



SIMON'S TOWN SCHOOL

Harrington Road, Simon's Town



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PO Box 38
7995 Simon's Town

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<u>OFFICIAL USE ONLY</u>	ADMISSION NO:	DATE OF ADMISSION:	GRADE:
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MSED : CIRCUIT 1

Application for Grade:10..... Month: ...January..... Year:2018.....

Learner's Surname: First Names:

Preferred Name: Sex: Date of Birth:

Home Language: Preferred Language:

Country of Birth: Religion:

Number of Children in the family: Is learner the 1st, 2nd, etc child in the family?

Are there any brothers or sisters at Simon's Town School at present? YES / NO

If YES, state NAMES: and GRADES:

Are you applying for any brothers or sisters? YES / NO

If YES, state NAMES: and GRADES:

Particulars regarding parents or guardians. (If there are two parents or guardians, both are entitled to vote at an election of the Governing Body. The information below should, therefore, be given in respect of each parent or guardian).

PARENT / GUARDIAN with whom learner lives:

Marital Status:	Married	Remarried	Divorced	Single	Widowed	Separated
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FATHER	MOTHER
Surname:	Surname:
First Name:	First Name:
Title: ID No:	Title: ID No:
Occupation:	Occupation:
Name of Employer:	Name of Employer:
Employer - Telephone No:	Employer - Telephone No:
*Home Address and Postal Code:	*Home Address and Postal Code:
Telephone No:	Telephone No:

Child lives with:	MOTHER	FATHER	BOTH PARENTS	OTHER
Account to be sent to:	MOTHER	FATHER	BOTH PARENTS	OTHER

LEGAL GUARDIAN – please note that this implies that legal action has taken place to appoint you as such. Please provide us with a certified copy of this documentation should you complete this form in your capacity as the child's legal guardian.

Surname:	First Name:
Title (Mr/Mrs/Prof/Dr/etc)	ID No:
Telephone No (Home):	Telephone No (Work):
Cell-phone No:	Name of Employer:
Guardian's Home Address:	Guardian's Postal Address:

LEARNER'S INFORMATION	
Surname:	First Name:
School last attended by Learner:	
School Address:	
School Telephone No:	School Fax No:
Date of leaving above-named school:	Grade passed:
Other school(s) attended by learner:	
Grades repeated by learner:	
Important illness(es) or disabilities from which the learner suffers or has suffered (e.g.: Asthma, Epilepsy):	
Operation(s) learner has had (give date and nature of operation(s)):	
Underline illness(es) learner has been immunised against: Tuberculosis (BCG), Diphtheria, Whooping Cough, Tetanus, Measles, German Measles, Mumps, Poliomyelitis	

NB: Learners should have been immunised against ALL the above illnesses before school attendance. Immunisation against POLIOMYELITIS and TUBERCULOSIS is legally COMPULSORY

IMPORTANT

**PLEASE NOTE:
BOTH PARENTS ARE JOINTLY AND SEVERALLY LIABLE FOR THE PAYMENT OF SCHOOL FEES**

YOU MUST ATTACH THE FOLLOWING TO YOUR APPLICATION FORM:

- ◆ Learner's Unabridged Birth Certificate
- ◆ Latest report from previous school
- ◆ Immunisation (Clinic) Card/Certificate
- ◆ Proof of permanent residence, e.g. telephone or rates account
- ◆ Certified copies of parents' Identity documents
- ◆ 2 Passport size photographs of learner
- ◆ Certified copy of documentation appointing a Legal Guardian

The following should be provided after the interview:

- ◆ Transfer form from previous school

FOREIGN NATIONALS must be in possession of a temporary residence visa, a permanent residence permit, an asylum seeker's permit, a refugee's permit or a passport. They must provide all the above documentation as well as all Home Affairs documentation that must be current and up to date. Unaccompanied minors, in the country to study, must be in possession of a current Study Visa.

UNDERTAKING BY PARENTS / GUARDIANS
(Please read attached Code of Conduct)

