

**For office use:**

Admission fee: R \_\_\_\_\_

Receipt number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATION FOR ADMISSION TO SEEDLINGS PRE-PRIMARY**

Date you wish your child to start at Seedlings? \_\_\_\_\_

**1) CHILD**

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Identity Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Religion: \_\_\_\_\_

Homelanguage/s: \_\_\_\_\_

Last school if applicable: \_\_\_\_\_ Phone no: \_\_\_\_\_

**2) FAMILY****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: \_\_\_\_\_

Business Tel: \_\_\_\_\_ Business 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:** \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> etc.)

Other children in the family

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Mother tongue \_\_\_\_\_

5) **FINANCIAL INFORMATION**

Full name and surname of the person responsible for paying fees \_\_\_\_\_

If the person responsible for paying fees is not the Parent/Guardian, then please supply his/her details:

I.D. no./Passport no. of person responsible for paying the fees \_\_\_\_\_

Tel Home \_\_\_\_\_ Cell No \_\_\_\_\_

Postal Address \_\_\_\_\_

6) **CONTACT NUMBERS**

Contact person should parent not be available in case of emergency

1) Name \_\_\_\_\_ 2) Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Tel No \_\_\_\_\_ Tel No \_\_\_\_\_

Cell number \_\_\_\_\_ Cell number \_\_\_\_\_

**The onus is on the parent/guardian to ensure that these details are regularly updated.**

7) **PREVIOUS SCHOOLS:**

Name of School: \_\_\_\_\_ Principal: \_\_\_\_\_

Date when child attended school: \_\_\_\_\_ Contact Details: \_\_\_\_\_

8) **MEDICAL PARTICULARS**

What immunization has the child had?

Polio \_\_\_\_\_ DPT \_\_\_\_\_ MMR/Measles \_\_\_\_\_ BCG \_\_\_\_\_

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

\_\_\_\_\_

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 **R700** 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
- b) Fees are due by the 7<sup>th</sup> 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 Accountability 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.
- k) 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 in the course of an excursion.
- l) I/We agree to give consent for Seedlings Preschool to perform a Credit Check on the parent/guardian who will be responsible for payment of school fees.

Signed at \_\_\_\_\_ on \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent (Mother)/  
Legal Guardian

\_\_\_\_\_  
Signature of Parent (Father)/  
Legal Guardian

Witness: 1) \_\_\_\_\_  
2) \_\_\_\_\_

Ex contractu – Breach by way of contract

Ex delictu – Breach by way of Delict eg: defamation

Patrimonial Loss – Any monetary loss eg: loss of valuable items