



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

LEARNER

Full Names: _____

Surname: _____

Preferred Name: _____

Date of Birth: _____

ID Number: _____

Nationality: RSA Other: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home Language: _____

Learner's language preference: _____

Admission Date: _____

Grade in 2024: _____

Register for Social grant: Yes No

Receive Social grant: Yes No

Social Grant number: _____

Method of transport: _____

Taxi/Bus registration number: _____

Name of Driver: _____

Contact number: _____

NEXT OF KIN INFORMATION (Other than Parent)

Name: _____

Contact Number: _____

Alternative Number: _____

Relation: _____

OFFICE USE ONLY

Family Code: _____

Register Class: _____

Admission Number: _____

FAMILY INFORMATION

Family Status:

- | | |
|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Single Parent – Unmarried |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Single Parent - Divorced |
| <input type="checkbox"/> Children's Home | <input type="checkbox"/> *Re-composed |
| <input type="checkbox"/> Widow/Widower | <input type="checkbox"/> Other |

Parents deceased Mother Father
*a couple of adults, married or not, with half-brothers,
half-sisters and at least one child born of a previous union
of one of the adults

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/ NURSERY

First Registration of learner in the Western Cape:

Yes No

Learner attended school last year: Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Language preference: _____

Mobile number: _____

Home number: _____

Email Address: _____

Residential address: _____

Occupation Status:

<input type="checkbox"/>	Own Employer Professional
<input type="checkbox"/>	Own Employer Non-Professional
<input type="checkbox"/>	Housewife
<input type="checkbox"/>	Part Time
<input type="checkbox"/>	Contract Worker
<input type="checkbox"/>	Student
<input type="checkbox"/>	Full Time
<input type="checkbox"/>	Temporary
<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Pensioner

Occupation: _____

Employer: _____

Work number: _____

Employer physical 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: _____

Full names: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Language preference: _____

Mobile number: _____

Home number: _____

Email Adress: _____

Residential address: _____

Occupation Status:

<input type="checkbox"/>	Own Employer Professional
<input type="checkbox"/>	Own Employer Non-Professional
<input type="checkbox"/>	Housewife
<input type="checkbox"/>	Part Time
<input type="checkbox"/>	Contract Worker
<input type="checkbox"/>	Student
<input type="checkbox"/>	Full Time
<input type="checkbox"/>	Temporary
<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Pensioner

Occupation: _____

Employer: _____

Work number: _____

Employer physical 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: INDIVIDUAL

Title: _____

Full names: _____

Initial: _____

Preferred name: _____

Surname: _____

ID number: _____

Home language: _____

Language preference: _____

Mobile number: _____

Telephone number: _____

Email: _____

Residential address: _____

B: COMPAY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Language preference: _____

Contact number: _____

Business 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.

1. 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)

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | A | Full payment (Once-off) on or before the last date as determined during the annual parent meeting. |
| <input type="checkbox"/> | B | Payment over 11 months. |
| <input type="checkbox"/> | 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: _____