KENRIDGE PRE-PRIMARY SCHOOL
APPLICATION FOR ADMISSION OF LEARNER
2027

Van Riebeeck Avenue, Kenridge, 7550 | Tel: 021 975 1163
e-mail: pre-primenrolments@kenridge.org.za | www.kenridgepreprimary.co.za

Surname of Learner:					
Full name/s of Learner:					
Preferred name:		Boy		Girl	
Date of birth:					
Home language:					
Grade applying for:	Pre-Grade R		Grade R		
Language of Learning and Teaching	English		Afrikaans		

Please attach photo here

Application information and requirements:

1. Please print in capitals and complete **ALL** sections, even if there is repetition. The supplying of false information or non-disclosure of material and / or important information will invalidate this application.
2. **The submission of this application form does not guarantee your child's acceptance at the school.**

<u>The application must be accompanied by</u>:

	Parent Check list	Office Check list
One passport-sized colour photo of learner in the space provided		
Certified copy of learner's birth certificate		
Certified copies of both parents / guardians / sponsors' ID documents		
Copy of immunization certificate		
Proof of permanent residential address: **No other proof of address will be accepted** Copy of recent municipal account or **Certified** copy of legal rental agreement		
Debit order		
Financial undertaking		
Confidential Information form		
Aftercare Information form		
A non-refundable enrolment levy of R1500,00 will **only be payable once accepted.** (Package will include a School T-shirt, winter fleece top and stationery pack)		

FOR OFFICE USE ONLY:		**ACCEPTED:**	**YES**	**NO**
ADMISSION NO:		**DATE:**		
FAMILY NO:		**PRINCIPAL:**		
STAFFROOM:		**RECEIVED ON:**		
CEMIS:		**ADDRESS:**		
STAFF:		**SIBLING IN KPS:**		
LEVY:		**CURRENT SCHOOL:**		
OTHER INFORMATION:				

DETAILS OF LEARNER

ADDRESS AND CONTACT DETAILS OF LEARNER

Residential address:						
					Postal code:	
Learner resides with:	Father	Mother	Guardian	Grandparent	Sponsor	Other

OTHER PERSONAL DETAILS OF LEARNER

Identity number:													Birth date:	Year	Month	Day
SA Citizenship:	Yes	No	Nationality:		Date of arrival in SA: if applicable											

Name of current school:						
Siblings in Kenridge Primary	Name:		Grade:		House:	
	Name:		Grade:		House:	
Siblings in other schools:						
Name:		School:		Grade:		
Name:		School:		Grade:		

CORRESPONDENCE

Please indicate who is to receive the school report.	Father / Parent 1	Mother/Parent 2	Guardian
Please indicate who is to receive the fees account.	Father / Parent 1	Mother/Parent 2	Guardian
Correspondence & newsletters.	Father / Parent 1	Mother/Parent 2	Guardian
Preferred email address:			

MEDICAL DETAILS OF LEARNER

Doctor's Name:			
Practice Phone no:		Cell no:	

MEDICAL AID DETAILS

Main Member's Name:		Medical Aid: eg Fedhealth	
Membership no:		Specific Plan: eg Maxima	

EMERGENCY CONTACT (other than parents)

Name:		Tel. no:	
Relationship to learner:		Cell no:	

MEDICAL HISTORY OF LEARNER

Please indicate any appropriate information below. Failure to do so may result in your application being withdrawn

Allergies:		Routine/chronic medicine:	
Recent injuries:		Previous operations:	
Existing medical conditions/diagnosis:			

INFORMATION FOR DEPARTMENTAL USE

Religion:	African	Bahai	Buddhist	Christian	Hindu	Jewish	Islam	Other:	
Disability (if any):									
Type of social grant (e.g. Foster care, care dependency grant, etc.)									

