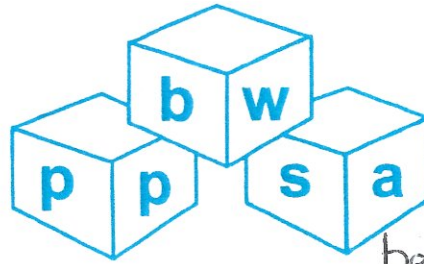


# BEREA WEST PRE-PRIMARY SCHOOL

P.O. BOX 1074  
WANDSBECK  
3631

TEL NO: 031 266 5363  
083 962 4021



13 CONSTANCE CAWSTON RD  
(OFF ESSEX TERRACE)  
WESTVILLE  
3630

Email: bereawestpp@ispace.co.za

bereawestpp@telkomsa.net

## APPLICATION FOR ADMISSION

### PUPIL

SURNAME .....FIRST NAME(S).....

### ITEMS TO BE SUBMITTED WITH APPLICATION FORM:

1. A copy of your child's latest report. (If applicable)
2. A copy of your child's unabridged Birth Certificate/Identity Document.
3. A copy of your child's Immunisation Certificate.
4. The Admission Fee - Not Refundable
5. Parents Identity Documents.

### SCHOLASTIC PARTICULARS OF CHILD

REQUESTED DATE OF ADMISSION.....

LAST SCHOOL ATTENDED.....

### Office

Reg. Fee	
Rec No.	
Dep	
B.Cert	
Imm. Cert	
Parents I.D's	

## PERSONAL DETAILS

### CHILD

SURNAME.....  
FIRST NAMES.....KNOWN AS.....  
DATE OF BIRTH.....MALE/FEMALE.....  
IDENTITY NUMBER.....HOME LANGUAGE.....  
PLACE OF BIRTH.....  
CITIZENSHIP.....  
RELIGION.....  
FOOD RESTRICTIONS.....

### PARENT OR LEGAL GUARDIAN / FATHER

SURNAME.....I.D. NO:.....  
FIRST NAMES.....KNOWN AS.....  
RESIDENTIAL ADDRESS.....  
.....TEL.NO (H).....  
POSTAL ADDRESS.....  
.....POSTAL CODE.....  
OCCUPATION.....CELL NO:.....  
EMPLOYER.....TEL NO (W).....  
EMAIL ADDRESS.....

#### MARITAL STATUS (Tick where applicable)

MARRIED	WIDOW	WIDOWER	SEPARATED	DIVORCED	SINGLE
---------	-------	---------	-----------	----------	--------

### MOTHER

SURNAME.....I.D. NO:.....  
FIRST NAMES.....KNOWN AS.....  
RESIDENTIAL ADDRESS.....  
.....TEL.NO (H).....  
POSTAL ADDRESS.....  
.....POSTAL CODE.....  
OCCUPATION.....CELL NO:.....  
EMPLOYER.....TEL NO (W).....  
EMAIL ADDRESS.....

#### MARITAL STATUS (Tick where applicable)

MARRIED	WIDOW	WIDOWER	SEPARATED	DIVORCED	SINGLE
---------	-------	---------	-----------	----------	--------



**EMERGENCY CONTACT PERSON** (if no parent or guardian is available)

NAME:.....  
SURNAME:.....RELATIONSHIP.....  
CELL NO:.....(W).....(H).....

## OTHER CHILDREN IN THE FAMILY

NAME.....AGE.....

NAME.....AGE.....

NAME.....AGE.....

## MEDICAL DETAILS OF CHILD

DETAILS OF DISABILITIES, ALLERGIES OR OTHER MEDICAL CONDITIONS: .....

DOCTOR:..... TEL NO.....

MEDICAL AID:.....MEDICAL AID NUMBER:.....

PHONE NO: .....

## RELEVANT ASSESSMENTS PREVIOUSLY DONE

LEARNER RESIDES WITH.....

CORRESPONDENCE TO.....ADDRESS.....

PERSON HANDLING SCHOOL ACCOUNTS.....

## SCHOOL FEES

1. A non-refundable admission fee
2. Details of the school fee structure and methods of payment are given on a separate leaflet.
3. The School will not accept any responsibility for school fees, paid in cash, and sent in the children's notebooks.



# DECLARATION CONSENT

I DECLARE that the above particulars are to the best of my knowledge correct.

I UNDERTAKE

1. to furnish proof of the correctness of this child's age;
2. to inform the school in writing of any change of address;
3. to inform the school in writing of any case of infectious illness in my household;
4. to ensure that this child attends school regularly and that he/she complies with the rules and regulations of the school, of which I am aware;
5. to pay all school fees and levies as determined by the Governing Body of the school. I understand that I shall be responsible for all costs incurred by the Governing Body inclusive of collection charges, tracing costs and interest at the rate determined by the Minister of Justice in terms of the Prescribed Rate of Interest Act No. 55 of 1975, should legal proceedings against me be instituted in order to enforce the payment of school fees and/or levies.
6. I/We hereby certify that I / we have legal custody and / or guardianship in respect of the above named learner.
7. I/We undertake to adhere to the school rules and disciplinary code.
8. 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.
9. 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.
10. I/We undertake to reimburse the school for any damage to school property that may be caused by our child.
11. I/We jointly and severally undertake to pay school fees and we/I understand the following:
  - a) The annual school fees are compulsory as adopted by the majority of parents at the Budget Meeting.
  - b) The parties to this application, undertake to pay all legal costs, including attorney / client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees.
  - c) Fees are due and payable at the start of each month in advance.
  - d) If payment is not received by the 7th working/school day of each month, the school reserves the right to charge interest on all overdue accounts. (Refer point 5)
12. The school will not accept any responsibility for school fees, paid in cash, and sent in the children's notebooks.
13. I/We undertake to give 1 month's notice in writing of any intention to remove my/our child from the school, or will be liable to pay 1 month's school fees in lieu of notice. Furthermore we will return any books and/or equipment belonging to the school which our child may have.
14. We/I accept responsibility for immunizing our/my child / children against contagious diseases and normal infections, and shall produce proof thereof if required to do so.
15. We/I Accept the responsibility of the pupil's transport to and from the school.
16. The signatory hereby chooses domicilium citandi et executandi as indicated on previous page. In the event of a change of address, parents are to notify the school in writing.
17. This commitment in its entirety will be valid from the day on which it is signed by the parent / guardian to the day on which the pupil officially leaves the school.
18. I authorise Berea West Pre-Primary School to carry out any checks and / or traces that they deem fit with any registered credit bureau or credit reference and also to list me with any credit bureau in the event of my defaulting in payment in terms of this agreement.

The parent/guardian 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 / guardian, and in his / her personal capacity.

I, the undersigned parent/guardian, hereby give consent for my child to participate in all the school's activities, including outings, entertainment, fundraisers, educational visits and tours.  
I fully understand and accept that all such activities shall be undertaken at my child's own risk, and I undertake, on behalf of myself, my spouse, my executors and my aforesaid child to indemnify, hold harmless and absolve the Department, the Principal and her staff against and from any or all claims whatsoever which may arise in connection with any loss or damage to the person or property of my aforesaid child in the course of such activities.

SIGNATURE OF PARENT/GUARDIAN ..... DATE:.....

NAME:.....  
(PEASE PRINT)

The Deposit is payable by the due date set, and is not refundable if the child does not commence school.

## FOR SCHOOL USE

Result of application:.....

Additional Information/Comments:.....

.....

.....

Date:..... Principal:.....