

# BERGVLIET PRIMARY SCHOOL

CHILDRENS WAY, BERGVLIET, 7945 CAPE TOWN

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<http://www.bergvlietprimary.co.za>



## APPLICATION FOR ADMISSION

Please  
Attach  
Photo  
Here

<b>Name of Learner:</b>			
<b>Grade Applying for:</b>		<b>Year Applying for:</b>	

### Application Information and Requirements:

Please print in capitals and complete **ALL** sections, even if there is repetition. The supplying of false information will invalidate this application. Please supply a **physical address** as well as a **postal address** if applicable.

#### The application must be accompanied by:

- (a) Copies of Identity documents (**certified**) of both parents and/or account payers
- (b) Proof of residential address of the child, either a rates account, utility bill or lease agreement
- (c) Copy of child's birth certificate (**certified**)
- (d) Immunisation (Clinic) Card copy (**certified**) – all children must be immunised
- (e) Copy of child's latest school report
- (f) One passport size photograph of your child attached in the space provided.

By signing this application, you are binding yourself to all the rules, as attached, and as amended from time to time. You will be required to sign a separate Code of Conduct on acceptance to the school.

If you have any objections to compulsory participation in sport, gym, swimming or any religious instruction these must be made **in writing** and attached to this application for consideration.

**APPLICATION MUST BE MADE TO A MINIMUM OF THREE SCHOOLS AS PER THE WESTERN CAPE EDUCATION DEPARTMENT'S DIRECTIVE.**

**APPLICATIONS THAT ARE NOT COMPLETED IN FULL WILL NOT BE ACCEPTED.**

**SUBMITTING AN APPLICATION FORM DOES NOT MEAN YOUR CHILD WILL AUTOMATICALLY BE ACCEPTED.**

**INTERVIEWS ARE ONLY GRANTED SUBJECT TO AVAILABILITY OF SPACE.**

**APPLICATIONS OPEN: 15 February 2019**

**CLOSING DATE FOR APPLICATIONS: 15 March 2019**

**PLACEMENTS DONE BY JUNE 2019**

**GRADE 2 – 7 APPLICANTS WILL BE NOTIFIED IN THE FOURTH TERM FOR PLACEMENT INTO THE NEXT ACADEMIC YEAR.**

DETAILS OF LEARNER:					
<b>SURNAME:</b>				<b>Initials:</b>	
First names:					
Called name, if different to first name above:					
Gender:	Male:		Female:		
ADDRESS AND CONTACT DETAILS OF LEARNER:					
Physical address:					
		Postal code:			
OTHER PERSONAL DETAILS OF LEARNER:					
Identity number:				Birth date:	
Home language:				Nationality:	
Date of arrival in SA:				SA Citizenship:	Yes      No
Religion:				Race:	
Name of current school:					
Siblings in this school		Name:		Grade:	House:
		Name:		Grade:	House:
Siblings in other schools					
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
Name:		School:		Grade:	
MEDICAL DETAILS OF LEARNER					
Doctor's Name:					
Practice Phone no:					
Cell no:					
EMERGENCY CONTACT (other than parents):					
Name:				Tel. no:	
Relationship to learner:				Cell no:	
MEDICAL HISTORY OF LEARNER					
Allergies:					
Routine Medication:					

Recent Injuries:			
Previous Operations:			
Existing Medical Problems:			
Is this child allowed Panado?	Yes		No
<b>Please indicate any appropriate information below. Failure to do so may result in your application being withdrawn:</b>			
Learning disabilities:			
Social disabilities:			
<b>MEDICAL AID DETAILS</b>			
Member's Name:		Medical Aid: e.g. Fedhealth	
Membership no:		Specific Plan: e.g. Maxima	

<b>CORRESPONDENCE</b>			
Please indicate who is to receive the school report.	Father	Mother	Guardian
Please indicate who is to receive the fees account.	Father	Mother	Guardian
Who will be responsible for the school fees?	Father	Mother	Guardian

<b>WHO DOES THE LEARNER RESIDE WITH?</b>					
Father	Mother	Guardian	Grandparent	Sponsor	Other

<b>DETAILS OF FATHER</b>					
SURNAME:				Title:	
FIRST NAMES:					
Identity no:			e-mail:		
Marital status:	Married:		Divorced:		
	Single parent:		Re-married:		
<b><i>If re-married, complete stepmother's details on page 5</i></b>					
Home phone no:			Cell no:		
Business number:			Fax no:		
Home address:				Postal code:	
Postal address: If different to above:					
Name of Employer:	<b><i>(If parent is a teacher, please state the name of the school)</i></b>				
Occupation:					
If self-employed state nature of business:					

### DETAILS OF MOTHER

SURNAME:		Title:	
FIRST NAMES:			
Identity no:		e-mail:	
Marital status:	Married:		Divorced:
	Single parent:		Re-married:
If re-married, complete stepfather's details on page 5			
Home phone no:		Cell no:	
Business number:		Fax no:	
Home address:			Postal code:
Postal address: If different to above:			
Name of Employer:	<i>(If parent is a teacher, please state the name of the school)</i>		
Occupation:			
If self-employed state nature of business:			

### HOW MARRIED?

Ante-Nuptial Contract	Community of Property	Customary	Hindu/Muslim	Other
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### DETAILS OF STEPFATHER

