the AGM held on 25 October 2006 which states: All school **fees are payable yearly in advance at the beginning of every school year or on enrolment at the school.** If you would like to pay by any other means, special arrangements must be made with the school as per the School Fee Agreement form. If the School fee Agreement is not signed, it will be accepted that payment for your child(ren) will be made immediately. Please note that should you be in breach of the special arrangements, school fees will automatically revert to the annual amount payable immediately and an interest rate of 15.5% will be charged. All school fees are subject to The South African Schools Act, as amended by the Education Laws Amendment Act 24 of 2005 (SASA). Should you wish to obtain a copy of this act please contact the Governing Body

Signed at _____ on _____ day of _____ 20_____

Full name as per the ID of parent / guardian(Father) Full name as per the ID of parent / guardian(Mother)

Signature of parent / guardian(Father) Signature of parent / guardian(Mother)

1. Witness: _____

2. Witness _____

6. FOR OFFICIAL USE:

Result of Application:

Additional Information:

Date: / / Signature of Principal:

EDUCATION AND CULTURE SERVICE

MTUNZINI PRIMARY SCHOOL
P O BOX 156
MTUNZINI
3867

CONSENT AND INDEMNITY

I, _____
(FULL NAMES OF PARENT / GUARDIAN)

I.D. No: [Grid of 12 empty boxes]

Address: _____

the parent / guardian of: _____
(FULL NAMES OF CHILD / WARD)

born on: ____ / ____ / ____

hereby give my consent for my child / ward to take part in any and all extra-curricular activities of the school as advised to myself, whether conducted on the school premises or extramurally, including, but not limited to, games; athletics; tours and excursions of general, vocational, educational, historical or scientific interest.

I fully understand and accept that all such activities shall be undertaken at my child's / ward's own risk and undertake on behalf of myself, my spouse, my executors and my aforesaid child / ward, to indemnify, hold harmless and absolve the Department, the Principal and his / her staff against and form any or all claims whatsoever which may arise in connection with any loss or damage to the person or property of my aforesaid child / ward in the course of such activities.

We as parents and the applicant accept that the information provided to the school was given voluntarily and that the school may:

- 1.1 store the data in its files and electronic systems;
1.2 generate academic, attendance, behavioural and other school-related records
1.3 use both the provided and generated data for purposes of providing services relevant to the enrolment and progress of the applicant at the school (including, but not limited to contacting parents; placing the applicant in a class; entering him/her in exams, competitions, leagues and the like; updating the school roll and alumni register; and researching and reporting on school demographics or performances);
1.4 pass it on where required to do so as part of school reports, testimonials and confidential reports, and for statistical or research purposes, or when legally required to do so.

Dated at MTUNZINI this _____ day of _____ (year) _____

Signature of Parent / Guardian:

WITNESSESS: 1) Name: _____ Signature:

2) Name: _____ Signature: