



# EVERSDAL PRIMARY SCHOOL APPLICATION FOR ADMISSION OF LEARNER 2021

Stepping Stones, Eversdal, Durbanville, 7550 / Tel: 021 976 8134 / e-mail: [apply@eversdal.org.za](mailto:apply@eversdal.org.za)  
[www.eversdal.org.za](http://www.eversdal.org.za)

Surname of learner				
Full name/s of learner				
Preferred name			Boy	Girl
Date of birth				
Identity number				
Teaching medium	ENG	AFR	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			

Please  
Attach  
Photo  
Here

**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
- Copy of immunization certificate (Grade 1 only)
- **Certified** copies of both parents/guardians/sponsors' ID documents
- If divorced, a copy of the **divorce agreement**
- Proof of permanent residential address:  
**Certified copy (not older than 3 months)** of recent municipal account OR  
**Certified copy (not older than 3 months)** of legal rental agreement
- The most recent school report (Gr 2-7).
- Transfer certificate from previous School (Gr 2-7) Only applicable after application is accepted
- Confidential information regarding your child (part of application)
- Application outside the immediate area, 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 **06 June 2020**. This is in lieu of an administrative fee that will be deducted from your school fees for 2021.

FOR OFFICE USE ONLY		ACCEPTED	YES	NO
RECEIVED ON		DATE		
ADDRESS		HEADMASTER		
PRE-PRIMARY/ PRIMARY		ADMISSION NO		
FAMILY SCHOOL		WCED ACCEPTED		
WORK		SASAMS		
APPLICATION NUMBER		CEMIS NO		
WCED APPLICATION		CLASS	SPORT HOUSE	

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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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		Sport House	T	V	E
	Name		Grade		Sport House	T	V	E

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		Sport House	T	V	E
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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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Membership no.		Medical Aid: e.g. Fedhealth	
Member's Name		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					
Occupation																
Name of Employer																
<i>*If re-married, complete stepparent'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					
Occupation																
Name of Employer																
<i>*If re-married, complete stepparent's details on page 4</i>																

### STATUS OF MARRIAGE

Antenuptial Contract	In Community of Property	Customary	Other
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### DETAILS OF STEPPARENT

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

### DETAILS OF LEGAL GUARDIAN / SPONSOR

<b>SURNAME</b>											<b>TITLE</b>					
<b>FIRST NAMES</b>											<b>PREFERRED NAME</b>					
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			
Occupation																
Name of Employer																

### RELATIONSHIP TO LEARNER

Guardian	Grandparent	Foster Parent	Other: Complete page 5
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**To be completed only if 'OTHER' is indicated above**

<b>SURNAME</b>											<b>TITLE</b>		
<b>FIRST NAMES</b>											<b>PREFERRED NAME</b>		
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			
Work address										Postal code			
Postal address If different to above										Postal code			
Occupation													
Name of Employer													

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

1. undertake to reimburse the school for any malicious damage to school property that may be caused by the LEARNER;
2. 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;
3. 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;
4. 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;
5. accept responsibility for immunizing the LEARNER against contagious diseases and produce proof thereof, if required to do so;
6. undertake to inform the educator of the LEARNER'S absence from school and produce a doctor's certificate when required to do so;
7. undertake to support the school's constitution and policy of admission, as defined and implemented by the Governing Body of the school;
8. 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](http://www.eversdal.org.za);
9. 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;
10. 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: .....

.....

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**

I .....hereby 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 ..... year .....

.....  
**SIGNATURE**

**DECLARATION : PARENT 2**

I .....hereby 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 ..... year .....

.....  
**SIGNATURE**

## CONFIDENTIAL INFORMATION REGARDING YOUR CHILD (GRADE 1 – 7)

Name of child in full \_\_\_\_\_

From a total of \_\_\_\_\_ children in the family this child is the \_\_\_\_\_ (1st, 2nd, 3rd etc.)

