

Application Date	
Birth Certificate	
Mother's ID	
Father's ID	
Report	
Proof of Residence	
Immunisation Card	
Administration Fee	



Admission No.	
Admitted to Grade	
House	
Attach Photo Here	

**APPLICATION FOR ADMISSION**

**SACS Pre-Primary School**

Main Street, Newlands. Tel: 021 689 4001 Fax: 021 685 7028  
 Postal Address: Private Bag X3, Newlands 7725  
 E-mail: carol.glenday@sacsjr.org.za

**Admission to Grade R in 20 \_\_\_\_\_ Term \_\_\_\_\_**

*Please carefully read the NOTES set out at the end of this form in relation to information and requirements for completion of this Application Form*

**DETAILS OF PUPIL**

Surname \_\_\_\_\_ First names \_\_\_\_\_

Date of birth \_\_\_\_\_ Present age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Home language \_\_\_\_\_ Nationality \_\_\_\_\_

Residential address \_\_\_\_\_ Code \_\_\_\_\_

Postal address \_\_\_\_\_ Code \_\_\_\_\_

Name of current school \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

Email address of current school \_\_\_\_\_

Present grade \_\_\_\_\_ Name of class teacher \_\_\_\_\_

Has your son ever repeated a grade? If so, specify grade \_\_\_\_\_

Other schools attended \_\_\_\_\_

Number of children in family \_\_\_\_\_ State whether pupil is 1st, 2nd, etc \_\_\_\_\_

Name of sibling \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name of sibling \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Is application being made for a brother to start at SACS at the same time? \_\_\_\_\_

Surname \_\_\_\_\_ First name \_\_\_\_\_ Grade \_\_\_\_\_

Have you made a previous application for your son or a brother to attend SACS Pre-Primary/Junior?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the grade applied for \_\_\_\_\_ and the year \_\_\_\_\_

Why is SACS your choice of school for your son's education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did you hear about SACS? (e.g. family, friends, media) \_\_\_\_\_

### **MEDICAL HISTORY**

Underline illness(es) your son has had: Measles, German Measles, Whooping Cough, Chicken Pox, Mumps.

Underline illness(es) your son has been immunised against: Hepatitis B, Tuberculosis (BCG) Diphtheria, Whooping Cough, Tetanus, Measles, German Measles, Mumps, Poliomyelitis. **Boys should have been immunised against ALL the above illnesses before school attendance.**

State any other illnesses or medical problem/s of which the School should be aware (e.g. Asthma, Epilepsy, ADD/ADHD). \_\_\_\_\_

Is your son on any medication at present? If so, please give details \_\_\_\_\_

### **APPLICATION INFORMATION AND REQUIREMENTS**

1. Please print in capitals and complete ALL sections, even if there is repetition. Incomplete application forms will not be accepted. The supplying of false information will invalidate this application. Please supply your physical residential address as well as a postal address if applicable.
2. The application must be accompanied by copies of the following documents: Identity documents of both parents and account payers, son's unabridged birth certificate, son's last school report, a copy of his immunisation card, a utility bill (e.g. rates account) as proof of your physical residential address and one passport size photograph of your son attached in the space provided.
3. If you have any objections to compulsory participation in any sport or any extra-curricula activities or religious instruction, these must be made in writing and attached to this application for consideration.
4. By signing this application, you are binding yourself to all the rules, regulations and policies of SACS Pre-Primary/Junior School as amended from time to time. These are available at the School's Admissions Office upon request.
5. In the case of a divorce, irrespective of the divorce agreement/court order, both parents will be held responsible for the fees and must, therefore, both sign the application form.
6. We request a voluntary contribution of R100 towards postage and petties.

