

SIBLING:		A LIST:		B LIST:	
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BLAIRGOWRIE PRIMARY SCHOOL

APPENDIX A

40 Gavin Avenue, Blairgowrie
P.O. Box 71, Pinegowrie, 2123
Homepage: www.blairgowrieprimary.org.za

Telephone: (011) 782-5406
Fax: (011) 782-8463
E-mail: info@blairgowrieprimary.org.za

APPLICATION FOR ENROLMENT

Photo

X 2

Section A

LEARNER INFORMATION

SURNAME: _____ FIRST NAMES _____

YEAR OF ENROLMENT: _____ ENROLMENT TO GRADE: _____

MALE: _____ FEMALE: _____

NAME, ADDRESS & TELEPHONE NO. OF PREVIOUS PRIMARY/NURSERY SCHOOL :

NO. OF YEARS AT NURSERY SCHOOL: _____

DATE OF BIRTH: _____ (Certified copy of unabridged birth certificate to be attached)

I.D. NUMBER:

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

HOME LANGUAGE: _____ ADDITIONAL LANGUAGE: _____

ETHNIC GROUP (for GDE statistical purposes only):

Asian	Black	Coloured	Indian	White
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Learner Resides with:

Both Parents	Mother	Father	Guardian	Other
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IF IMMIGRANT/REFUGEE/ASYLUM SEEKER:

IMMIGRANT – No acceptance without a valid study permit		
Country of Origin		
Date of arrival in South Africa		
Status	Applying for Residence	Other - Specify
All supporting documents must be provided for parents and child/ren		

ASYLUM SEEKER – No acceptance without asylum seeker permit		
Country of Origin		
Date of arrival in South Africa		
Status	Applying for Residence	Other - Specify
All supporting documents must be provided for parents and child/ren		

CONTACT PERSON IN CASE OF EMERGENCY NAME: _____ PHONE NO: _____ ALTERNATE PERSON: _____ PHONE NO: _____
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First Child enrolled at Blairgowrie	Yes	No
If No, Names of Siblings in Blairgowrie Primary School	Grade	

MEDICAL AID DETAILS :

NAME OF SCHEME: _____

MEDICAL AID NUMBER : _____

MAIN MEMBER OF MEDICAL AID : _____

NAME AND NUMBER OF FAMILY DOCTOR: _____

Health problems of which we should be aware: _____

SPEECH/LANGUAGE THERAPY SCREENING

Type of Screening	Permission	
	Yes	No
Screen for articulation problems (eg. Mispronunciation of sounds)		
Screen for language difficulties (receptive and expressive)		
Screen for auditory processing difficulties which are imperative for literacy skills (hearing specific sound, blending sounds and analysis of words,		

OCCUPATIONAL THERAPY SCREENING

Type of Screening	Permission	
	Yes	No
Screen for Gross motor skills		
Screen for Fine motor skills		
Screen for Visual perceptual skills		

Section B**Family and Parent Information**

BIOLOGICAL FATHER																						
Marital Status	Married	Single	Divorced	Remarried	Widowed	Separated																
Title & Surname:			ID No.																			
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First Names:																						
Residential Address:			Postal Address:																			
Code:			Code:																			
Employer:			Years with current employer:																			
Occupation:			Monthly Income:																			
Physical Work Address:																						
Telephone No. (work):			Telephone No. (Home):																			
Cell:		Email:																				
Signature:			Date:																			

BIOLOGICAL MOTHER																					
Marital Status	Married	Single	Divorced	Remarried	Widowed	Separated															
Title & Surname:			ID No.																		
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First Names:																					
Residential Address:			Postal Address:																		
Code:			Code:																		
Employer:			Years with current employer:																		
Occupation:			Monthly Income:																		
Physical Work Address:																					
Telephone No. (work):			Telephone No. (Home):																		
Cell:		Email:																			
Signature:			Date:																		

OTHER PARENT/GUARDIAN (Please specify relationship):																										
(NB A certified copy of the Court Order granting such guardianship MUST accompany this form) No other form of guardianship will be accepted.																										
Marital Status	Married	Single	Divorced	Remarried	Widowed	Separated																				
Title & Surname:				ID No.																						
				<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						
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Cell:			Email:																							
Signature:				Date:																						

Section C

PAYMENT INFORMATION FORM

If fees are being sponsored – the official sponsor form must be completed – (attached). As per SASA both parents are responsible for payment of fees at a Section 21 school as ratified at the Annual General Meeting. Refer to undertaking.