DETAILS OF PARENT 1 / BIOLOGICAL / ADOPTIVE FATHER						
SURNAME:				Title:		
NAME:						
Identity no:				e-mail:		
Home phone no:				Cell no:		
Residential address:						
				Postal code:		
Name of Employer:						
Address of Employer:						
Occupation:						
Business phone number:						
Marital status:	Married	Divorced	Never married	Re-married	Widower	
If re-married, complete stepmother's details on page 4						

DETAILS OF PARENT 2 / BIOLOGICAL / ADOPTIVE MOTHER						
SURNAME:				Title:		
NAME:						
Identity no:				e-mail:		
Home phone no:				Cell no:		
Residential address:						
				Postal code:		
Name of Employer:						
Address of Employer:						
Occupation:						
Business phone number:						
Marital status:	Married	Divorced	Never married	Re-married	Widow	
If re-married, complete stepfather's details on page 4						

TYPE OF MARRIAGE				
Antenuptial contract	In community of property	Customary	Hindu / Muslim	Other

PERSONAL DETAILS				
Do you have any objection to your contact details being given to other parents for play dates / parties / other school matters?	**YES**		**NO**	
If YES, please supply reason:				
Unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to 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	**Consent**			
	No consent			

OTHER PERSONS AUTHORISED TO COLLECT THE LEARNER FROM SCHOOL			
Surname and initials		Identity number	
Contact details		Relationship	

DETAILS OF STEPFATHER / STEPMOTHER			
SURNAME:		Title:	
NAME:			
Identity no:		e-mail:	
Home phone no:		Cell no:	
Residential address:			
		Postal code:	
Name of Employer:			
Address of Employer:			
Occupation:			
Business phone number:			

DETAILS OF LEGAL GUARDIAN / SPONSOR			
SURNAME:		Title:	
NAME:			
Identity no:		e-mail:	
Home phone no:		Cell no:	
Residential address:			
		Postal code:	
Name of Employer:			
Address of Employer:			
Occupation:			
Business phone number:			

Marital status:	Married	Divorced	Never married	Re-married	Widow/er

RELATIONSHIP TO LEARNER:			
Legal Guardian	Grandparent	Foster Parent	Other: please complete p.5

To be completed only if 'OTHER' is indicated above			
SURNAME:		Title:	

NAME:															
Identity no:													e-mail:		
Home phone no:													Cell no:		
Residential address:															
													Postal code:		
Name of Employer:															
Address of Employer:															
Occupation:															
Business number:															

UNDERTAKING

I / WE, AS PARENTS / GUARDIANS / SPONSORS

1. undertake to reimburse the school for any damage to school property that may be caused by the LEARNER;
2. The school is not liable for any injury, damage, loss or disadvantage, unless it was directly caused by gross negligence attributable to the school. The school is under no circumstances liable for indirect or consequential damage.
3. The school is not responsible for any loss of or damage to the personal property of the learner or parent/guardian while they are on the school premises or participating in school activities, unless the loss or damage was directly caused by the school's gross negligence
4. undertake to give written notice of 3 (three) calendar months of any intention to remove the LEARNER from the school and furthermore to return any books and / or equipment belonging to the school, which the LEARNER may have in his / her possession; failing which I/we shall remain liable for the payment of school fees for the full notice period, regardless of whether such notice is given later or not;
5. If the account is handed over for the collection of outstanding school fees, I/we shall also be liable for all legal costs on an attorney-and-client scale, including collection commission and all expenses incurred in enforcing the school's rights.
6. undertake to ensure that the LEARNER is punctual at the beginning of each school day and is collected on time at the end of each school day;
7. accept responsibility for immunizing the LEARNER against contagious diseases and produce proof thereof, if required to do so;
8. undertake to inform the educator of the LEARNER'S absence from school and produce a doctor's certificate when required to do so;
9. undertake to support the school's constitution and policy of admission, as defined and implemented by the Trustees of the school;
10. understand that the LEARNER shall at all times be subject to the Code of Conduct of the school.
11. understand that the school reserves the right in its sole discretion to amend and / or alter any of the provisions of the Code of Conduct;
12. understand that the school (this includes the principal, teachers and all those authorized to act on behalf of the school – hereinafter referred to as "the person") is authorized and empowered to perform any act in *loco parentis* (this essentially means acting in the place of the parent or guardian). Without restricting the generality of the authority:

13. I hereby authorise the person in charge of the outing or event to make arrangements within his / her discretion for the welfare of my son / daughter (including medical or surgical treatment, and transport) in case of an emergency, including when the person deems such arrangements to be in the interest of my child;
14. I consent that the person in charge will have the discretion, should circumstances within his / her discretion require, to determine that my child be transported by bus or private car / vehicle, driven by a teacher, parent or another person, on request by the school, as the case may be, to and from his / her school;
15. Unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to 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;
16. Unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to 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
17. The signatory hereto hereby chooses domicillium citandi et executandi as indicated below. In the event of a change of physical/email address, parents are to notify the school in writing. I / We further understand that my / our child's admission to the school is dependent on the fact that the physical address provided in this application is the family's permanent residential address and not a business address, or that of another family member or friend. Any notice in terms of this agreement shall be deemed to have been duly given if it is delivered or sent by electronic mail to the respective addresses of;

    PHYSICAL ADDRESS:……

    ……

    EMAIL ADDRESS: ……..

18. confirm that we have gone through the financial undertaking agreement, have signed the terms and conditions therein, and understand its contents.

GENERAL:

1. I/we consent to the school obtaining any credit bureau report to verify my residential or employment details and to assess my financial position. I/we further consent that any of my personal or financial information may be shared with any credit bureau or platform that deals with overdue school fee accounts.
2. I/we consent that the school may, at its sole discretion, collect and/or furnish any personal information, where and if necessary, to any credit bureau for purposes of account administration, management of overdue school fees, or verification.
3. The undersigned binds himself/herself as surety and co-principal debtor, jointly and severally, for all existing and future debts to the school. The surety guarantees payment of any difference between the amount owing immediately prior to any settlement, compromise, or business rescue plan and the amount actually received by the school, notwithstanding any release of the debtor under such arrangements.
4. If any provision of this agreement is found to be invalid, unlawful, or unenforceable, the remaining provisions shall remain in full force and effect. The invalid or unenforceable provision shall be deemed to be amended to the extent necessary to render it valid and enforceable, or, if amendment is not possible, it shall be severed from the agreement.
5. This agreement constitutes the entire agreement between the parent/guardian and the school and supersedes all prior written or oral agreements relating to the subject matter. No amendment to this

agreement shall be valid unless reduced to writing and signed by the school. The school reserves the right to amend or update any policy referred to in this agreement and shall notify the parent/guardian in writing of any such changes.

6. The above is valid from the date on which it is signed by the parents/guardians until the day on which the LEARNER officially leaves the school

DECLARATION: PARENT/GUARDIAN 1

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 Trustees 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, the school reserves the right to lay a criminal charge of fraud against any of the parties involved with this application and further reserves the right to, in the event that the learner has been admitted on such falsity, have such admission reversed.** I understand that it is my responsibility to notify the School in writing as soon as possible if any of the personal information in this document changes.

Signed on this …… day of ……..

……
SIGNATURE

DECLARATION: PARENT/GUARDIAN 2

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 Trustees 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, the school reserves the right to lay a criminal charge of fraud against any of the parties involved with this application and further reserves the right to, in the event that the learner has been admitted on such falsity, have such admission reversed.** I understand that it is my responsibility to notify the School in writing as soon as possible if any of the personal information in this document changes.

Signed on this …… day of …….. .

……
SIGNATURE

This form is an application for admission to the Pre-primary School only.

<u>Aftercare</u>
Should you wish to enroll your child in aftercare, please complete the attached form.

