CityKidz Pre & Primary School

**Re- Registration Form**

18 Mooi Street PO Box 260003

City & Suburban Excom

2001 2023

Tel: (011) 334-6631

e-mail: info@citykidz.co.za

Fax: 086 550 8600

# RE- REGISTRATION 2017



## We welcome you to our School

CityKidz Pre & Primary School (Association Incorporated Under Section 21)

Registration number 2007/014450/08

**Principal** S Reynolds

**Directors** RD Plit S Ramalamula W Freeman

**Trustees** WJ Plit AL Rivers L Mashego F Hassan L Madubanya

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| CityKidz Pre & Primary School : RE-REGISTRATION FOR ADMISSION 2017 |

YEAR APPLIED FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| GRADE APPLIED FOR GRADE  | RR | R | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |  |  |  |  |  |

CURRENT GRADE\_\_\_\_\_\_\_ LAST GRADE PASSED \_\_\_\_\_\_\_\_\_\_\_\_\_YEAR \_\_\_\_\_\_\_\_\_GRADE/S REPEATED \_\_\_\_\_

**→ MOST IMPORTANT**

 This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents are attached.

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| FOR OFFICE USE |

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| Date when registration form was received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Admission Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Commencement Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Family Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credit Reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Siblings at 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The school 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| NECESSARY SUPPORTING DOCUMENTS, COMPLETED SECTIONS & FORMS |
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| SECTION 1: LEARNER’S PARTICULARS |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURNAME FULL NAMES AS ON BIRTH CERTIFICATE / ID DOCUMENT

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PREFERRED NAME IDENTITY NUMBER

|  |  |  |  |  |  |
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| DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | AGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | GENDER | MALE |  | FEMALE |

HOME & OTHER SPOKEN LANGUAGE/S HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LANGUAGE/S OF LEARNING & TEACHING FIRST (HL): **ENGLISH** SECOND (FAL): **AFRIKAANS**

NUMBER OF CHILDREN IN FAMILY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION OF CHILD IN FAMILY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATIONALITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTRY OF ORIGIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF IMMIGRATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| RACE | ASIAN | AFRICAN | COLOURED | INDIAN | WHITE | OTHER |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RELIGION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | RESIDENCE | PARENTS | GUARDIANS |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TRANSPORT TO/FROM SCHOOL | MOTOR VEHICLE | BUS | TAXI | WALK |

LEARNER’S CELL PHONE NUMBER (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SECTION 2: LEARNER’S MEDICAL DETAILS |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BLOOD TYPE | 0+ | 0- | A+ | A- | AB- | AB+ | B+ | B- | UNKNOWN |

FAMILY DOCTOR: NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CODE \_\_\_\_\_\_\_\_

MEDICAL AID: NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MAIN MEMBER MAIN MEMBER

 INITIALS & SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OPTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| 1. Has the learner received all the necessary immunisations? If no, please state reason | YES | NO |

2. Has the learner suffered from any of the following illnesses? Please indicate with an x

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | ASTHMA |  | ENTERIC FEVER |  | MEASLES |  | SCARLET FEVER |
|  | CHICKEN POX |  | GERMAN MEASLES |  | MUMPS |  | TICBITE FEVER |
|  | DIABETES |  | HEPATITIS |  | POLIO |  | TYPHOID FEVER |
|  | DIPHTHERIA |  | MALARIA |  | RHEUMATIC FEVER |  | WHOOPING COUGH |

|  |  |  |
| --- | --- | --- |
| 3. Does the learner suffer from any allergies? | YES | NO |

|  |
| --- |
|  |

*If yes, please give details*

|  |  |  |
| --- | --- | --- |
| 4. Does the learner have any special medical needs? | YES | NO |

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| --- |
|  |

*If yes, please give details*

|  |  |  |
| --- | --- | --- |
| 5. Does or has the learner suffered from any other illnesses or disabilities? | YES | NO |

|  |
| --- |
|  |

*If yes, please give details*

|  |  |  |
| --- | --- | --- |
| 6. Is the learner receiving medical treatment for any condition | YES | NO |

|  |
| --- |
|  |

*If yes, please give details*

|  |  |  |
| --- | --- | --- |
| 7. Is or has the learner suffered from or received treatment for any psychological | Yes | No |

 or emotional challenges?

|  |
| --- |
|  |

*If yes, please give details*

|  |  |  |
| --- | --- | --- |
| 8. Has the learner had any operations? | Yes | No |

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| --- |
|  |

*If yes, please give details*

Please specify any other relevant medical details

|  |
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| SECTION 3: LEARNER’S MEDICAL DETAILS – CONSENT |

In a critical medical situation, please bear in mind that there may not be time to refer to the learner’s records.

