



# Laerskool Bredasdorp Primary School

Buitekant Str, P. O. Box 160, Bredasdorp, 7280 - admin@lbsps.co.za - Tel. 028 424 1334 - Fax. 028 425 1112 - www.bredasdorpprim.co.za

## ENROLMENT FORM

**The following CERTIFIED documents must accompany this application**

  
  


Copy of learner's birth certificate (**unabridged**) & clinic card  
 Copy of learner's current school fee statement  
 Copy of parent's ID & payslips  
 If guardian – proof of guardianship

  
  


Copy of learner's latest school report  
 Proof of residence  
 If divorced – proof of maintenance agreement  
 Immigrant – visa, passport, residence-and studypermit

<b>Year required:</b>									
<b>Date for admission:</b>	Take note: Children are accepted in Gr. R the year they turn 6 and in Gr. 1 the year they turn 7.								
<b>Grade:</b>	Gr.RR	Gr. R	Gr. 1	Gr. 2	Gr. 3	Gr. 4	Gr. 5	Gr. 6	Gr. 7

### LEARNER INFORMATION

<b>Surname of learner:</b> (as stated on birth certificate)				<b>First names:</b>			
				<b>Known as:</b>			
<b>Boy</b>	<b>Girl</b>	<b>Home Language:</b>		<b>Immigrant:</b>	<b>Nationality:</b>	<b>Religion:</b>	
<b>Date of Birth:</b>				<b>I.D. Number:</b>			
<b>Does the learner receive a state allowance?</b>		<b>Yes</b>	<b>No</b>	<b>Hostel boarder?</b>		<b>Yes</b>	<b>No</b>

Are there any other children at Bredasdorp Primary School? If yes, please state names below.

<b>Name:</b>	<b>Grade:</b>
<b>Name:</b>	<b>Grade:</b>

### PARENT INFORMATION

#### MARITAL STATUS

Married	Common Law Marriage	Separated	Divorced	Divorced: Remarried	Single Parent	Deceased: Father / Mother
With whom is the learner residing?	Both parents	Father	Mother	Guardian	Other (specify)	
	<b>Parent / Guardian 1</b>			<b>Parent / Guardian 2</b>		
<b>Title &amp; surname:</b>						
<b>First Name:</b>						
<b>I.D. Number:</b> (a copy of both ID documents must accompany this form)						
<b>Physical address:</b> (proof of residence must accompany this form)						
<b>Email address:</b>						
<b>Postal Address:</b>						
<b>Home Tel.:</b>						
<b>Cell Number:</b>						
<b>Occupation:</b>						
<b>Employer:</b>						
<b>Work Tel.:</b>						
<b>Contact details in case of an emergency</b>						
<b>Name &amp; relation:</b> (grandparent, friend)						
<b>Contact Number:</b>						

## PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES

Name and Surname:	
Physical Address:	
I.D. Number:	
E-mail address	
Cell Number:	
Occupation:	
Employer:	
Work tel.:	

## PREVIOUS SCHOLASTIC INFORMATION

Please list names of the schools the learner has attended.

	Name of School	Country / Province	Contact Number	Reason for Leaving
Pre-Primary Grade R				
Foundation Phase Grade 1 – 3				
Int./Sen. Phase Grade 4 – 7				

## MEDICAL INFORMATION

	Condition	Medication
Allergies/Chronic Illnesses/Medical Conditions:		
Medical Aid:		
Main member of medical aid:		
Medical Aid number:		

## PARENT COMMITMENT

**School fees are payable in advance and due by the 7th of every month (Jan-Nov)**

We understand that it is our responsibility, as parents / guardians, to cover the school fees of this learner's tuition. The State does not provide funding for parents who cannot pay school fees. Any shortfall in school fee payment must be covered by the school fee paying parents.

- We are able to pay the school fees in full.
- We would like to apply for Partial Exemption of school fees – **not applicable for Gr. R** (an appointment is made with the principal to discuss the matter)
- Child is a Ward of State (supply supporting documents).
- We hereby make ourselves available to assist in the tuck shop on match days for home matches.

All the information provided herein is true and correct.

**Both parents / guardians signatures are required**

Parent / Guardian 1 : \_\_\_\_\_

Parent / Guardian 2 : \_\_\_\_\_

<b>ADMINISTRATION STAFF ONLY</b>	Date received:	Interview:	<b>Documents:</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Clinic Card <input type="checkbox"/> Parent's ID documents <input type="checkbox"/> Proof of Income <input type="checkbox"/> Proof of Residence <input type="checkbox"/> Document signed
	Date learner starts:	Grade & Year:	
	Admission Nr.:	Class:	
	Account Nr.:	D6:	
	Cemis:	Edlab requested:	