DEBIT ORDER

In favour of Laerskool Kenridge Trust

1. SURNAME & NAME OF **LEARNER**

2. I, the undersigned, hereby authorise the finance department of Laerskool Kenridge Trust to arrange with my bank to deduct from my account the compulsory school fees as determined by the Trustees. This debit order will remain in force until such time as Laerskool Kenridge Trust or I cancel it in writing.

3. SURNAME

FIRST NAMES

CONTACT NUMBER

4. NAME OF BANK

BRANCH

6-DIGIT BANK CODE

ACCOUNT CURRENT SAVINGS

ACCOUNT NUMBER

SIGNATURE: ..... DATE: .....

NB
1. A levy of R50 will be debited to your account to cover the cost for any unpaid debit orders.
2. The parent/guardian undertakes to ensure that sufficient funds are available in the account for each debit order and authorises the Trust to process the debit order again in the event of failure of payment.

FOR OFFICE USE ONLY:	**ACCOUNT NUMBER:**

LAERSKOOL KENRIDGE TRUST

PRE-GRADE R & GRADE R

FINANCIAL UNDERTAKING

I/We, the undersigned,

(Parent/Guardian 1)_____ID_____

(Parent/Guardian 2)_____ID_____

currently residing at _____
(chosen *domicillium citandi et executandi*)

in my / our capacity as the legal guardian(s) of_____
(hereinafter referred to as "the Learner")

do hereby undertake in favour of the Laerskool Kenridge Trust, as follows:

1. **SCHOOL FEES**

1.1 I/We undertake to pay the compulsory fees as determined by the Trustees of the Trust, in 10 (ten) equal monthly instalments by means of a debit order against my/our bank account.

1.2 The undersigned binds himself/herself as surety and co-principal debtor, jointly and severally, for all existing and future debts to the school. The surety guarantees payment of any difference between the amount owing immediately prior to any settlement, compromise, or business rescue plan and the amount actually received by the school, notwithstanding any release of the debtor under such arrangements.

I/We also understand that:

1.2.1 The annual fees will be determined by the Trustees and payment of school fees are mandatory.

1.2.2 Fees are payable in advance and are due on the first day of school.

1.2.3 The payment terms are as follows:

(a) Fees can be paid in full; or,

(b) Fees can be paid off in 10 equal monthly instalments.

1.2.4 The School may from time to time make alternative payment options available, including a lump sum payable on or before a date as communicated by the

School, or instalment payments over the academic year. Each payment option constitutes a separate fee structure, and the selection of a particular option does not entitle one to any reduction or discount on any other option.

1.2.5 The non-refundable Enrolment Levy of R1 500 is payable on acceptance of your application. This package will include a School T-shirt, winter fleece top and stationery pack. Stationery will be used in the classroom.

1.2.6 Parents/guardians are jointly and severally liable for the payment of all fees irrespective of their marital status and/or marriage regime.

1.2.7 In the event of non-payment of fees, the Trust may institute action against both parents/guardians irrespective of, *inter alia*, a maintenance and/or court order(s) which may exist between the parents.

1.2.8 If parents/guardians are in arrears with one instalment, then the full outstanding school fees amount will immediately become due and payable.

1.2.9 I/We authorise the Trust, or its agents, to conduct any credit enquiry on me/ us as may be necessary. I/we further authorise the Trust to supply my/our consumer credit information to any credit bureau if and when needed.

1.2.10 I/We consent to the Trust disseminating my/our names and contact details only to staff or responsible persons engaged or authorised by the Trust for school related purposes

1.2.11 Should there be a dispute on my/our statement of account I/we shall notify the Trust in writing within 48 hours.

1.3 The first instalment shall be payable on or before the last working day of January of the year during which the Learner attends the School and thereafter on or before the last working day of each and every succeeding month with the last instalment being payable on or before the last working day of October of said year.

1.4 The Trustees, in their discretion, may vary any and all additional fees and the period over which payments are to be made, provided that I/we receive written notification thereof.

1.5 If the account is handed over for the recovery of outstanding school fees, the parent shall also be liable for all legal costs on an attorney-and-client scale, including collection commission and all expenses incurred in enforcing the school's rights.

