

# EVERSDAL

LAERSKOOOL  
PRIMARY SCHOOL



## **VISION**

To establish a world class school in which learners can make the most of every opportunity, so that they may develop fully as human beings, and thus make meaningful contributions to the greater community.

## **MISSION**

To provide through English and Afrikaans an education that strives towards the complete development of each learner, within the ability of the school through:

- The promotion of high educational standards.
- Professional teaching staff,
- Close parental involvement,
- Christian based values,
- Balanced cultural and sports activities,
- Acknowledging and respecting diversity. ,
- Core values of the school, as identified by the community, namely integrity, respect, discipline, and faith.

## **APPLICATION FOR ADMISSION FOR:**

SURNAME	
FULL NAMES	
NAME	

### **Office use**

Educator:	Gr. and Class:	Admission no.:

## LEARNER INFORMATION

Brothers and/or sisters in Eversdal Primary School:				Gender:		Home Language:		Date of admission:								
Name:		Gr:	House:		Male	Female	Afr.	Eng.	D	D	M	M	Y	Y	Y	Y
			E	T	V	Previous School:										
			E	T	V	Province:										
			E	T	V	Grade passed:										
			E	T	V	Date of birth:		D	D	M	M	Y	Y	Y	Y	
				I.D. Number:												
If any children/family members attended this school, which house where they allocated to ?													E	T	V	

## FAMILY PARTICULARS

Mark biological parents marital status by whom learner is presently living		Married		Divorced – live with mother		Divorced – live with father		Foster parent		Guardian							
		Father				Mother											
Title:		Initials:		Title:		Initials:											
First names:																	
Surname:																	
Tel. no.:																	
Cel no.:																	
Send SMS'e		Yes		No		Yes		No									
E-mail address:																	
Send e-mail:		Yes		No		Yes		No									
Language:																	
Employer:																	
Occupation:																	
Position:																	
Date of birth:		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
I.D. number:																	
Residential address																	
		Code:				Code:											
Work address																	
		Code:				Code:											
Postal address																	
		Code:				Code:											
<b>CONTACT NUMBER IN CASE OF EMERGENCY (IF PARENTS ARE NOT AVAILABLE):</b>																	
Name & Surname:						Relation:											

ADDITIONAL INFORMATION						
Blood group:		Mark nationality:	South African citizenship	Other: Specify		
		If "other" – Passport number:				
Country of birth:						
Religion:			Bible instruction permitted:		Yes	No
Pupil/Family status:	Normal	Adopted	Step child	Orphan	Fostered	
GENERAL MEDICAL INFORMATION						
General Health:						
Doctor:			Medical Aid name:			
Doctor tel.:			Medical Aid no:		Main member:	
Mark illness(es) pupil has had:	MEASLES	GERMAN MEASLES	WHOOPING COUGH	CHICKEN POX	MUMPS	
Other important illness(es) or conditions from which pupil is suffering or has suffered: (e.g. ASTHMA, EPILEPSY)						
Mark illness(es) pupil has been immunized against:			WHOOPING COUGH	MUMPS		
TUBERCULOSIS (B.C.G)	DIPHAHERIA, MUMPS	MEASLES	GERMAN MEASLES	TETANUS	POLIOMYELITIS	
<b>N.B.:</b>						
Pupils should have been immunised against ALL the said illness(es) before attending school. Immunisation against POLIOMYELITIS and TUBERCULOSIS (B.C.G) is legally COMPULSORY. WRITTEN EVIDENCE of immunisation against POLIOMYELITIS and TUBERCULOSIS (B.C.G) is necessary when a pupil is admitted to a school FOR THE FIRST TIME.						
<b>Allergies:</b>						
_____						

DOCUMENTS WHICH HAVE TO BE HANDED IN WITH APPLICATION FORM	✓	
* Copy of prospective Learner's birth certificate.		
* Copy of prospective Learner's clinic card. (Only Gr 1 learners).		
* Latest school report. (Gr 2 - 7 learners).		
* Proof of residential address of prospective learner. (Latest Municipal account).		
* Transfer certificate from previous school. (To be handed in on first day of school).		
* Copy of biological parents or lawful guardians identity documents.		

## PERMISSION

**(Government Gazette 10 November 2006)**

It is widely recognized that attendance at school or any school activity, including participation in excursions, games, sporting or other activity at or through the school, and including the use of transport arranged by the school, may entail risks for a learner. Such risks are part and parcel of life and education.

Acknowledging the foregoing I, \_\_\_\_\_ (full names of a parent/guardian), parent and/or legal guardian of the under-mentioned, over whom I have custody and control, hereby consent to my son/daughter/foster child, (full names) \_\_\_\_\_ participating in the various activities (including sports activities, games, camps and educational and recreational activities and outings) arranged, organised or offered by the School, and, where relevant, to his/her being transported to and from the said activities by means of transport made available by the school for that purpose.

I further agree that such participation or use shall be at the risk of the learner and his/her parent/guardian. **In so far as every reasonable and practicable precaution is taken for the safety and welfare of my son/daughter/foster child** and for the care of his/her possessions, I hold blameless all other persons, Eversdal Primary School and all organisations associated with the activity, should any prejudice, loss, damage, illness or injury occur to my son/daughter/foster child during the above activity, consequent upon my having given permission for his/her participation in the activity.

This includes a waiver against my claiming for recovery of costs resulting from theft, damage, loss and/or medical conditions or hospitalisation, **unless such loss is caused by the negligence, wilfulness or deliberate act of the School or one or more of its employees.**

I furthermore appoint the school staff accompanying the tour or group, or supervising the activity, to act *in loco parentis* in respect of my son/daughter/foster child should the need therefore arise, and where it is deemed by them to be necessary to do so, to take such steps as the school deems reasonable in the event of the applicant becoming ill, being injured, or for any reason requiring medical attention.

### RELEVANT INFORMATION CONCERNING YOUR SON'S/DAUGHTER'S/FOSTER CHILD'S CONDITIONS/CIRCUMSTANCES

Does your son/daughter/foster child have any medical condition or allergy of which the teachers accompanying the group need to be aware?     YES     NO

If so, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Should medication/hospitalisation be necessary please indicate (if applicable):

- a)      Name of your Medical Aid: \_\_\_\_\_ Medical Aid No: \_\_\_\_\_
- b)      Name of principal member of Medical Aid (usually father or mother) \_\_\_\_\_
- c)      Contact details of Doctor to be contacted for medical history if necessary:  
\_\_\_\_\_
- d)      Emergency contact telephone number/s:  
Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name of witness

\_\_\_\_\_  
Signature