The school therefore reserves the right to utilise the quickest medical service available.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the parent / legal guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby agree that a medical practitioner may provide emergency treatment as may be necessary

**SIGNATURE OF PARENT / LEGAL GUARDIAN** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SECTION 4: DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY |

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SURNAME FULL NAMES as indicated in the ID DOCUMENT

TEL H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS (please write legibly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SECTION 5: DETAILS OF FATHER / STEPFATHER / LEGAL GUARDIAN |

Complete only if **NOT** the account holder. **REFER TO SECTION 8**.

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SURNAME FULL NAMES as indicated in the ID DOCUMENT

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| DESIGNATION | MR | MRS | MS | MISS | DR | REV | PROF | OTHER |  |

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| IDENTITY NUMBER |  |  |  |  |  |  |  |  |  |  |  |  |  |

RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MARITAL STATUS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
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| RESIDENTIAL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEL H \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | WORK ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEL W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | POSTAL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

EMAIL ADDRESS (please write legibly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PARENTAL STATUS | **Learner Living With Parent/S** | **Learner’s Legal Guardian** | **Access Rights To Learner** | **Access Rights In An Emergency Only** |

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| SECTION 6: DETAILS OF MOTHER / STEPMOTHER / LEGAL GUARDIAN |

Complete only if **NOT** the account holder. **REFER TO SECTION 8.**

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SURNAME FULL NAMES as indicated in the ID DOCUMENT

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| DESIGNATION | MR | MRS | MS | MISS | DR | REV | PROF | OTHER |  |

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| IDENTITY NUMBER |  |  |  |  |  |  |  |  |  |  |  |  |  |

RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MARITAL STATUS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| RESIDENTIAL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEL H \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | WORK ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEL W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | POSTAL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

EMAIL ADDRESS (please write legibly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PARENTAL STATUS | **Learner Living With Parent/s** | **Learner’s Legal Guardian** | **Access Rights To Learner** | **Access Rights In An Emergency Only** |

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| SECTION 7: DECLARATION OF PARENTS / LEGAL GUARDIANS |

We, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that the information given by us in this Application for Admission is complete and accurate. We also agree to the conditions as set out herein.

We understand that the prescribed number of learners per class may be exceeded through the placing of a current learner that has to repeat a grade.

This Application for Admission will be reconsidered in the case where important relevant information, which should be brought to the School’s attention, is withheld.

We have read the Code of Conduct and Dress Code and will accept an offer of placement for our child at the School in accordance with the terms and conditions set out herein.

NB: The signature of both parents and / or legal guardians are required where applicable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF FATHER / STEPFATHER / LEGAL GUARDIAN DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF MOTHER / STEPMOTHER / LEGAL GUARDIAN DATE

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| SECTION 8: DETAILS OF ACCOUNT HOLDER |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURNAME FULL NAMES as indicated in the ID DOCUMENT

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| DESIGNATION | MR | MRS | MS | MISS | DR | REV | PROF | OTHER |  |

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| IDENTITY NUMBER |  |  |  |  |  |  |  |  |  |  |  |  |  |

RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MARITAL STATUS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
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| RESIDENTIAL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEL H \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | WORK ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEL W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | POSTAL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

EMAIL ADDRESS (please write legibly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **FEES for 2017**Pre-School (Grade RR and R) – Monthly payment **R637-00** (11 months)Primary School (Grade 1 – 7) – Monthly payment **R770-00** (11 months)Annual School Administration Fee– **R600-00** (Includes stationery and **partial extra mural transport costs)****NEW BANKING DETAILSCityKidz Pre & Primary School banking details****FNB- First National Bank****ACCOUNT NUMBER : 62549374974** **BRANCH NUMBER : 204109 (RMB Corporate Banking Cape Town)** |

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| SECTION 9: DECLARATION OF ACCOUNT HOLDER |

We, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that the information given by the Account Holder in this Application for Admission is complete and accurate.

We accept joint and several liability to CITYKIDZ PRE & PRIMARY SCHOOL for the due and punctual payment of the once-off, non-refundable enrolment fee, school fees, and any other amounts which may become due and payable to the School in respect of participation in or attendance of any extracurricular activity.

We accept the Financial Terms and Conditions of which a copy has been kept.