2. **GENERAL**

2.1 In the event of an increase in the fees referred to above, I/we hereby authorize the Trust to adjust my debit order accordingly on condition that I/we shall be informed by the Trust in writing of their intention to do so.

2.2 The parent/guardian undertakes to ensure that sufficient funds are available in the account for each debit order and authorises the Trust to process the debit order again in the event of failure.

2.3 I/we agree that any failure to settle any and all fees due, owing and payable to the Trust shall constitute a breach of this Agreement and any other agreements entered into with

the Trust. In the event of said breach the full outstanding amount shall become immediately due and payable. If the breach is not remedied within 7 (seven) days from date of written notice to me/us, the Trust shall be entitled to:

2.3.1 proceed with the necessary legal steps to recover the outstanding amount from me/us. In such event I/we will be liable to pay all legal and / or collection fees / costs incurred on an attorney and client scale as well as all collection commission;

2.3.2 The school reserves the right, upon reasonable notice, to limit or suspend the learner's attendance if school fees are not paid.

2.3.3 sue for specific performance, alternatively, damages and/or take any further legal steps at its disposal.

2.4 I/We further agree that for the purpose of any legal proceedings against me/us in respect of my/our obligations in terms of this agreement, a certificate by a representative of the Trustees, duly authorized to do so, shall be sufficient and satisfactory proof of the amount outstanding for the purpose of summary/default/ provisional sentence judgment.

2.5 For the purpose of this undertaking, any notice or legal action to be instituted against me/us and all process to be served on me/us, I/we hereby elect as my/our *domicillium citandi et executandi* my address as stated in the preamble of this undertaking.

2.6 The parties consent to the Magistrate's Court having jurisdiction in respect of all proceedings connected with this agreement, notwithstanding the amount claimed or the value of the matter in dispute exceeds such jurisdiction in terms of Section 28 and Section 45 of the Magistrate's Court Act 32 of 1944 (as amended). These clauses shall not preclude the parties from approaching the High Court having jurisdiction.

2.7 No variation, amendment or consensual cancellation of this Agreement or any term hereof will be binding or have any force and effect unless reduced to writing and signed by or on behalf of the Parties.

2.8 This Financial Undertaking must be read together with the School's Enrolment Agreement, which agreement remains in full force and effect and governs the relationship between the parties. This Undertaking supplements the Enrolment Agreement and does not replace or novate any of its provisions.

SIGNED AT _____ on this _____ day of _____

_____ _____

PARENT/GUARDIAN (1) SIGNATURE NAME IN FULL

_____ _____

PARENT/GUARDIAN (2) SIGNATURE NAME IN FULL

Kenridge Pre-primary School
Pre-primêre Skool

CONFIDENTIAL INFORMATION REGARDING YOUR CHILD
KENRIDGE PRE-PRIMARY SCHOOL PRE-GRADE R & GRADE R

The following information will assist the teacher in understanding your child and the contributing circumstances affecting his/her wellbeing.

Full name of your child _____

From a total of _____ children in the family the above child is the _____(1st, 2nd, 3rd etc.)

Who does the child live with?_____

Address where the child resides: _____

_____ Code: _____

Custody arrangements. Please furnish with details (i.e. visitation rights): _____

_____

Any person not allowed to collect the child from school: _____

Home Language: _____ Any other language your child is exposed to: _____

Underline the illnesses which your child has had: Chicken-pox / Diphtheria / Enteric Fever / Measles / Mumps / Rubella (German Measles) / Scarlet Fever / Whooping Cough / Bilharzia / Cholera (St. Vitas' Dance) / Malaria / Rheumatic Fever

Is your child able to use the toilet independently? Yes_____ No_____ With assistance_____