### **ADMISSION ACCEPTANCE**

1. Completion of this application is not a guarantee that your child will be interviewed or accepted at South African College Pre-Primary School.
2. You will be informed of the School's decision once all applications have been processed.
3. **Registration Deposit:** Should your application be successful, you will be required to indicate your intention to take up the place offered to your son by the payment of a R2500.00 deposit which amount, excluding interest (all of which shall accrue to the School) will be refunded when your son leaves SACS Pre-Primary or Junior School. This deposit is payable by the date indicated in our letter of acceptance to you. Late responses will only be reconsidered if there is still a vacancy.
4. If accepted, you will be required to sign an undertaking and further forms on acceptance and no less than one (1) term's notice in advance is required should you wish to transfer your son to another school (a full term's fees will be charged if such advance notice is not given).

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**DETAILS OF PARENTS** Particulars of boy's own parents (or guardians / sponsors). Even if the boy resides with only one parent, details of both natural parents are required.

**Surname of mother** \_\_\_\_\_ Full names \_\_\_\_\_ Maiden Name \_\_\_\_\_

Mrs/Dr etc. \_\_\_\_\_ Marital status \_\_\_\_\_ ID No \_\_\_\_\_

(Copy to be attached)

Residential address \_\_\_\_\_ Code \_\_\_\_\_

Postal address \_\_\_\_\_ Code \_\_\_\_\_

Tel (H) \_\_\_\_\_ Tel (B) \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Name & address of Employer \_\_\_\_\_

Position Held \_\_\_\_\_ No of years with this Employer \_\_\_\_\_

**Surname of father** \_\_\_\_\_ Full names \_\_\_\_\_

Mr/Dr etc \_\_\_\_\_ Marital Status \_\_\_\_\_ ID No. \_\_\_\_\_

(Copy to be attached)

Residential address \_\_\_\_\_ Code \_\_\_\_\_

Postal address \_\_\_\_\_ Code \_\_\_\_\_

Tel (H) \_\_\_\_\_ Tel (B) \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Name & address of Employer \_\_\_\_\_

Position Held \_\_\_\_\_ No of years with this Employer \_\_\_\_\_

**DECLARATION BY PARENT/GUARDIAN:**

1. I/We declare that all particulars furnished by me/us on and attached to this form are true and correct.
2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the abovementioned child.
3. I/We hereby agree to:
  - Accept and support the ethos of the School;
  - abide by the Code of Conduct set out in the School Rules and all the rules, regulations and policies of the School as may be amended from time to time;
  - acknowledge the authority of the Principal, the teachers and student leaders;
  - accept responsibility for my/our son's transport to and from the School;
  - ensure that my/our son's personal belongings are adequately insured and accept that while every reasonable effort will be made to prevent losses or damage to his belongings, the School cannot be held liable for such;
  - reimburse the School for any damage to school property that may be caused by my/our son;
  - take responsibility for ensuring that my child is adequately insured against personal injury or related risks;
  - my/our son undertaking Edumetric and Psychometric tests that have been approved by the Director of Education.

- jointly and severally undertake to pay the stipulated school fees as agreed by the parent body at the annual budget meeting and I/we fully understand and agree to the following:
    - ✓ In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory school fees.
    - ✓ In terms of Section 40 of the South African Schools Act, the School may enforce the payment of these compulsory fees.
    - ✓ The parties to this application will be held liable for all legal costs, including attorney/client fees and collection costs incurred by the School in the event of the School incurring such costs for the recovery of school fees.
    - ✓ Annual fees become due and payable in advance by the first day of the school year.
  - notify the Principal, in writing, at least one (1) term in advance, in the event of my/our son leaving the school. In addition, I/we undertake to return all books and other property belonging to the school;
  - ensure that my/our son attends school regularly and, should my/our son be absent from school for any reason, inform the School of that in writing, noting that a doctor's certificate may be required in some instances of absence;
4. I/We am/are fully aware of the admission requirements of the South African College Pre Primary School as contained herein;
5. Whilst involved in school activities, I/we authorise the Principal (or appointed staff member) to act in loco parentis, including granting consent for medical treatment in the case of an emergency, once all reasonable efforts to contact me/us have been made;
6. I/we confirm that the information provided to the School herewith was given voluntarily and accept that the School may:
- ✓ Store the data in its files and electronic systems
  - ✓ Use both the provided and generated data for purposes of providing services relevant to the enrolment of the applicant at the School, including but not limited to, contacting parents, updating the School roll and researching and reporting on school demographics.
  - ✓ Pass it on where required to do so as part of school reports and for statistical or research purposes, or when legally required to do so;
- I/We understand that the School reserves the right to verify all information supplied herein and to take appropriate legal steps in the event of misinformation;
  - I/We accept responsibility for immunizing my child/children against contagious diseases and normal infections, and shall produce proof thereof if required to do so;
  - I/We undertake to support and abide by the School's constitution, codes, rules and policies, as defined and implemented by the School Governing Body;
  - This commitment in its entirety will be valid from the day on which it is signed by the parents or guardian to the day on which the boy officially leaves the School. The Governing Body reserves the right to reconsider the admittance of the boy to the School.
  - I/We declare that I/we am/are entitled to sign this document, fully understand its contents and shall be bound hereto both as parent/guardian, and in my/our personal capacity.
  - We choose as our domicile the address/es given on page 2 of this application.

