

ENROLMENT FORM - 2024

PLEASE COMPLETE WITH A BLACK PEN

Do you have any learners currently in this school?

Yes No

Name and grade of other learner(s): _____

LEARNER INFORMATION	OFFICE USE ONLY
LEARNER	Family Code:
Full Names:	Register Class:
Surname:	Admission Number:
Preferred Name:	FAMILY INFORMATION
Date of Birth:	Family Status:
ID Number:	Both Parents Single Parent – Unmarried Foster Care Single Parent - Divorced
Nationality: RSA Other:	Children's Home *Re-composed Widow/Widower Other
Religious denomination:	Parents deceased Mother Father
Gender: Male Female	*a couple of adults, married or not, with half-brothers, half-sisters and at least one child born of a previous union
Ethnic group:	of one of the adults
Home Language:	LEARNER HEALTH INFORMATON
Learner's language preference:	Chronic diseases:
Admission Date:	Allergies:
Grade in 2024:	Medication:
Register for Social grant: Yes No	INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/ NURSERY
Receive Social grant: Yes No	First Registration of learner in the Western Cape:
Social Grant number:	Yes No
Method of transport:	Learner attended school last year: Yes No
Taxi/Bus registration number:	If yes, in which Province/Country:
Name of Driver:	Previous school:
Contact number:	Telephone number:
NEXT OF KIN INFORMATION (Other than Parent)	Adress:
Name:	Province:
Contact Number:	Highest grade in previous school:
Alternative Number:	Reason for leaving the school:
Relation:	

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title:	Occupation Status:		
	Own Employer Professional		
Full names:	Own Employer Non-Professional		
	Housewife		
Initials:	Part Time		
	Contract Worker		
Preferred name:	Student		
	Full Time		
ID number:	Temporary		
	Unemployed		
Home language:	Pensioner		
Language preference:	Occupation:		
Mobile number:	Employer:		
Home number:	Work number:		
Email Address:	Employer physical address:		
Residential address:			
	Is this learner living with this parent? Yes No If no, with whom does the learner stay?		
BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION			

Title:	Occupation Status:	
	Own Employer Professional	
Full names:	Own Employer Non-Professional	
	Housewife	
Initials:	Part Time	
	Contract Worker	
Preferred name:	Student	
	Full Time	
ID number:	Temporary	
Home language:	Unemployed	
	Pensioner	
Language preference:	Occupation:	
Mobile number:	Employer:	
Home number:	Work number:	
Email Adress:	Employer physical address:	
Residential address:		
	Is this learner living with this parent? Yes No	
	If no, with whom does the learner stay?	

CERTIFIED COPIES (NOT OLDER THAN 2 MONTHS) OF THE FOLLOWING DOCUMENTS MUST BE ENCLOSED

- Learner's complete birth certificate, with both parents' information
- Identity documents of both parents/guardians
- > If parents are divorced, a complete divorce order must be submitted
- In case of the death of a parent, a death certificate must be submitted
- > Legal guardians: proof of guardianship
- Learner's Clinic card (ONLY Gr R's and 1's)
- Latest report (Gr 2 7 applications)
- Proof of residential address (parents/legal guardians:
 - Homeowners latest municipal account (both sides) not older than 2 months
 - Tenants valid lease agreement. If not agent or lawyer's agreement, the owner's ID and latest municipality account must accompany the lease agreement.
 - "Informal" (persons who do not have a formal contract with the owners) tenants ALL the following:
 - 1. ID of homeowner
 - 2. Affidavit of the homeowner, confirming you and your family are staying with him/her
 - 3. Latest municipality account (not older than 2 months)
 - 4. Affidavit from parents/guardians confirming you and your family are staying with the homeowner
 - 5. Statements (Edgars/Cellphone/ bank) of the past 3 months of parents/guardians as proof of home address

DECLARATION BY PARENTS / GUARDIAN

I _________ (Name and surname 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, authorize 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. I have read the admission policy of the school and will comply to it.

Signed at	on	_day of	_20

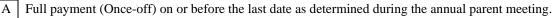
Signature of Parent / Guardian: _____

ACCOUNTABLE PERSSON'S INFORMATION		
Biological Parent 1 Biological Parent 2 Other Only if "other", please complete section A or B below:		
A: INIVIDUAL	B: COMPAY / CLOSED CORPORATION / TRUST	
Title:	Title:	
Full names:	Name:	
Initial:	Registration number:	
Preferred name:	Language preference:	
Surname:	Contact number:	
ID number:	Business address:	
Home language:		
Language preference:		
Mobile number:		
Telephone number:		
Email:		
Residential address:		

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Laerskool De Kuilen Primary and ______ (Name of parent / guardian) with regards to the payment of school fees.

- Laerskool De Kuilen Primary 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 Laerskool De Kuilen Primary will be made as follows: (Please tick the applicable block with a cross)



B Payment over 11 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 2024 and if exemption is required, we will complete the relevant application form.
- 6. Should you wish to appeal against a decision of the School 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 honor the agreement as
set out above.	-

Signature of Parent / Guardian: _____ Date: _____