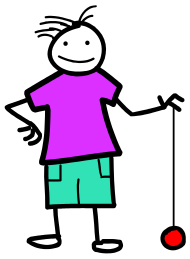

ALBIELAND PREPRIMARY

REGISTRATION PERIOD FOR 2021:
25 JUNE – 25 JULY 2020
GR R ADMISSION REQUIREMENTS

GRADE R REGISTRATION – 2021: LEARNERS BORN IN *2015*

For office use only

PLEASE NOTE:
Albieland Preprimary School is a PRIVATE GRADE R -
THE SCHOOL GOVERNING BODY is responsible for all applications and placements.

- The following supporting documents must be attached to the application and **returned via e-mail to: admissions@albies.co.za**.
- *Please note that if any of the required documentation is not attached, the application **will not be processed**.*
- *Offer to purchase and affidavits will not be accepted as proof of residence.*
- *Please note that should your child be placed in Albieland, it DOES NOT mean automatic placement in Gr 1 for 2022.*

- **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 criminal charges of fraud against any of the parties to this application. Should the application be rejected for any of the above reasons it will not be considered.**

	Birth Certificate / Asylum seeker / Refugee / Permanent Residence permits of Learner
	Latest School Report from current nursery school
	Clinic Card
	Proof of residence (**MUST BE IN PARENTS' NAME**) *(e.g. current water and lights account / levy statement / utilities bill / **official original** rental agreement AND levy statement) No unofficial lease agreements, bank statements or affidavits will be accepted*
	ID – Biological Father / Death Certificate if Deceased
	ID – Biological Mother / Death Certificate if Deceased
	Marriage Certificate / Divorce Decree
	Medical aid membership card – both sides
	Proof of Permanent Employment *on original company letterhead AND current pay slip to verify employment* – Father
	Proof of Permanent Employment *on original company letterhead AND current pay slip to verify employment* – Mother
	UIF Registration *(Only domestic workers)*
	Legal Guardianship documents (**LEGAL documentation indicating child is LEGALLY placed in your care)** *(If child is placed in your care due to death or incapacity of the natural parent/s)*
	Foreign students: Copy of Passport and Visa. NO HANDWRITTEN BIRTH CERTIFICATES ACCEPTED. Official proof of residence status as well as permits (i.e. Permanent Residence / Refugee / Asylum seeker / study permits etc.)
	R1 500.00 (PART PAYMENT OF FEES). NB: PAYABLE ONLY ON ACCEPTANCE. GRADE R FEES ARE ***STRICTLY*** PAYABLE BEFORE THE 3RD OF EACH MONTH – *ALBIELAND IS A PRIVATISED GRADE - **NO SUBSIDY***

NB: PLEASE SIGN THE INDEMNITY FORM AS WELL AS THE REGISTRATION FORM.

ALBIELAND PRE-PRIMARY SCHOOL

UNDERTAKING BY PARENT / GUARDIAN

_____
(LEARNER'S FULL NAME AND SURNAME)

The parent / guardian undertakes to:

1. Indemnify ALBIELAND PRE-PRIMARY SCHOOL, its employees and officials against any injury, damage or any other loss by any person as a result of the behaviour of the child.

2. Indemnify ALBIELAND PRE-PRIMARY SCHOOL, its employees and officials against any injury or sickness of the pupil and grant authorisation to the Principal or any employee to give permission for any operation or medical attention that the pupil may need in an emergency, should it be impossible to make contact with the parents.

3. Clearly mark all items of clothing and all other belongings.

4. Indemnify ALBIELAND PRE-PRIMARY SCHOOL against the damage or loss of any article that is brought to school by the child.

5. Collect the learner NOT LATER THAN 13:40 from ALBIELAND PRE-PRIMARY SCHOOL. If you have a problem to collect the pupil in time, contact the school to make the necessary arrangements.