1. We hereby apply to have the child whose name appears on this form, registered as a learner at SIMON'S TOWN SCHOOL and confirm that he / she complies with the basic criteria.
2. I / We hereby certify that I/ we have legal custody and / or guardianship in respect of the above named learner.
3. I / We undertake to adhere to the school rules and disciplinary code and to the various alterations in the rules and disciplinary code that may be made from time to time.
4. I / We understand and confirm that the Principal or any person duly authorised, will act in *loco parentis* in any matter and at any time during which I / we have entrusted our child to the care of the school.
5. I / We understand that while every reasonable effort will be made to prevent losses or damage to learner's clothing and equipment, the school cannot be held liable for such.
6. I / We undertake to reimburse the school for any damage to school property that may be caused by our child.
7. ~~I / We jointly and severally undertake to pay school fees and I / we understand the following:~~
 - a. ~~The annual school fees will be a compulsory sum per annum (see School Fee Schedule) as adopted by the majority of parents at the Annual General Meeting.~~
 - b. ~~The school fees may be paid off in ten (10) monthly instalments, beginning 31 January through to 31 October.~~
 - c. ~~In terms of Section 40 of the South African Schools Act, the school may enforce the payment of these compulsory fees.~~
 - d. ~~The parties to this application undertake to pay all legal costs, including attorney / client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees.~~
 - e. ~~Parents who are unable to pay school fees may apply for exemption from these fees.~~
8. I / We undertake to give notice in writing of any intention to remove my / our child / children from the school and furthermore to return any books and / or equipment belonging to the school that our child may have.
9. I / We agree that our child be permitted to undertake group Edumetric and Psychometric tests that have been approved by the Director of Education.
10. I / We agree that if our child is over the compulsory school-going age (15 years), he / she will attend school regularly and will only be absent for medical reasons.
11. I / We understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents being submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
12. I/ We accept responsibility for immunising our child / children against contagious diseases and normal infections and shall produce proof thereof if required to do so.

- 13. I/ We accept the responsibility of the learner’s transport to and from the school.
- 14. I / We undertake to inform the child’s Register Educator by means of a written note of the child’s / children’s absence from school and I / we declare that we are prepared to produce a doctor’s certificate if and when required to do so.
- 15. I / We undertake to support the school’s constitution and policy of admission as defined and implemented by the Governing Body of the school.
- 16. I / We understand that smoking in school uniform and the abuse of any drug or alcoholic beverage is an infringement of the critical school rules and will not, under any circumstances, be tolerated. I / We further understand that random searches conducted by the SAPS and other relevant authorities with respect to drug use/abuse will be allowed (see attached letter).
- 17. I / We understand that all cell phones, MP3 players, portable CD players, or any other means of electronic entertainment, are not allowed at the school (by prior arrangement, cell phones may be left at the office in the morning and collected again in the afternoon). I / We further understand that these items will be confiscated and will only be returned to the parent / guardian of the child concerned.
- 18. I / We understand that this commitment in its entirety will be valid from the day on which the entire admission / registration form is signed by the parent / guardian to the day on which the child officially leaves the school. **The Governing Body reserves the right to reconsider the admittance of children to the school.**

The Parent / Guardian declares that he / she is the legal guardian of the child and is entitled to sign this document and shall be bound hereby both as Parent / Guardian and in his / her personal capacity.

ADDRESS: The signatory hereto chooses domicilium citandi et executandi (official address) as:

_____ Postal Code: _____

SIGNED on the day of 20.....

WITNESS 1:

.....
SIGNATURE OF PARENT / GUARDIAN

WITNESS 2:



Simon's Town School

PARENTAL CONSENT FORM

I (full name of parent/guardian),
(home address).....

the parent/guardian of (full name of learner).....

do hereby give my consent for my child to take part in the extra-mural activities of the school, including recognised sports offered by the school, educational tours and excursions of historical, cultural, or geographical interest while attending Simon's Town School.

I fully understand and accept that participation in sport and all tours and excursions shall be undertaken at my child's own risk and I undertake on behalf of myself, my executors, my spouse and child aforesaid to indemnify, hold harmless and absolve Simon's Town School, the educator in charge or any other educational institution against any or all claims whatsoever that may arise in connection with loss of or damage to the property or injury to the person of my child aforesaid while taking part in sport or in the course of any such tour or excursion, in the knowledge that the Principal and staff will nevertheless take all responsible precautions for the safety and welfare of my child.

I hereby acknowledge that I know and understand the contents of this Consent and Indemnity Form.

SIGNED AT

ON THIS DAY OF

SIGNATURE OF FATHER:

SIGNATURE OF MOTHER:

SIGNATURE OF GUARDIAN:

SIGNATURE OF WITNESSES: 1.

2.

DATA SHEET

APPENDIX D

PLEASE INDICATE WHETHER YOU ARE THE CHILD'S: BIOLOGICAL PARENTS

FOSTER PARENTS

LEGAL GUARDIANS

Learner's Name: Surname: Grade:

Learner's Gender

Learner's Address:

Mother's (Guardian) Name: Surname:

Residential Address:

Postal Address:

e-mail Address:

Telephone Nos: Work - Home - Cell -

Father's(Guardian) Name: Surname:

Residential Address:

Postal Address:

e-mail Address:

Telephone Nos: Work - Home - Cell -

.....
SIGNATURE: MOTHER/GUARDIAN **SIGNATURE: FATHER/GUARDIAN** **DATE**

MEDICAL INFORMATION

Name of Family Practitioner / Clinic	
Contact Number of the above	
Allergies	
Chronic Illnesses	
Medical Aid	
Medical Aid Number	
Name of Card Holder (main member)	
Name of Contact Person (other than parents or guardians) in case of emergency	
Contact number of above-mentioned person	