Who does the child live with? \_\_\_\_\_

Address where the child resides: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Custody arrangements (in the case of divorce);  
Please furnish with details (visitation rights): \_\_\_\_\_

Underline the illnesses which the child has had: Chicken-pox / Diphtheria / Enteric Fever / Measles / Mumps / Rubella (German Measles) / Scarlet Fever / Whooping Cough / Bilharzia / Cholera (St. Vitas' Dance) / Malaria / Rheumatic Fever

State any other illness(es) from which the child has suffered or still suffers (e.g. asthma, epilepsy)  
\_\_\_\_\_

State (if any) the operations, which the child has undergone, when and for what purpose?  
\_\_\_\_\_

Is this child using any medication? If so, give details: \_\_\_\_\_  
\_\_\_\_\_

Any allergies? If so, give details: \_\_\_\_\_  
\_\_\_\_\_

Urination: Any problems? \_\_\_\_\_ Any dentition problems? \_\_\_\_\_

Any problem in connection with: Hearing? \_\_\_\_\_ Sight? \_\_\_\_\_ Speech? \_\_\_\_\_

If yes, please specify \_\_\_\_\_

At what age did this child start talking? \_\_\_\_\_ At what age did this child start walking? \_\_\_\_\_

Please mention any problems experienced before or during the birth of your child \_\_\_\_\_  
\_\_\_\_\_

Has the child ever had a serious accident? If so, give details \_\_\_\_\_  
\_\_\_\_\_

Information in connection with the child's eating and drinking habits \_\_\_\_\_  
\_\_\_\_\_

At what time does the child go to bed at night? \_\_\_\_\_ Fall asleep at? \_\_\_\_\_

Sleeping habits (e.g. sleeps peacefully, a restless sleeper, has nightmares) \_\_\_\_\_  
\_\_\_\_\_

Does the child show any signs of nervous tension by day or at night? \_\_\_\_\_

Is the child left- or right-handed? \_\_\_\_\_

Is any compulsion exercised at home in this regard? \_\_\_\_\_

Name the places where this child prefers to play \_\_\_\_\_  
\_\_\_\_\_

How does the child interact with friends? \_\_\_\_\_

How does the child interact with the members of the family? \_\_\_\_\_

Underline personality characteristics (and elaborate):

Obedient, disobedient, stubborn \_\_\_\_\_

Independent, dependent \_\_\_\_\_

Shy, withdrawn, outgoing (bold) \_\_\_\_\_

Friendly, moody, aggressive \_\_\_\_\_

Tolerant, irritable \_\_\_\_\_

Unselfish, selfish \_\_\_\_\_

Loving, seeks attention, aloof, does not seek attention \_\_\_\_\_

Self-confident, lacking in confidence, over-confident \_\_\_\_\_

Helpful, uncooperative \_\_\_\_\_

Reacts well, does not take kindly to orders or correction \_\_\_\_\_

Other qualities or habits about which the school should know \_\_\_\_\_

Does your child show any interest in reading? \_\_\_\_\_

Does your child have stories read to him/her? \_\_\_\_\_

Does your child show any interest in music? \_\_\_\_\_

Has your child ever been assessed by an Occupational Therapist, Speech Therapist or Psychologist?

**IF SO, PLEASE ATTACH AVAILABLE REPORTS TO THIS APPLICATION.**

Is your child presently receiving any of the above support? YES \_\_\_\_\_ NO \_\_\_\_\_

What support? \_\_\_\_\_

With whom? \_\_\_\_\_

Does your child have any special educational needs? (Please specify) \_\_\_\_\_

Any other information regarded as important \_\_\_\_\_

Is there any problem, which you would like to discuss confidentially? \_\_\_\_\_

**PLEASE NOTE:**

**Any non-disclosure of past / current or knowledge of future need of intervention/s, may render this application null and void.**

Information supplied by:

Parent 1: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_