6. Notify the school when the learner is absent.

PHYSICAL ADDRESS: _____

_____

THUS DONE AND SIGNED BY THE PARENT / GUARDIAN AT _____ ON THIS _____ DAY OF _____ 20_____

_____
SIGNATURE: (FATHER)

_____
NAME AND SURNAME (PLEASE PRINT)

ID NUMBER: _____

_____
SIGNATURE: (MOTHER)

_____
NAME AND SURNAME (PLEASE PRINT)

ID NUMBER: _____

LAERSKOOL GENL. ALBERTS PRIMARY
ALBIELAND PREPRIMARY

APPLICATION FORM FOR 20____

- ***Please complete in black ink and initial each page.***
- ***Completing and submitting this form does not necessarily mean that your child has been accepted into Albieland***

Family Code:	3							(for office use)

Admissions number: _____ Admissions date: 20____ / _____ / _____ (for office use)

(For office use)

LEARNER INFORMATION:

SURNAME OF LEARNER:	
BIRTH NAMES: (as on birth certificate)	
PREFERRED NAME: (no nicknames)	

ID-NUMBER - **LEARNER:**													
PASSPORT NR - **LEARNER:**													

DATE OF BIRTH:		
GENDER:	M	F

PREVIOUS SCHOOL / NURSERY SCHOOL:		TEL.NR:

NATIONALITY:	**Code:** _____	*A1: SOUTH AFRICAN A2: CHINESE A3: PORTUGUESE A4: KONGOLESE A5: ANGOLESE A6: ZIMBABWEAN A7: ETHIOPIAN A8: OTHER (specify)*
POPULATION GROUP:	**Code:** _____	*B1:BLACK B2:COLOURED B3: ASIAN B4:INDIAN B5:WHITE B6:OTHER (specify)*
ETHNIC GROUP:	**Code:** _____	*F1: N. SOTHO F2: S. SOTHO F3: NDEBELE F4: SWAZI F5: TSONGA F6: VENDA F7: XHOSA F8: ZULU F9: TSWANA F10: OTHER (specify)*

STATUS OF FAMILY: **CODE:** _____ *(e.g. 1)*	1 MARRIED LIVE BOTH PARENTS	2 STEPFATHER	3 STEPMOTHER
	4 WIDOWER	5 WIDOW	6 GUARDIANS
	7 DIVORCED LIVE WITH FATHER	8 DIVORCED LIVE WITH MOTHER	9 ESTRANGED LIVE WITH MOTHER
	10 ESTRANGED LIVE WITH FATHER	11 LIVE TOGETHER	12 SINGLE PARENT (never married)
	13 OWN MOTHER / STEPFATHER	14 OWN FATHER / STEPMOTHER	15 2ND MARRIAGE
	16 OTHER (specify):		

INDICATE WITH ✔: ***LEARNER*** RESIDES WITH:	Both parents __ / Father __ / Mother __ / other__: Address:

NUMBER OF CHILDREN IN HOUSEHOLD AND AGES:		AGE:	AGE:	AGE:	AGE:	AGE:

BIOLOGICAL BROTHERS / SISTERS ATTENDING GENL ALBERTS PRIMARY:	NAME:	GRADE:
	NAME:	GRADE:
	NAME:	GRADE:
RELIGION:		
HOME LANGUAGE:		LANGUAGE OF COMMUNICATION:
COUNTRY OF ORIGIN:		

FAMILY INFORMATION

FATHER / PRIMARY GUARDIAN DETAILS:

SURNAME:					
INITIALS:		TITLE:			
FULL NAMES:					
DATE OF BIRTH:					
ID NUMBER / PASSPORT NUMBER:					
CITIZENSHIP:		COUNTRY:			
PHYSICAL ADDRESS:					
	POSTAL CODE:				
HOME TELEPHONE:					
CELL NUMBER:					
E-MAIL ADDRESS:	(Please write legible in print)				
OCCUPATION:					
EMPLOYER:					
WORK ADDRESS:					
WORK TELEPHONE:					
RELATIONSHIP TO LEARNER:		LEARNER RESIDES WITH THIS PARENT:	YES:	NO:	

MOTHER / SECONDARY GUARDIAN DETAILS:

SURNAME:					
INITIALS:		TITLE:			
FULL NAME:					
ID NUMBER / PASSPORT NUMBER:					
DATE OF BIRTH:					
ID NUMBER / PASSPORT NUMBER:					
CITIZENSHIP:		COUNTRY:			
PHYSICAL ADDRESS:					
	POSTAL CODE:				
HOME TELEPHONE:					
CELL NUMBER:					
E-MAIL:	(Please write legible in print)				
OCCUPATION:					
EMPLOYER:					
WORK ADDRESS:					
WORK TELEPHONE:					
RELATIONSHIP TO LEARNER:		LEARNER RESIDES WITH THIS PARENT:	YES:	NO:	

PERSONS TO CONTACT IN CASE OF AN EMERGENCY IF *PARENTS* CAN NOT BE REACHED e.g. FAMILY MEMBER / FAMILY FRIEND *(DO NOT SUPPLY PARENT'S DETAILS HERE)*

NAME AND SURNAME:	1.	2.
RELATIONSHIP TO LEARNER:		
CONTACT NUMBER: (C)		
CONTACT NUMBER: (W)		
CONTACT NUMBER: (H)		

FAMILY DOCTOR'S DETAIL:

NAME OF DOCTOR:		TEL.NR:	
MEDICAL AID AND PLAN:		MEMBER NR:	

SPECIAL NEEDS OF LEARNER: (specify special educational needs or medical condition and attach all relevant reports)

SCHOOL FEES:
Details of person responsible for school fees

ACCOUNT HOLDER:	Primary Guardian:		Secondary Guardian:		Other:	
SURNAME:						
INITIALS:						
TITLE:						
ID / PASSPORT NUMBER:						
POSTAL ADDRESS:						
	POSTAL CODE:					
PHYSICAL ADDRESS:						
	POSTAL CODE:					
HOME TELEPHONE:						
CELL NUMBER:						
OCCUPATION:						
EMPLOYER:						
WORK ADDRESS:						
	POSTAL CODE:					
WORK TELEPHONE:						
E-MAIL ADDRESS: (STATEMENT TO BE E-MAILED)	(Please write legible in print)					

GENERAL CONDITIONS

The parent/guardian undertakes to notify the Governing Body of Laerskool Genl. Alberts Primary within 14 days after change of address by e-mail of his/her new address. The parent/guardian further confirms that any of the above addresses will serve as his/her domicilium citandi et executandi address for the receiving of court process documents, should the parent/guardian fail to give notification of change of address.

Should the Governing Body deem it necessary to take any legal action with regards to the recovering of outstanding school fees, the parties agree to the jurisdiction of the Magistrate's court in the ALBERTON district, in accordance with the stipulations of article 45(1) of the Act on Magistrate courts, 32 of 1944.

Should the parent/guardian fail to pay school fees, interest will be charged at 15,5% per annum on outstanding accounts.

In the case of legal action implemented at the discretion of the Governing Body of Laerskool Genl. Alberts Primary the parent/guardian agrees to the costs of the lawsuit between the parties as determined by the Magistrate's Court, on attorney and client scale, AS WELL AS recovering costs.

Parent/Guardian agrees irrevocably to the responsibility for the payment of tracing costs and expenditures that may be incurred in the future to trace the work- and/or home address, should it be necessary.

This is the full agreement between the Governing Body of Laerskool Genl. Alberts Primary and the parent/guardian of the mentioned learner, no changing of this agreement is valid unless changed in writing and signed by both parties.

Accept the school rules unconditionally and undertake to see that our son/daughter subjects himself/herself to the rules of the school at all times.

NB: PLEASE NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGE OF INFORMATION, eg. TELEPHONE NUMBERS, ADDRESS, etc. IT IS OF VITAL IMPORTANCE TO KEEP OUR DATA BASE UP TO DATE IN CASE OF EMERGENCY.

I, _____ parent of _____ declare that all information provided on this form is correct and true.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20___.

_____
SIGNATURE: (Father)

_____
Name and Surname (Please print)

ID Number: _____

_____
SIGNATURE: (Mother)

_____
Name and Surname (Please print)

ID Number: _____

_____
SIGNATURE: (Account holder)

_____
Name and Surname (Please print)

ID Number: _____