NB: The signature of the Account Holder and that of a 2nd parent / a parent / or legal guardians are required where applicable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF ACCOUNT HOLDER DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF 2ND PARENT / A PARENT / LEGAL GUARDIAN DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF AN AUTHORISED SCHOOL REPRESENTATIVE DATE

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| SECTION 10: FINANCIAL TERMS AND CONDITIONS |

1. ACCEPTANCE OF LIABILITY

1.1 The person responsible for the account (hereafter the Account Holder) as set out in the standard Application for Admission (hereafter the Application) herewith assumes liability for the account, alternatively binds him/herself as co-debtor and surety for payment of all fees to the School.

1.2 The legal guardian, as described in the Application, binds him/herself as surety and co-debtor for the payment of all legal fees by the Account Holder or any other payments that may arise from this Agreement.

1. TERMS OF PAYMENT

2.1 It is recorded that fees are determined at the beginning of the year and that the Account Holder is informed of the result in writing.

2.2 The Account Holder shall immediately inform the School if he/she has not received an invoice at the start of the academic year.

2.3 Fees for 12 (twelve) months are payable monthly in advance by means of debit order on or before the 2nd (second) day of each calendar month or annually in advance by 31 December, depending on the fee payment option exercised by the Account Holder in the Application.

2.4 The School reserves the right to charge interest of 15% (fifteen per cent) on all accounts that are in arrears by 30 (thirty) days or longer.

2.5 Payment of monthly fees is not subject to presentation of a statement. Payments are made in accordance with the applicable fee structure of the School.

2.6 In the event where an existing account is / has not been managed in the proper manner, no further Applications will be considered.

1. BREACH OF CONTRACT

In the event where the undersigned surety, Account Holder or legal guardian commits a breach of contract of any of the terms of this Agreement, the School may in its sole discretion:

* 1. Refuse the learner entry to the School’s premises until the breach has been remedied; or
	2. Claim damages from the Account Holder and / or the surety and legal guardian; or
	3. Take whatever legal steps that may be necessary.
1. GENERAL

This Agreement constitutes the whole Agreement between the parties relating to the subject matter hereof. No amendment of consensual cancellation of this Agreement or any provision or term thereof or of any Agreement, bill of exchange or other document issued or executed pursuant to or in terms of the Agreement and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement or of any Agreement, bill of exchange or other document issued pursuant to or in terms of this Agreement shall be binding unless recorded in a written document signed by the parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be strictly construed as relating strictly to the matter in respect whereof it was made or given.

1. JURISDICTION

This Agreement is subject to South African law.

1. CREDIT INFORMATION

The Account Holder, surety or legal guardian hereby consents to the disclosure and exchange of personal financial information to a credit bureau or financial institution in accordance with the National Credit Act.

1. DOMICILIUM

The parties choose as their domicilium citandi et executandi the addresses set out in the Application.

1. LEGAL FEES

In the event where the School takes legal action against the Account Holder, he/she will be liable for all legal fees on an attorney client scale, collection costs and commission, interest and tracing fees.

1. CANCELLATION

9.1 The Account Holder undertakes to give 30 (thirty) calendar days written notice of termination of the enrolment of a learner, failing which the liability for the full amount of the following term’s fees shall be owing.

9.2 The School shall be entitled to terminate the enrolment of any learner under the following circumstances:

9.2.1 Summarily, and with immediate effect, if the learner is guilty of any offence which, in the sole opinion of the School, renders his/her continued enrolment at the School impossible, in which event the Account Holder, after deduction of all amounts otherwise owing to the School, will be refunded a pro-rata proportion of any fees already paid in advance in respect of such learner.

9.3 In the event of emigration, which is a long process, the School requires 1 (one) full term’s written notice in advance.

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SIGNATURE OF ACCOUNT HOLDER DATE

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| SECTION 11: GENERAL INDEMNITY |

1. The School and its staff as well as the Board of Directors and Trustees undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all learners, educators and visitors to the School.
2. The School and its staff as well as the Board of Directors and Trustees do not accept any responsibility for accidents, harm or loss that may take place in the class, on the school terrain.
3. Each parent is therefore requested to complete this form as proof that you accept the position of the School and its staff as well as the Board of Directors and Trustees as set out above as well as the risks involved therewith.
4. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,being the parent / legal guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is enrolled as such and accepted by the School, subject to the terms set out herein, indemnify the School and its staff as well as the Board of Directors and Trustees for the time being of the CityKidz Pre and Primary School, Reg no. 2007/01450/03) for any injury, losses or damages in general, however they may occur, that I as parent / legal guardian of the above learner may suffer as a result of any occurrence whereby the learner may be involved, whether as the causing or suffering party, whilst participating in any school activity, except if such injury, loss or damage arises as a consequence of the gross negligence or wilful misconduct of the School and its staff as well as the Board of Directors and Trustees or any person acting for or controlled by the School and its staff as well as the Board of Directors and Trustees.