SURNAME:		Title:	
FIRST NAMES:			
Identity no:		e-mail:	
Home phone no:		Cell no:	
Business number:		Fax no:	
Physical address:			Postal code:
Postal address: If different to above:			
Name of Employer:			
Occupation:			
If self-employed state nature of business:			

DETAILS OF STEPMOTHER			
SURNAME:			Title: <input type="text"/>
FIRST NAMES:			
Identity no:	<input type="text"/>	e-mail:	<input type="text"/>
Home phone no:	<input type="text"/>	Cell no:	<input type="text"/>
Business number:	<input type="text"/>	Fax no:	<input type="text"/>
Home address:	<input type="text"/>		
	<input type="text"/>	Postal code:	<input type="text"/>
Postal address: If different to above:	<input type="text"/>		
Name of Employer:	<input type="text"/>		
Occupation:	<input type="text"/>		
If self-employed state nature of business:	<input type="text"/>		

DETAILS OF GUARDIAN/SPONSOR			
SURNAME:			
FIRST NAMES:			
Identity no:	<input type="text"/>	e-mail:	<input type="text"/>
Marital status:	Married:	<input type="text"/>	Divorced:
	Single parent:	<input type="text"/>	Re-married:
Home phone no:	<input type="text"/>	Cell no:	<input type="text"/>
Business number:	<input type="text"/>	Fax no:	<input type="text"/>
Home address:	<input type="text"/>		
	<input type="text"/>	Postal code:	<input type="text"/>
Postal address: If different to above:	<input type="text"/>		
Name of Employer:	<input type="text"/>		
Occupation:	<input type="text"/>		
If self-employed state nature of business:	<input type="text"/>		

RELATIONSHIP TO LEARNER:			
Guardian	Grandparent	Foster Parent	Other:

<b>To be completed only if 'OTHER' is indicated above) :</b>			
SURNAME:			
FIRST NAMES:			
Identity no:		e-mail:	
Home phone no:		Cell no:	
Business number:		Fax no:	
Home address:			
		Postal code:	
Postal address: If different to above:			
Name of Employer:			
Occupation:			
If self-employed state nature of business:			

***Unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to:***

collect, store and process information about you and any Third Party or divorced or separated Parent responsible for payment of any or all amounts owing in school fees

collect, store and process names, contact details and information relating to yourself and your Child, and to such information being made available to other parents/guardians, staff or responsible persons engaged or authorised by the School for School-related purposes to the extent required for the purpose of managing relationships between the School, parents/guardians, and current learners, as well as providing references.

include photographs, with or without name, of your Child in School publications, or in press releases to celebrate the School's or your Child's activities, achievements or successes;

supply information and a reference in respect of your Child to any educational institution which you propose your Child may attend. We will take care to ensure that all information that is supplied relating to your Child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, the School cannot be liable for any loss you or your Child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us; and

The School may not distribute or otherwise publish any of your personal information in its possession, unless you give your consent, in writing, to the School that it may do so. Should this be the case, the School may only distribute or otherwise publish the information specified in your consent to the people and for the purpose stated in your written consent.

## UNDERTAKING BY PARENTS

1. We hereby apply to have the child whose name appears on this form as a learner at **BERGVLiet 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 undertake to reimburse the school for any damage to school property that may be caused by our child.
6. I/We jointly and severally undertake to pay school fees and we/I understand the following:
  - a. The current school fees is a compulsory sum of **Gr R: R22 715.00; Gr 1 – 7: R20 625.00.00** per annum. The school fees for 2020 will be decided at a Budget Meeting in October 2019. The school fees for 2019 was adopted by the majority of parents at the annual Budget Meeting held in October.
  - b. The school fee is payable on 1 January 2019.
  - c. The fee may be paid off in 10 monthly instalments by debit order.
  - d. In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory school Fees.
  - e. In terms of Section 40 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
  - f. 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.
  - g. Fees are due and payable at the beginning of each month with effect from 1 February to 1 November.
  - h. Parents who are unable to pay school fees may apply for exemption of these fees – this only applies to Learners from Grade 1 to 7 (**There is no Exemption of Fees granted in Grade R**)
7. I/We undertake to give **one term's 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.
8. I/We understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
9. I/We undertake to notify the school in writing of any changes to our personal particulars or contact details.
10. I/We accept the responsibility of the pupil's transport to and from the school.
11. I/We acknowledge that no care is provided by the school for children before 07:30 am and also undertake to collect my child within 10 minutes of the close of school each day or make arrangements for aftercare facilities.
12. I/We undertake to inform the principal of our child's / children's absence from school. Parents / guardians declare that they are prepared to produce a doctor's certificate if and when required;
13. I/We undertake to support the school's constitution and policy of admission, as defined and implemented by the Governing Body of the school.
14. 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. **The Governing Body reserves the right to reconsider the admittance of pupils to the school.**

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.

**DECLARATION: PARENT 1 / GUARDIAN / SPONSOR**

I .....hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairperson of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me.

Signed on this ..... day of ..... 20.....

.....  
**SIGNATURE**

**DECLARATION: PARENT 2 / GUARDIAN / SPONSOR**

I .....hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairperson of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me.

Signed on this ..... day of ..... 20.....

.....  
**SIGNATURE**