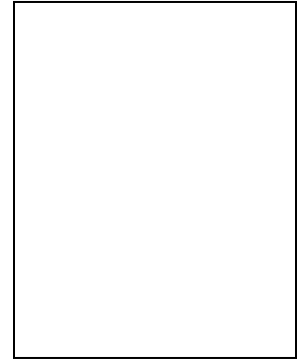


# ST PETER'S ACADEMY

## INDEPENDENT PRIMARY SCHOOL

P O BOX 1497, SOMERSET WEST, 7129  
12 JOHN WALL STREET, STRAND, 7140  
TEL/FAX : 021 853 4717  
EMAIL: st.pters.acad@gmail.com



PHOTO

### APPLICATION FOR ADMISSION



*Love is His way*

SURNAME: .....

GRADE: (applying for) .....

NAME: .....

YEAR: (applying for) .....

- I.D document (both parents or guardians)
- Birth Certificate of Learner (must have ID number)
- I.D Photo of Learner
- Clinic Card
- Proof of income (3 x Bank statements or Salary Slip)
- Last report from previous school (If available)
- Transfer form (From previous school. Not for Gr 1)

**FOR OFFICE USE:**

Date Received: .....

Grade: .....

Sibling/Family member: .....

Accepted: .....

Registration paid: .....

Book Levy paid: .....

1<sup>st</sup> Payment of fees paid: .....

## PARTICULARS OF LEARNER

SURNAME													
FIRST NAMES							PREFERRED NAME						
DATE OF BIRTH	Y	Y	Y	Y	-	M	M	-	D	D			
ID/PERMIT/PASSPORT NUMBER													
COUNTRY OF BIRTH													
REFUGEE STATUS	TYPE OF PERMIT			EXPIRY DATE			REF NO.						
SEX	MALE		FEMALE				AGE						
HOME LANGUAGE	ENGLISH		AFRIKAANS		XHOSA		OTHER						
RELIGION													
RACE (DEPT. REQUIREMENT)	COLOURED		BLACK		WHITE		INDIAN/ASIAN						
DID THE LEARNER ATTEND A FORMAL PRE-PRIMARY SCHOOL	YES	NO		NAME OF PRE-PRIMARY SCHOOL									
NAME OF CURRENT SCHOOL							PRESENT GRADE						
ADDRESS OF CURRENT SCHOOL													
NO OF CHILDREN IN THE FAMILY	IS LEARNER THE 1 <sup>ST</sup> , 2 <sup>ND</sup> , 3 <sup>RD</sup> ETC CHILD IN THE FAMILY						AGES						
DOCTOR							TELEPHONE NUMBER						
MEDICAL AID							NUMBER						
SPECIAL PROBLEMS/AILMENTS ALLERGIES/ CHRONIC AILMENTS													
DEXTERITY OF LEARNER	RIGHT HANDED		LEFT HANDED		BOTH								
REASON FOR APPLYING AT ST PETER'S ACADEMY / REFERRED BY													
CONTRIBUTION TO OUR SCHOOL (e.g maintenance, Governing Body, Transport, other etc)													
WHO DOES THE CHILD LIVE WITH	MOTHER		FATHER		BOTH		GUARDIAN						
PARENT DECEASED	MOTHER		FATHER		BOTH								
DOES THE CHILD RECEIVE A GRANT (DEPT. REQUIREMENT)													

FATHER/GUARDIAN					MOTHER/GUARDIAN			
SINGLE	DIVORCED	WIDOW	OTHER	MARITAL STATUS	SINGLE	DIVORCED	WIDOWER	OTHER
				SURNAME				
				FULL NAME				
MR	<input type="checkbox"/>			TITLE	MS	<input type="checkbox"/>	MRS	<input type="checkbox"/>
				COUNTRY OF BIRTH				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID NUMBER/VALID PASSPORT NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
..... .....				HOME ADDRESS	..... .....			
				CELL				
				OCCUPATION				
				WORK PLACE NAME				
..... ..... .....				WORK ADDRESS	..... ..... .....			
				EMAIL				
				WORK TEL. NO.				
R0-R5 000	<input type="checkbox"/>	R5 000-R10 000	<input type="checkbox"/>	INCOME PER MONTH	R0-R5 000	<input type="checkbox"/>	R5 000-R10 000	<input type="checkbox"/>
R10 000-R20 000	<input type="checkbox"/>	+R20 000	<input type="checkbox"/>		R10 000-R20 000	<input type="checkbox"/>	+R20 000	<input type="checkbox"/>
<b>Person responsible for payments of school fees:</b>								
Who must the account be sent to?      Father <input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/>								
Name (if other) .....      Relation .....								
Name & Contact details in case of emergencies (other than parent/guardian) .....								
.....								

**N.B! In order to be considered for acceptance, the conditions on the front and back pages must be adhered to!**

## UNDERTAKING BY PARENTS/GUARDIAN OF APPLICANT

***Both parents/guardians, where applicable, accept responsibility, jointly and severally, for the following:***

**I the undersigned, declare that :**

1. the particulars given in this application form are true and correct;
2. I undertake to pay the school fees promptly, how and when due as determined by the School Board of Governors. I understand that being an Independent School, there is no grant or subsidy for fees and that it is my responsibility to honor payments. I understand that I can be asked to remove my child should I fail to honor my commitment to paying the fees according to the school policy;
3. I further undertake to pay all legal costs should I neglect my duty in connection with any payments mentioned in paragraph 2;
4. I will not hold St Peter's Academy School, nor any of the members of staff or Governing Body responsible for claims that might arise from injuries that the applicant might incur or for any loss that the applicant may suffer as a result of any occurrence, injury, illness or death, irrespective of how such injury might occur, or as a result of the applicant's participation in any school activity, tour, sporting activity, excursion, visit or use of transport; and that the applicant will participate in any of the aforementioned activities at his/her own risk and that he/she will accept the risks involves voluntary;
5. I and the applicant will be subject to, and bound by, the Code of Conduct and Regulations of St Peter's Academy School;
6. I will take an active role in supporting my child and teacher in every way that is beneficial and for the best interest of my child;
7. I will give one (1) term written notice of withdrawal from the school, or pay one (1) term school fees in lieu of notice;
8. Upon acceptance / enrolment I will pay one (1) month's school fees in advance;
9. A registration fee of R1300.00 is applicable on acceptance.

***N.B. The particular Grade for which your child is applying may have only a limited number of places available. The school will allocate places to such vacancies according to its admission policy. Receipt by the school of this application form does not guarantee that a place will be offered to the applicant.***

SIGNATURE OF FATHER/GUARDIAN: .....

SIGNATURE OF MOTHER/GUARDIAN: .....

DATE: .....