



EVERSDAL PRIMARY SCHOOL APPLICATION FOR ADMISSION OF LEARNER 2019

Stepping Stones, Eversdal, Durbanville, 7550 / Tel: 021 976 8134 / e-mail: apply@eversdal.org.za
www.eversdal.org.za

Surname of learner			Please Attach Photo Here
Full name/s of learner			
Preferred name		Boy / Girl	
Date of birth			
Home language			
Grade Applying for	<input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ <input type="radio"/> ⑤ <input type="radio"/> ⑥ <input type="radio"/> ⑦		

Application Information and Requirements:

1. Please print in capitals and complete **ALL** sections, even if there is repetition. The supplying of false information or the 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 (Grade 1 only)
- If divorced, a copy of the divorce agreement
- Proof of permanent residential address: Certified copy of recent municipal account or
Certified copy of legal rental agreement
- The most recent school report (Gr. 2-7)
- Transfer certificate from previous School (Gr. 2-7)
- This application must be accompanied by: Confidential information regarding your child
 - Annexure B if applicable
 - School fees form (Debit order)
 - Financial undertaking
 - Aftercare letter if applicable

Should your application be successful, a pre-paid levy of R500 must be paid by 13 July 2019. This is in lieu of an administrative fee that will be deducted from your school fees for 2020.

FOR OFFICE USE ONLY		ACCEPTED	YES	NO
RECEIVED ON		DATE		
ADDRESS		PRINCIPAL		
APPLICATION NUMBER		ADMISSION NO		
PRE-PAID LEVY RECEIPT NO		FAMILY NO		
SAMI		CEMIS NO		

DETAILS OF LEARNER									
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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									
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Identity number										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									
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Siblings in Eversdal Primary School	Name		Grade		House	
	Name		Grade		House	

Siblings in other schools						
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Name		School		Grade	
Name		School		Grade	

If any other relative attended the school, supply details						
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Name		Relationship		House	
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CORRESPONDENCE			
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Please indicate who is to receive the school report/correspondence.	Father	Mother	Guardian
Please indicate who is to receive the fees account.	Father	Mother	Guardian

MEDICAL DETAILS OF LEARNER			
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Doctor's Name			
Practice Phone no.		Cell no. of Dr	

EMERGENCY CONTACT (FAMILY RELATIVE OR FRIEND)			
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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 Medication		
Recent Injuries		
Previous Operations		
Existing Medical Problems		

MEDICAL AID DETAILS		
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Member's Name		Medical Aid: e.g. Fedhealth	
Membership no.		Specific Plan: e.g. Maxima	
Telephone number of main member			

DETAILS OF PARENT 1 / BIOLOGICAL / ADOPTIVE PARENT

SURNAME											TITLE			
FIRST NAMES											PREFERRED NAME			
Identity no.												Passport number		
Marital status	Married			Divorced			Never married			Widower		Re-married*		
Home phone no.											Cell no.			
Business number											e-mail			
Physical address											Postal code			
											Postal code			
Work address											Postal code			
Postal address If different to above											Postal code			
Name of Employer														
Occupation														
<i>*If re-married, complete stepmother's details on page 4</i>														

DETAILS OF PARENT 2 / BIOLOGICAL / ADOPTIVE PARENT

SURNAME											TITLE			
FIRST NAMES											PREFERRED NAME			
Identity no.												Passport number		
Marital status	Married			Divorced			Never married			Widow		Re-married *		
Home phone no.											Cell no.			
Business number											e-mail			
Physical address											Postal code			
											Postal code			
Work address											Postal code			
Postal address If different to above											Postal code			
Name of Employer														
Occupation														
<i>*If re-married, complete stepfather's details on page 4</i>														

STATUS OF MARRIAGE

Antenuptial Contract	In Community of Property	Customary	Other
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DETAILS OF STEPFATHER / STEPMOTHER

SURNAME											TITLE				
FIRST NAMES															
Identity no.													Passport number		
Home phone no											Cell no.				
Business number											e-mail				
Physical address												Postal code			
Work address												Postal code			
Postal address If different to above												Postal code			
Name of Employer															
Occupation															

DETAILS OF LEGAL GUARDIAN / SPONSOR

SURNAME											TITLE				
FIRST NAMES															
Identity no.													Passport number		
Marital status	Married		Divorced		Never married		Re-married								
Home phone no.											Cell no.				
Business number											e-mail				
Physical address												Postal code			
Work address												Postal code			
Postal address If different to above												Postal code			
Name of Employer															
Occupation															

RELATIONSHIP TO LEARNER

Guardian	Grandparent	Foster Parent	Other: Complete page 5
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To be completed only if 'OTHER' is indicated above)													
SURNAME											TITLE		
FIRST NAMES													
Identity no.												Passport number	
Home phone no.											Cell no.		
Business number											e-mail		
Physical address											Postal code		
Work address											Postal code		
Postal address If different to above											Postal code		
Name of Employer													
Occupation													

UNDERTAKING: I/WE, AS PARENTS / GUARDIANS / SPONSORS

- undertake to reimburse the school for any malicious damage to school property that may be caused by the LEARNER;
- understand that whilst every reasonable effort will be made to prevent loss or damage to the LEARNER’S clothing and equipment (e.g. cell phone, tablets, etc.) the school cannot be held liable in any such event;
- 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;
- 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;
- accept responsibility for immunizing the LEARNER against contagious diseases and produce proof thereof, if required to do so;
- undertake to inform the educator of the LEARNER’S absence from school and produce a doctor’s certificate when required to do so;
- undertake to support the school’s constitution and policy of admission, as defined and implemented by the Governing Body of the school;
- 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.eversdal.org.za;
- 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;
- 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 *loco parentis* (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:
 - 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) **in case of an emergency, including when the person deems such arrangements to be in the interest of my child;**
 - I consent that the person in charge will have the discretion, **should circumstances within his / her discretion require,** 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 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.
15. **I am aware that Eversdal Primary School operates on a one to one tablet programme in Grade 4 – 7. Learners in this phase make use of their own tablets meeting specific requirements. Grade 1 – 3 learners make use of tablets owned by 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 Chairman of the School Governing Body or his designate, 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 2019.

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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 Chairman of the School Governing Body or his designate, 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 2019.

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SIGNATURE