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| **ST PETER’S ACADEMY****INDEPENDENT PRIMARY SCHOOL**P O BOX 1497, SOMERSET WEST, 712912 JOHN WALLS STREET, STRAND, 7140 TEL/FAX : 021 853 4717 EMAIL: st.ptrs.acad@gmail.com **PHOTO** **APPLICATION FOR ADMISSION****Untitled**SURNAME: ……………………………………………… GRADE: (applying for) ………………………NAME: ……………………………………………………. YEAR: (applying for) ……………..…………***FOR OFFICE USE:***Date Received: …………………………………..Grade Admitted: ………………………………..Sibling/Family member: ……………………. Accepted: …………………………………………..Registration paid: ……….……..………………Book Levy paid: ………………………………….1st Payment of fees paid: ……….………....□ 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 appl) |

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| **PARTICULARS OF LEARNER** |

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| 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 1ST, 2ND, 3RD 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) |  |

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| **FATHER/GUARDIAN** |  | **MOTHER/GUARDIAN** |
| SINGLE | DIVORCED | WIDOW | OTHER | MARITAL STATUS | SINGLE | DIVORCED | WIDOWER | OTHER |
|  | SURNAME |  |
|  | FULL NAME |  |
| MR  | TITLE | MS MRS |
|  | COUNTRY OF BIRTH |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | ID NUMBER/VALID PASSPORT NO. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ……………………………………………………………………………………..…………………………………………………………………………….......... | HOME ADDRESS | …………………………………………………………………………………………………………………………………………………………………… |
|  | CELL |  |
|  | OCCUPATION |  |
|  | WORK PLACE NAME |  |
| ……………………………………………………………………………………..……………………………………………………………………………………..……………………………………………………………………………………. | WORK ADDRESS | …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. |
|  | EMAIL |  |
|  | WORK TEL. NO. |  |
| R0-R5 000 R5 000-R10 000R10 000-R20 000 +R20 000 | INCOME PER MONTH | R0-R5 000 R5 000-R10 000R10 000-R20 000 +R20 000 |
| ***Person responsible for payments of school fees:***Who must the account be sent to? Father Mother OtherName (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**

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| ***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 R1 200.00 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: …………………………………………….  |