Father/Guardian:	Mother/Guardian:																																								
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Email Address:	Email Address:																																								
Signature:	Signature:																																								



SCHOOL FEE SPONSORSHIP FORM FOR STUDENT ENROLLED AT BLAIRGOWRIE PRIMARY SCHOOL

Student details:

FULL NAMES OF STUDENT-: _____
IDENTITY NUMBER STUDENT-: _____
YEAR ENROLLED-: _____ GRADE-: _____

STUDENT RESIDENTIAL ADDRESS-: _____

Sponsor details:

FULL NAMES OF SPONSOR-: _____
IDENTITY NUMBER OF SPONSOR-: _____ (certified copy attached)
RESIDENTIAL ADDRESS SPONSOR-: _____ (proof of residence attached)

POSTAL ADDRESS SPONSOR-: _____

CODE-: _____

SPONSOR CELL NUMBER-: _____
SPONSOR WORK NUMBER-: _____
NAME OF EMPLOYER-: _____
ADDRESS OF EMPLOYER-: _____

***I, _____ (full names of sponsor)
hereby understand that Blairgowrie Primary School is a section 21 school, meaning that it is a “fee paying” school.
I undertake to the full payment of school fees for _____, for the duration of
his/her education at Blairgowrie Primary School. I understand that should I default on any school fee payments,
legal action will be taken against me, and all legal fees will be for my account.***

SIGNATURE-: _____ DATE-: _____

WITNESS NAME-: _____

WITNESS SIGNATURE-: _____ DATE-: _____

D6 COMMUNICATION SYSTEM

Blairgowrie Primary School uses the D6 Communicator to alert parents of notices regarding school events – e.g. parents evenings, meetings, sporting fixtures, etc.

We also rely on the SMS system for contacting parents in the event of an emergency.

Please indicate 1(ONE) number which you would like the school to use for SMS communication.

Mother Cell No.

Father Cell No.

Guardian Cell No.

PAYMENT OF SCHOOL FEES

I/We agree to pay school fees by the following method:

(Please place a tick in the appropriate box and identify number of learners.)

Number of learners	
One single payment at the beginning of the year (a possible discount applies)	
Ten equal payments commencing January each year and ending October each year	
By Debit Order – Please complete Debit Order form	
By Credit Card – Please complete Credit Card form	
Other – (Please specify):	

Section D

UNDERTAKING BY PARENTS / GUARDIANS

1. We hereby apply to have the child whose name appears on this form as a learner at Blairgowrie Primary School and confirm that he / she complies with the basic criteria.
2. I / We undertake to adhere to the terms and conditions of this agreement.
3. I / We understand and confirm that the Principal or any person duly authorized, will act in loco parentis in any matter and at any time during which I / we have entrusted our child to the care of the school.
4. I / We jointly and severally undertake to pay school fees and we / I understand the following:
 - a. **In terms of Section 39 of the South African Schools Act, BOTH parents are liable to pay compulsory school fees.**
 - b. **In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.**
 - c. **In terms of family law, parents are jointly and severally liable for the payment of the school fees irrespective of their marital status .**
 - d. The annual school fees as adopted by the majority of parents at the AGM will be payable in advance and are due on the first day of school.
 - e. The school may conduct an enquiry and / or information search about the parents with a credit information bureau, persons acting as their agents and / or credit grantors.
 - f. **If parent/s fail to meet their school fee obligations the school may record the parent/s non performance with a credit information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.**
 - g. The parties to this application undertake to pay all legal cost, including attorney / client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees.
 - h. The school may transmit details how the parent/s have performed in meeting their obligations in terms of their school fee obligations and share such information with other credit grantors for the purpose of making any credit risk management related decisions.
 - i. Should there be a dispute on your statement of account please notify the Bursar in writing.
5. I / We undertake to give notice in writing of any intention to remove my / our child from the school and furthermore to return any books and / or equipment belonging to the school which our child may have.
6. I/We hereby give permission for my/our child to participate in the normal sporting and cultural activities of the school.
7. I/We realize that no claim can be made against the school for injuries or articles of clothing and equipment that may be lost or damaged.
8. I/We will support the policy of the GDE with regard to compulsory attendance at school and extra-mural activities and will not ask permission to extend vacations or make doctor, dentist, etc. appointments for my/our child during normal school hours.
9. I/We accept that if this application is successful it will be in terms of the general conditions governing admissions, the school's Code of Conduct and Disciplinary Procedure.
10. I/We hereby give permission to receive SMS messages from the school
-
11. We / I understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.

12. 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 within 30 days.
13. This commitment in its entirety will be valid from the day on which it is signed by the parent / guardian to the day on which the pupil officially leaves the school.
14. No addition or alterations, variations or consensual cancellation hereof shall be of any effect unless reduced to writing and signed by me/us and on behalf of the Governing Body.
15. The parent / guardian declares that he / she is the legal guardian of the child and is entitled to sign this document, and shall be bound hereto both as parent / guardian, and in his / her personal capacity.

I HEREBY CONFIRM I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE

Signed on this _____ day of _____ 20 _____

Signature FATHER/LEGAL GUARDIAN

Signature MOTHER/LEGAL GUARDIAN

Both parents are required to sign this document. This form will not be accepted without BOTH signatures.