1. In particular, I authorise that the aforesaid learner may be involved in all excursions undertaken by his/her group or class during school days as part of his/her learning experience and where applicable, I agree that he/she may utilise the transport arranged by the School for such excursions. I also indemnify the School and its staff as well as the Board of Directors and Trustees for any damages or losses that I as parent / legal guardian of the above learner may suffer under such circumstances and voluntarily accepts the risks associated therewith, except if such injury, loss or damage arises as a consequence of the gross negligence or wilful misconduct of the School and its staff as well as the Board of Directors and Trustees or any person acting for or controlled by the School and its staff as well as the Board of Directors and Trustees.
2. In the event of the aforesaid learner making use of the bus service to and from the School, I acknowledge that I am aware that such service is operated by an independent contractor and that neither the School and its staff as well as the Board of Directors and Trustees accepts any responsibility therefore.

SIGNED AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON THIS \_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AS WITNESSES:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE OF PARENT / LEGAL GUARDIAN

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| SECTION 12: PERMISSION TO USE PHOTOGRAPHS |

I understand and acknowledge that, from time to time, informal photographs are taken of the School’s learners, but that, insofar as these photographs are placed in the possession or control of the School and its staff as well as the Board of Directors and Trustees, these photographs might be used by the School and its staff as well as the Board of Directors and Trustees in the electronic and/or printed media, newspaper advertisements, magazine advertisements, brochures, flyers, posters, billboards, banners, flippers and signage on buildings and vehicles, which use will be solely for purposes of marketing the School. As all marketing material of the School portrays excellence, the School will at all times, insofar as the use and publication of photographs are placed in the control of the School ensure that these photographs are used in good taste.

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 SIGNATURE OF PARENT / LEGAL GUARDIAN

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| **UNIFORM REQUIREMENTS** |

We phased in the new uniform from January 2015 for all new children.

All New Grade RR’s , R’s and new Grade 1’s will be required to wear the full new uniform.

|  |  |  |
| --- | --- | --- |
| Girls Summer |  | Girls Winter  |
| Tartan Skort (Looks like a skirt but are shorts) | Tartan Skort (Looks like a skirt but are shorts ) to be worn with tights in winter or Long grey trousers |
| Golf Shirt with tartan design and school badge | Long-sleeved Golf Shirt tartan design and school badge |
| Navy short socks | Long Navy Socks or Navy Tights |
| CityKidz School sleeveless V-neck pullover **(OPTIONAL)** | Navy Woollen Tights if wearing the tartan skort |
| CityKidz School jersey long sleeves | CityKidz School jersey long sleeves |
| CityKidz School Blazer Navy Royal **COMPULSORY** | CityKidz School Blazer Navy Royal **COMPULSORY** |
| CityKidz Sun Hat |  |  |
| CityKidz tracksuit  |  | Official CityKidz Windbreaker (with school badge) fleece line inner and tartan design **(OPTIONAL)** |
| Black school shoes for Summer and Winter |  | CityKidz tracksuit  |
| Boys Summer |  | Boys Winter |
| Short grey trousers | Long grey trousers |
| Golf Shirt with tartan design and school badge | Long-sleeved Golf Shirt tartan design and school badge |
| Plain Grey socks  |  Plain Grey socks |
| CityKidz School jersey long sleeves | CityKidz School jersey long sleeves |
| CityKidz School sleeveless v-neck pullover **(OPTIONAL)** | CityKidz School sleeveless v-neck pullover **(OPTIONAL)** |
| CityKidz School Blazer Navy RoyaL | CityKidz School Blazer Navy Royal |
| CityKidz tracksuit  | CityKidz tracksuit  |
| Black school shoes for Summer and Winter | Official CityKidz Windbreaker (with school badge) fleece line inner and tartan design **(OPTIONAL)** |
| **Physical Education PET**. House coloured T-Shirts Navy Shorts and **BLACK** takkies |  | **Physical Education PET**. House coloured T-Shirts Navy Shorts and **BLACK** takkies |
| **CityKidz SCHOOL BAG S/L/XL-COMPULSORY** |  | **CityKidz SCHOOL BAG S/L/XL****COMPULSORY** |
| **CityKidz Sun Hat** |  |  |

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| **UNIFORM SUPPLIERS**Settler’s Store is located at 93 Broadway(1099 Albertina Sisulu), Bez Valley. Tel. 011 615 1350. |