

For office use:
Admission fee: R
Uniform fee:
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APPLICATION FOR ADMISSION TO SEEDLINGS PRE-PRIMARY

Date you wish your child to start at Seedlings?				
1) <u>CHILD</u>				
Surname:				
First Names:				
Date of Birth:	Place of birth:			
Citizenship:	Identity Number:			
Sex:	Religion:			
Home language/s:				
Last school if applicable:	Phone no:			
2) <u>FAMILY</u>				
Father or Legal Guardian	Mother			
Surname:	Surname:			
First Name:	First Name:			
ID Number:	ID Number:			
Marital Status:	Marital Status:			
Citizenship:	Citizenship:			
Residential address:	Residential address:			
Code:	Code:			
Tel Home:	Tel Home:			
Cell No:	Cell No			
Email Address:	Email Address:			
Employer's Name:	Employer's Name:			
Address:	Address:			
Code:	Code			
Occupation/Position held:	Occupation/Position held:			
Rusiness Tel:	Rusiness Tel·			

3) GUARDIANSHIP/CUSTODY	
The pupil lives with(Mother, father, legal guardian etc.)	
If divorced, who has legal custody?	
4) POSITION OF CHILD IN FAMILY:(1st,	2 nd , 3 rd , 4 th etc.)
Other children in the family	
Name	Date of birth
Mother tongue	
5) <u>FINANCIAL INFORMATION</u>	
Full name and surname of the person responsible for pa	ying fees
If the person responsible for paying fees is not the Pare	nt/Guardian, then please supply his/her details:
I.D. no./Passport no. of person responsible for paying the	e fees
Tel Home	_ Cell No
Postal Address	
6) CONTACT NUMBERS	
Contact person should parent not be available in case o	f emergency
1) Name	,
Relationship	
Tel No	
Cell number	
The onus is on the parent/guardian to ensure that th	
The chacks on the parent guarant to chear a that the	are regularly apadical
7) PREVIOUS SCHOOLS:	
Name of School:	Principal:
Date when child attended school:	Contact Details:
O) MEDICAL DADTICL!! ADO	
8) MEDICAL PARTICULARS	
What immunization has the child had?	
Polio DPT MMR/N	Measles BCG

Family doctor	Tel No:					
Is the child covered by medical aid?						
If so, Name of Medical Aid	Med Aid No:					
Any other medical conditions the school should be aware of?						
Any allergies the school should be aware of?						
Any learning difficulties the school should be aware of? (ADHD/ADD/ Dyslexia)						
If yes, please give full details and note what support has been given. (Therapies, medication, extra lessons)						

9) SCHOOL FEES

A non-refundable application fee of **R850** is payable for a new admission. Upon acceptance R500 is due for a uniform pack, as well as one month's school fees upfront to be held as a non-refundable deposit. School fees

a) School fees are a compulsory requirement

Name any other diseases against which he/she has been immunized

b) Fees are due by the 7th of every month for ten months or by arrangement: quarterly or annually (see payment options)

10) DOCUMENTS REQUIRED WITH THIS APPLICATION

- a) Copy of child's Birth certificate/Identity document or passport
- b) Copy of child's Immunisation Card
- c) Copy of parents Identity documents or passports
- d) Proof of Address (utility bill, rental agreement etc.)
- e) A profile photo of your child in colour

11) DECLARATION AND CONSENT

In completing and signing this application form, you undertake to:

- a) Pay school fees when due. We at Seedlings Preschool form part of the Debt-IN group and any unpaid fees will be handed over to them for collection.
- b) Inform the school in writing of any change of address or telephone number
- c) Inform the school of any infectious illness
- d) Ensure that your child attends school regularly, is delivered punctually and collected timeously
- e) Accept the Christian values and teaching which are the basis of the school programme and derived from the Harvest Church Statement of Faith and Constitution (which is available on request)
- f) Ensure that you comply with the rules and regulations of the school
- g) Give consent for your child to participate in all school extra-curricular activities including educational visits and tours.
- h) That, as the enrolling parent/guardian I will be responsible for the payment of school fees.
- i) One term's notice of withdrawal is required, in writing, in lieu of which a term's fees are required. Should special circumstances apply; the Principal will use her discretion.
- j) I/We agree that the Principal or designates may act in 'loco parentis" in the event of any injury or accident in which my child/ward may be involved.

in the course of an excursion I/We agree to give consent to be responsible for payment of	or Seedling		erform a Credit Check	on the parent/guardian who
Signed at	on	of	20	
Signature of Parent (Mother)/ Legal Guardian		Signature of Par Legal Guardian	ent (Father)/	
		Witness: 1)		
		2)		
Ex contractu – Breach by way of con Ex delictu – Breach by way of Delict Patrimonial Loss – Any monetary los	eg: defama			
12) PHOTO PERMISSION				
We at Seedlings Pre-School would like share them on our website, Instagrar indicate below if you give us permiss	n, Faceboo	k page, or use the	em in the newspaper of	
I give permission				
I do not give permission				
Signed	_			
Date	_			

I/We agree that while Seedlings will ensure all reasonable due care is taken of the children, the staff of Seedlings (including learner teachers of the school and any other person authorized to assist the school), the school committee, and the Harvest Church will not in any way be liable whether ex contractu or ex delictu for any personal injury, damage of patrimonial loss that might occur while in their care whether at the premises or

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