



# KENMERE PRIMARY SCHOOL

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## APPLICATION FOR ADMISSION TO AN ORDINARY PUBLIC SCHOOL

*(This form must be completed on application for admission of a learner to a school.*

*Indicate with a cross (x) in the appropriate space where applicable).*

### LEARNER PERSONAL DETAILS

CEMIS No.: \_\_\_\_\_

SURNAME: .....

FIRST NAMES: .....

RESIDENTIAL ADDRESS: .....

.....

GENDER: Male  Female

HOME LANGUAGE: English  Afrikaans  Xhosa  Other   
(If Other, specify: .....) )

ID NUMBER: .....

DATE OF BIRTH: .....

REGISTERED/RECEIVE SOCIAL GRANT: Yes  No

RELIGION: ..... POPULATION GROUP: .....

FOREIGNER: Yes  No  COUNTRY OF RESIDENCE: .....

DECEASED PARENTS: None  Both  Father  Mother

FIRST TIME ENROLMENT IN PROVINCE: Yes  No

IF YES, INDICATE FROM WHERE: .....

PRE-PRIMARY EDUCATION: Formal  Non-formal  None

NAME OF LAST SCHOOL ATTENDED: .....

REASON FOR LEAVING: .....

HIGHEST GRADE PASSED: ..... *(Attach a copy of the latest examination results)*

NO. OF CHILDREN IN FAMILY: ..... POSITION IN FAMILY: .....

**PARENT DETAILS** (FATHER)

FULL NAME AND SURNAME: .....

ID NUMBER: ..... PASSPORT NO.: .....

OCCUPATION: ..... EMPLOYER: .....

RESIDENTIAL ADDRESS: .....  
.....  
.....

POSTAL ADDRESS: .....  
.....  
.....

TELEPHONE NUMBER: (Home) ..... (Work) .....

(Cell) ..... Email address: .....

MARITAL STATUS: .....

**PARENT DETAILS** (MOTHER)

FULL NAME AND SURNAME: .....

ID NUMBER: ..... PASSPORT NO.: .....

OCCUPATION: ..... EMPLOYER: .....

RESIDENTIAL ADDRESS: .....  
.....  
.....

POSTAL ADDRESS: .....  
.....  
.....

TELEPHONE NUMBER: (Home) ..... (Work) .....

(Cell) ..... Email address: .....

MARITAL STATUS: .....

**MEDICAL DETAILS**

DOES THE LEARNER SUFFER FROM ANY ALLERGIES / CHRONIC AILMENTS / SPECIAL PROBLEMS? Yes  No

IF "YES", SPECIFY: .....  
.....

MEDICAL AID NAME: ..... MEDICAL AID NO.: .....

DOCTOR'S NAME: ..... TEL.NO.: .....

**PARENT DETAILS (GUARDIAN)**

FULL NAME AND SURNAME: .....

NATURE OF GUARDIANSHIP: (eg. foster parent, grandma, uncle, etc.) .....

ID NUMBER: ..... PASSPORT NO.: .....

OCCUPATION: .....

EMPLOYER: .....

RESIDENTIAL ADDRESS: .....  
.....  
.....

POSTAL ADDRESS: .....  
.....  
.....

TELEPHONE NUMBER: (Home) .....  
(Work) .....  
(Cell) .....

**WHO IS RESPONSIBLE FOR DIRECT SUPERVISION OVER THE LEARNER?**

FULL NAME: .....

TELEPHONE NO. IN CASE OF AN EMERGENCY: .....

**WHO IS RESPONSIBLE FOR PAYING ACCOUNTS (eg. School fees)**

FULL NAME: .....

RELATIONSHIP TO LEARNER: .....

**DECLARATION OF PARENT/GUARDIAN**

I, ..... the undersigned parent/guardian of  
..... (name of learner) hereby declare that the information  
furnished above is correct to the best of my knowledge.

SIGNED at ..... on this ..... day of ..... (month)  
..... (year).

.....  
**SIGNATURE OF PARENT/GUARDIAN**

.....  
**NAME IN PRINT**

**PAYMENT OF SCHOOL FEES**

(Mark with a cross (x) in the appropriate spaces)

Payment will be made:

- 1. by cheque / EFT
- 2. in cash 
  - 2.1 monthly (10 payments)
  - 2.2 quarterly (4 payments)
  - 2.3 twice yearly (2 payments)
  - 2.4 in full

**PARTICULARS OF OTHER LEARNERS AT THE SCHOOL:**

<u>FULL NAME AND SURNAME</u>	<u>GRADE</u>
.....	.....
.....	.....
.....	.....

I, ..... the undersigned, parent/guardian of ..... hereby commit myself to accept responsibility for monies that are due at any time in accordance with the agreement as set out above.

SIGNED at ..... on this ..... day of ..... (month)..... (year).

.....  
**SIGNATURE OF PARENT/GUARDIAN**

.....  
**NAME IN PRINT**

**DECISION ON ADMISSION OF A LEARNER**

This is to certify that ..... (name of learner) conforms to the minimum age requirements for admission to a public school and that his/her most recent end-of-year examination report has been verified as authentic.

His/her admission to Grade ..... is approved.

Signature of Principal: .....

Date: .....

**OR**

This is to certify that ..... (name of learner) has been refused admission to grade ..... for the following reason(s):

(Delete whatever is not applicable)

- He/she does not conform to the minimum age requirements for admission to a public school.
- He/she has not passed grade .....
- Other reason(s): .....

Signature of Principal: .....

Date: .....