# ADDENDUM B

## UNDERTAKING BETWEEN BREDASDORP PRIMARY SCHOOL AND BOTH PARENTS / GUARDIANS

1. We hereby apply to have the child whose name appears on this form, as a learner at BREDASDORP PRIMARY SCHOOL and confirm that he/she complies with the basic criteria.
2. I/we hereby certify that I/we have legal custody and/or guardianship in respect of the above named learner.
3. I/we undertake to adhere to the school rules and disciplinary code and to the various alterations in the rules and disciplinary code that may be made from time to time.
4. I/we understand and confirm that the Principal or any person duly authorised, will act in *loco parentis* in any matter and at any time during which I/we have entrusted our child to the care of the school.
5. I/we understand that while every reasonable effort will be made to prevent losses or damage to learner's clothing and equipment, the school cannot be held liable for such loss or damage.
6. I/we undertake to reimburse the school for any damage to school property that may be caused by our child.
7. I/we jointly and severally undertake to pay school fees and I/we understand the following:

- a) The school fees for the year is payable in advance and is due on the 7<sup>th</sup> of each month. The payment options are as follows:

a.	Fees payable in advance for the year	
b.	Fees payable in 11 monthly instalments (Jan – Nov) <b>This payment can be via debit order, EFT or bank deposit</b>	

- b) In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory School Fees.
- c) The annual compulsory school fees for next year will be announced after the Budget Meeting held during October.

8. In terms of Section 40 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
  - a) The parties' clients' fees and collection costs incurred by the school in the event of the school having to take legal action.
  - b) The school reserves the right to hand over any account for legal collection if not paid on time.**

<b>TERMS &amp; CONDITIONS:</b>	
<b>HANDING OVER OF OVERDUE ACCOUNTS</b>	
Current	Letter, SMS, phone call or e-mail – reminder of overdue school account
30 days onwards	90 day Reminder for full outstanding amount

- c) **Parents who are unable to pay school fees may apply for partial exemption.**

9. I/we undertake to give notice in writing of any intention to remove my/our child from the school and furthermore to return any books and/or equipment belonging to the school which our child may have.
10. I/we agree that our child be permitted to undertake group Eudiometric and Psychometric tests which have been approved by the Director of Education.
11. I/we understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent information and documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
12. I/we accept responsibility for immunizing my/our child/children against contagious diseases and normal infections, and shall produce proof thereof if required to do so.
13. I/we accept the responsibility of my child's/children's transport to and from the school.
14. I/we undertake to inform the school of my/our child's/children's absence from school. As parent/s/guardian/s, I/we will produce a doctor's certificate if my/our child is absent from school for more than 3 days.
15. I/we undertake to support the school's constitution and policy of admission, as defined and implemented by the Governing Body of the school.
16. I/we understand that smoking and the abuse of any drug or alcoholic beverage in school uniform, on school premises or at school functions or tours is an infringement of the critical school rules and will not under any circumstances be tolerated.
17. The signatory hereto hereby chooses *domicillium citandi et executandi* as indicated below. In the event of a change of address, it is my/our responsibility to notify the school in writing.

\_\_\_\_\_

(address)

18. This commitment in its entirety will be valid from the day on which it is signed by the Parent/s/Guardian/s to the day on which the learner officially leaves the school.

The Parent/s / Guardian/s declares that he/she is the legal guardian of the child and is entitled to sign this document, and shall be bound hereto both as Parent/s / Guardian/s, in his/her capacity.

Signed at: \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
PARENT / GUARDIAN 1

NAME \_\_\_\_\_

ID NO \_\_\_\_\_

\_\_\_\_\_  
PARENT / GUARDIAN 2

NAME \_\_\_\_\_

ID NO \_\_\_\_\_



## PERMISSION AND INDEMNITY:

I, the undersigned,

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(Name and Surname)

of

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(Residential Address)

being the parent/guardian of

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(Name of Learner)

hereby, grant permission for my son/daughter to take part in all extramural activities that Bredasdorp Primary School offers, including sport, competitions, physical training, tours or trips, trips of historical and/or geographical interest, on foot or by vehicle. I understand and accept that any travel, and/or outings undertaken by my son/daughter is at his/her sole risk, and that I, the undersigned, in my personal capacity, my executors, my spouse and abovementioned child, hereby indemnify and waive any and all claims whatsoever and any and all loss or damage to property and bodily injury of my aforementioned child, which may arise or result from any and all activities mentioned, from the Western Cape Education Department, the Governing Body, the Headmaster and his staff at Bredasdorp Primary School.

This indemnity/permission is subject to the Headmaster and his staff taking all reasonable precautions for the safety and welfare of my child. This permission / exemption remains in effect for the duration of my child's education at the school, unless I have written to cancel or amend it.

DATE: \_\_\_\_\_

SIGNATURE: FATHER/GUARDIAN: \_\_\_\_\_

PLACE: \_\_\_\_\_

SIGNATURE: MOTHER/GUARDIAN: \_\_\_\_\_