Signed at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

A) SIGNATURE OF MOTHER: \_\_\_\_\_

B) SIGNATURE OF FATHER: \_\_\_\_\_

C) SIGNATURE OF GUARDIAN: \_\_\_\_\_

D) SIGNATURE OF SPONSOR \* \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM: \_\_\_\_\_

*Mother/Father/Guardian/Sponsor/Other – please underline*

NB: The signature of both parents is required, where applicable. Alternatively, the legal guardian or sponsor may sign.

*\* Sponsor is the person who undertakes to fulfil all the obligations of the persons referred to in A and B towards the boy's education at SACS.*

# ENROLMENT QUESTIONNAIRE: GRADE R

**Boy's Surname** \_\_\_\_\_ **First Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Years \_\_\_\_\_ Months

Admission to Grade \_\_\_\_\_ in year \_\_\_\_\_ Repeated Grade (if any) \_\_\_\_\_

Name and Address of present School \_\_\_\_\_

School's Telephone No \_\_\_\_\_ Name of Principal \_\_\_\_\_

**1. The aim of our School is to offer every pupil the best education possible, suited to each individual's needs. In order to ascertain how best to assist your son, we reserve the right to contact his present school.**

**2. Please complete the section below by placing an X in the blocks to indicate whether or not he has been referred to, or has received assistance, from any of the specialists listed.**

◆ If yes, please complete the particulars requested in Questions (a) – (f).

◆ Kindly also *attach copies of relevant reports.*

YES	NO	Eye Specialist	YES	NO	Psychologist
YES	NO	Ear, Nose, Throat Specialist	YES	NO	Physiotherapist
YES	NO	Remedial Teacher	YES	NO	Psychiatrist
YES	NO	Speech Therapist	YES	NO	Neurologist
YES	NO	Occupational Therapist	YES	NO	School Clinic
YES	NO	Other: <i>Please state</i>			

(a) Name of person seen: \_\_\_\_\_

(b) Reason for referral: \_\_\_\_\_

(c) Date of referral/assessment: \_\_\_\_\_

(d) Outcome of assessment: \_\_\_\_\_

(e) Duration of assistance given (eg 6 months physiotherapy): \_\_\_\_\_

(f) Are there any other illnesses of which the school should be aware? \_\_\_\_\_

(g) Is the pupil on any medication at present? If so, please give details \_\_\_\_\_

**3. At SACS, boys swim from Grade R. Please sign to acknowledge that you will ensure that your son is either swimming proficiently or that you will take steps towards this before he starts at SACS.**

My Son can swim \_\_\_\_\_ My son **is/will be** taking swimming lessons \_\_\_\_\_

**4. Any other details of which the School should be aware in order to best assist your son?**

**5. Does your son have any special interests or aptitudes that you would like the School to know about?**

.....  
**Signature of Parent**

.....  
**Mother/Father/Guardian**

.....  
**Date**