



Swartland Primary School

GRADE 1 – 7: 2024

IMPORTANT INFORMATION REGARDING ENROLMENT

1. ADMISSION OF LEARNERS

- 1.1 SWARTLAND PRIMARY is a **school fee raising** school.
- 1.2 SPS is a **parallel medium school** with 4 Afrikaans and 1 English class per grade.
- 1.3 The admission policy of the school, as accepted and approved by the School Governing Body, determines admission of learners to the school. The policy also determines the capacity per class, which should not be exceeded.
- 1.4 The WCED expects parents to apply for at **least 3 schools**.

PLEASE NEATLY COMPLETE THIS FORM IN PRINT

1.5 Documents required for enrolment at this school:

- a) A correctly and complete completed application form
- b) Print out to proof that you applied online (WCED website) for your child.
- c) Copy of learner's birth certificate
- d) Copy of learner's Road to Health book (Clinic card)
- e) Copy of both parents' ID documents
- f) Proof of residence in your **own name** - Municipal services account (Not older than 3 months)
- g) Gr 1 applications: Proof of attending a grade R school
- h) Gr 2 – 7 applications: Latest report from previous school / Proof of grade (December report)
- i) If you are the **legal guardian**, please attach copy of **court order**.
- j) If your child is a **foreigner**, please attach copy of his/her **study permit**.

Please ask for assistance should you have any problem completing this form as the school will ONLY accept COMPLETE applications.

2. SCHOOL FEES

- **Swartland Primary School has been declared a school fee raising school by the WCED**, therefore you are liable for paying the school fees when your child is a learner at this school. There are non-school fee raising schools available.
- Faithfull payment of school fees secure:
 - Quality education
 - Healthy discipline and
 - Limited learner numbers.
- Should the account not be settled, the account will be handed over for collection.

FOR MORE INFORMATION:

- **Mrs G. Hamman - Handing out and receiving application forms - info@swartlandls.co.za**
- **Mr KD Rautenbach - Principal – interviews and enquiries**





REGISTRATION FORM - 2024

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes

No

Name of other learner(s) : _____

LEARNER INFORMATION

| | |
|--|--|
| LEARNER | |
| Full names: | _____ |
| Surname: | _____ |
| Preferred name: | _____ |
| Date of birth: | _____ |
| ID number: | _____ |
| Nationality: | _____ |
| Religious denomination: | _____ |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Ethnic group: | _____ |
| Home language: | _____ |
| Preferred tuition language: | _____ |
| Dexterity: | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both |
| Learner mobile number: | _____ |
| Learner e-mail address: | _____ |
| Admission date: | _____ |
| Grade in 2024 : | _____ |
| Years in grade for 2024 : | _____ |
| Years in phase for 2024 : | _____ |
| Pre-primary education attended: | <input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Other: _____ |
| Registered for social grant: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receives social grant: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Media consent: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want to apply for hostel residence: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of hostel: | _____ |

| | |
|-------------------------------|-------|
| Method of transport: | _____ |
| Taxi/Bus registration number: | _____ |
| Name of driver: | _____ |
| Contact number: | _____ |

NEXT OF KIN INFORMATION

| | |
|-----------------------------|-------|
| Name: | _____ |
| Contact number: | _____ |
| Alternative contact number: | _____ |
| Relation: | _____ |

OFFICE USE ONLY

| | |
|-------------------------|---|
| Family code: _____ | Waiting list: <input type="checkbox"/> A <input type="checkbox"/> B |
| Register class: _____ | Number on waiting list: _____ |
| Admission number: _____ | ID copy: <input type="checkbox"/> |
| | Transfer card: <input type="checkbox"/> |
| | Proof of residence: <input type="checkbox"/> |
| | Report card: <input type="checkbox"/> |
| | Birth certificate: <input type="checkbox"/> |
| | Clinic card: <input type="checkbox"/> |

FAMILY INFORMATION

| | | | |
|-------------------|---------------------------------------|--|---|
| Family status: | <input type="checkbox"/> Both parents | <input type="checkbox"/> Single parent - Unmarried | |
| | <input type="checkbox"/> Foster care | <input type="checkbox"/> Childrens home | <input type="checkbox"/> Single parent - Divorced |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Re-composed | <input type="checkbox"/> Widow/Widower |
| Parents deceased: | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> None |

