education
Department: Education
GAUTENG PROVINCE

APPLICATION FOR ADMISSION - 2021

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL? Yes No

Name of other learner(s) : _____

DATE: 22 JUN 2020

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: ☐ RSA ☐ Other: _____

Religious denomination: _____

Gender: ☐ Male ☐ Female

Ethnic group: _____

Home language: ☐ Afrikaans ☐ English ☐ Other: _____

Learner's language preference: ☐ Afrikaans ☐ English ☐ Other: _____

Learner mobile number: _____

Learner e-mail address: _____

Admission date: _____

Grade in 2021 : _____

Years in grade for 2021 : _____

Years in phase for 2021 : _____

Pre-primary education attended: ☐ Formal ☐ Informal ☐ Other: _____

Registered for social grant: ☐ Yes ☐ No

Receives social grant: ☐ Yes ☐ No

Benefit from school nutrition programme: ☐ Yes ☐ No

Learner resides in a hostel: ☐ Yes ☐ No

Name of hostel: _____

Method of transport: ☐ Private ☐ Taxi ☐ Bus

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____

Register class: _____

Admission number: _____

Waiting list: A B

Number on waiting list: _____

ID copy: ☐

Transfer card: ☐

Report card: ☐

Birth certificate: ☐

FAMILY INFORMATION

Family status: ☐ Both parents ☐ Single parent - Unmarried ☐ Foster care ☐ Childrens home ☐ Single parent - Divorced ☐ Other ☐ Re-composed ☐ Widow/Widower

Parents deceased: ☐ Mother ☐ Father ☐ None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng : Yes No

Learner attended school last year: Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

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BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: ☐ Afrikaans ☐ English ☐ Other: _____

Communication preference: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: ☐ Own Employer Non-Professional ☐ Own Employer Professional ☐ House wife ☐ Part time ☐ Contract worker ☐ Pensioner ☐ Student ☐ Temporary ☐ Full time ☐ Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?: ☐ Yes ☐ No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: ☐ Afrikaans ☐ English ☐ Other: _____

Communication preference: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: ☐ Own Employer Non-Professional ☐ Own Employer Professional ☐ House wife ☐ Part time ☐ Contract worker ☐ Pensioner ☐ Student ☐ Temporary ☐ Full time ☐ Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?: ☐ Yes ☐ No

DECLARATION BY PARENT / GUARDIAN

I, _____ (Name of Parent / Guardian), hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at _____ on _____ day of _____ 2020.

Signature of Parent / Guardian: _____

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ACCOUNTABLE PERSON'S INFORMATION

☐ Biological Parent 1 ☐ Biological Parent 2 ☐ Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: ☐ Afrikaans ☐ English ☐ Other: _____

Communication preference: ☐ SMS ☐ E-mail ☐ Mail ☐ By hand

Language preference: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

Postal Code: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Language preference: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

Postal Code: _____

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CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Riviera Primary School and _____ (Name of parent / guardian) with regards to the payment of school fees.

1. Riviera Primary School is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.

2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.

3. Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.

4. Payment of school fees to Riviera Primary School will be made as follows:
   (Please tick the applicable block with a cross)
   - [ ] A Full payment (Once-off) on or before the last date as determined during the annual parent meeting.
   - [ ] B Payment over 12 months.
   - [ ] C Alternative arrangements will be made with the School in writing at my own responsibility and initiative.

5. I / We are aware of the application process for exemption of school fees for 2021 and if exemption is required, we will complete the relevant application form.

6. Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.

7. Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.

8. I choose the following address as my *domicilium citandi et executandi* for delivery or serving of any notices or pleadings.
   Residential address (Not a postal address):
   _____
   _____

9. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

1. I, parent / guardian of _____ hereby give permission that he / she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he / she is physically able to participate in any organised activities and he / she resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Riviera Primary School as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian: _____ Date: _____

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