Any concerns in connection with: Hearing? _____ Sight? _____ Speech? _____

If so, please specify: _____

_____

Any concerns in connection with: Social interactions? _____ Behaviour? _____

If so, please specify: _____

_____

At what age did your child start: Talking? _____ Crawling? _____ Walking? _____

Name any complications experienced pre-natal or during childbirth _____

_____

Was you child born prematurely? Yes _____ No _____

If yes, please provide details _____

Has your child ever had a serious accident or injury? If so, please provide more details: _____

_____

_____

Sleeping habits (e.g. sleeps peacefully, a restless sleeper, has nightmares, does not yet sleep through in his/her own bed.) _____

At what time does your child go to bed at night? _____ Falls asleep at?_____

Does your child suffer from anxiety? Please provide details _____

_____

Is your child left or right handed? _____

Underline personality characteristics (and elaborate):

Obedient, disobedient, stubborn _____

Independent, dependent _____

Shy, withdrawn, outgoing (bold) _____

Friendly, moody, aggressive _____

Tolerant, irritable _____

Unselfish, selfish _____

Loving, seeks attention, aloof, does not seek attention _____

Self-confident, lacking in confidence, over-confident _____

Helpful, uncooperative _____

Reacts well / does not take kindly to orders or correction _____

Has your child ever been referred to or assessed by any of the following:
*(This information is needed to **empower our teachers to support** our learners to the best of our ability.)*

Occupational Therapist Yes _____ No_____ When? _____

Speech Therapist Yes _____ No_____ When? _____

Psychologist or Play Therapist Yes _____ No_____ When? _____

Physiotherapist Yes _____ No_____ When? _____

Audiologist Yes _____ No_____ When? _____

Orthoptist or Behavioural Optometrist Yes _____ No_____ When? _____

Developmental Paediatrician Yes _____ No_____ When? _____

Paediatric Neurologist Yes _____ No_____ When? _____

If so, please ***ATTACH AVAILABLE REPORTS*** to this application and provide context below: _____

_____

_____

Is your child currently receiving any of the above support? Yes _____ No _____

What support? _____

With whom? _____

If required, may the School Based Support Team have permission to contact the specialist. Yes ___ No ___

Does your child have any special educational needs? (Please specify) _____

_____

Any other important information _____

_____

Are there any concerns which you would like to discuss confidentially? _____

_____

I/We, hereby, confirm that all the information provided above is true and accurate and that I/we have not withheld any vital information that would be deemed material for the school to be aware of.

Parent / Guardian 1:

Name: _____ Signature: _____

Signed at: _____ Date: _____

Parent / Guardian 2:

Name: _____ Signature: _____

Signed at: _____ Date: _____

I/we would like to enrol my/our child for aftercare:	**Yes**		**No**	

If Yes, kindly complete the following information:

DETAILS OF LEARNER						
Surname of Learner:						
Full name/s of Learner:						
Preferred name:						
Date of birth:		Boy		Girl		
Home language:						
Grade applying for:	Pre-Grade R		Grade R			
Language of Learning and Teaching	English		Afrikaans			

DETAILS OF PARENT 1 / BIOLOGICAL / ADOPTIVE FATHER			
SURNAME:		Title:	
NAME:			
Email:			
Home phone no:		Cell no:	

DETAILS OF PARENT 2 / BIOLOGICAL / ADOPTIVE MOTHER			
SURNAME:		Title:	
NAME:			
Email:			
Home phone no:		Cell no:	

Consent is given to Kenridge Pre-Primary School to share this information with Club Engage.	Consent	
	No consent	

Please note that placement at the Pre-primary School **does not guarantee placement in the aftercare.**
Club Engage will be in contact to provide feedback regarding placement.

For any enquiries, please contact them directly. Telephone number: 076 842 2197 or email: **wcadmin@clubengage.co.za**

SIGNED AT _____ ON THIS _____ DAY OF_____

_____ _____
PARENT/GUARDIAN (1) SIGNATURE FULL NAME AND SURNAME

_____ _____
PARENT/GUARDIAN (2) SIGNATURE FULL NAME AND SURNAME