LEARNER HEALTH INFORMATION

| | |
|-------------------|-------|
| Chronic diseases: | _____ |
| Allergies: | _____ |
| Medication: | _____ |

MEDICAL AID INFORMATION

| | |
|-------------------|-------|
| Name: | _____ |
| Telephone number: | _____ |
| Member number: | _____ |
| Primary member: | _____ |

FAMILY DOCTOR INFORMATION

| | |
|-------------------|-------|
| Name: | _____ |
| Telephone number: | _____ |
| Business address: | _____ |

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

| | |
|--|--|
| First registration of learner in Western Cape: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Learner attended school last year | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, in which Province/Country: | _____ |
| Previous school | _____ |
| Telephone Number | _____ |
| Address | _____ |
| Province | _____ |
| Highest grade in previous school | _____ |
| Reason for leaving the school | _____ |

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Communication preference: SMS E-mail Mail
 By hand

Comm language: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent? Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Communication preference: SMS E-mail Mail
 By hand

Comm language: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent? Yes No

ACCOUNTABLE PERSON'S INFORMATION Biological Parent 1 Biological Parent 2 Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication preference: SMS E-mail Mail
 By hand

Comm language: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Comm language: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Bank account number: _____

Account holder: _____



LAERSKOOL SWARTLAND PRIMARY SCHOOL

Posbus 140 Malmesbury 7300
admin@swartlands.co.za
Tel: 0224822251
Fax: 0866683274
www.laerskoolswartland.co.za

PARENT DECLARATION

I _____ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at _____ on _____ day of _____ 20____.

Signature of Parent / Guardian : _____



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CONSENT: SPORT, TRANSPORT

1. I, parent / guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Laerskool Swartland Primary School as included in the Policy of the school.
8. Unless you instruct the School expressly and in writing to the contrary, your consent is given for the School to:
 - i. collect, store and process information about you and any Third Party or divorced or separated Parent responsible for payment of any or all amounts owing in school fees
 - ii. collect, store and process names, contact details and information relating to yourself and your Child, and to such information being made available to other parents/guardians, staff or responsible persons engaged or authorised by the School for School-related purposes to the extent required for the purpose of managing relationships between the School, parents/guardians, and current learners as well as providing references and communicating with the body of former learners;
 - iii. include photographs, with or without name, of your Child in School publications, or in press releases to celebrate the School's or your Child's activities, achievements or successes;
 - iv. supply information and a reference in respect of your Child to any educational institution which you propose your Child may attend. We will take care to ensure that all information that is supplied relating to your Child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, the School cannot be liable for any loss you or your Child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us; and
9. The School may not distribute or otherwise publish any of your personal information in its possession, unless you give your consent, in writing, to the School that it may do so. Should this be the case, the School may only distribute or otherwise publish the information specified in your consent to the people and for the purpose stated in your written consent.

Signature of Parent / Guardian: _____ Date: _____



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INDEMNITY FORM

I/We, the parents / guardian of _____ (name of learner) indemnify unconditionally and without restriction Laerskool Swartland Primary School and/or the shareholders of Laerskool Swartland Primary School or any person employed by Laerskool Swartland Primary School or any person acting on behalf of Laerskool Swartland Primary School against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Laerskool Swartland Primary School.

Signed at _____ on _____ day of _____ .

Signature of Parent / Guardian : _____



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CONTRACT: SCHOOL FEES

Agreement between Laerskool Swartland Primary School and _____ (Name of parent / guardian) with regards to the payment of school fees.

1. Laerskool Swartland Primary School is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.
2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.
3. Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.
4. Payment of school fees to Laerskool Swartland Primary School will be made as follows:
(Please tick the applicable block with a cross)
 A Full payment (Once-off) on or before the last date as determined during the annual parent meeting.
 B Payment over 10 months.
 C Alternative arrangements will be made with the School in writing at my own responsibility and initiative.
5. I / We are aware of the application process for exemption of school fees for 2024 and if exemption is required, we will complete the relevant application form.
6. Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.
7. Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.
8. I choose the following address as my domicilium citandi et executandi for delivery or serving of any notices or pleadings.

Residential address (Not a postal address):

9. I / We the parents / guardian _____, undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____