

Swartland Primary School

GRADE 1 – 7: 2025

IMPORTANT INFORMATION REGARDING ENROLMENT

1. <u>ADMISSION OF LEARNERS</u>

- 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 <u>Documents required for enrolment at this school:</u>

- 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

APPLICATION FOR ADMISSION - 2025



PLEASE COMPLETE WITH A BLACK PEN DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL? Yes

No

Name of other learner(s) :

Name of other learner(s)	DATE: 30 MAY 2024
LEARNER INFORMATION	OFFICE USE ONLY
LEARNER	
Full names:	Family code: Waiting list: A B Number on waiting list:
Surname:	Register class:
Preferred name:	Admission number: Transfer card:
Date of birth:	Proof of residence:
ID number:	Report card:
Nationality:	Birth certificate:
Religious denomination:	Clinic card
Gender: Male Female	FAMILY INFORMATION
Ethnic group:	Family status: Both parents Single parent - Unmarried
Home language:	Foster care Childrens home Single parent - Divorced
Preferred tuition language:	Other Re-composed Widow/Widower
Dexterity: Left Right Both	Parents deceased: Mother Father None
Learner mobile number:	LEARNER HEALTH INFORMATION
Learner e-mail address:	
Admission date:	Chronic diseases:
Grade in 2025 :	Allergies:
Years in grade for 2025 :	Medication:
Years in phase for 2025 :	MEDICAL AID INFORMATION
Pre-primary education attended: Formal Informal Other: Yes No	Name: Telephone number: Member number: Primary member:
Receives social grant: Yes No	FAMILY DOCTOR INFORMATION
Media consent:	Name:
Do you want to apply for hostel residence: Yes No	Telephone number:
Name of hostel:	Business address:
Method of transport:	
Taxi/Bus registration number:	INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY
Name of driver:	First registration of learner in Western Cape: Yes No
Contact number:	Learner attended school last year Yes No
NEXT OF KIN INFORMATION	If yes, in which Province/Country:
Name:	Previous school
Contact number:	Telephone Number
Alternative contact number:	Address
Relation:	Province
	Highest grade in previous school
	Reason for leaving the school

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION		
Title:	Residential address:	
Full names:		
Surname:		
Initials:	Postal address:	
Preferred name:		
ID number:		
Nationality:	Occupation status:	Own Employer Professional
Home language:		Own Employer Non-Professional
Marital status: Common law marriage Divorced		House wife Part time
Married Separated Single		Contract worker Pensioner
Widowed		Student Temporary
Communication: SMS E-mail Mail By hand		
Comm language:	Occupation	Full time Unemployed
Mobile number:	Occupation: Employer:	
Home tel:		
E-mail:	Work telephone number:	
Is the learner living with this parent? Yes No	Employer physical address:	
BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION		
Title:		
ride.	Residential address:	
Full names:	Residential address:	
	Residential address:	
Full names:	Residential address: Postal address:	
Full names: Surname:		
Full names: Surname: Initials:		
Full names: Surname: Initials: Preferred name:		Own Employer Professional
Full names: Surname: Initials: Preferred name: ID number: Nationality: Home language:	Postal address:	Own Employer Professional Own Employer Non-Professional
Full names: Surname: Initials: Preferred name: ID number: Nationality:	Postal address:	
Full names: Surname: Initials: Preferred name: ID number: Nationality: Home language:	Postal address:	Own Employer Non-Professional
Full names: Surname: Initials: Preferred name: ID number: Nationality: Home language: Marital status: Common law marriage Divorced	Postal address:	Own Employer Non-Professional House wife Part time
Full names: Surname: Initials: Preferred name: ID number: Nationality: Home language: Marital status: Common law marriage Divorced Married Separated Single	Postal address:	Own Employer Non-Professional House wife Part time Contract worker Pensioner
Full names: Surname: Initials: Preferred name: ID number: Nationality: Home language: Marital status: Common law marriage Divorced Married Separated Single Widowed	Postal address:	Own Employer Non-Professional House wife Part time Contract worker Pensioner Student Temporary
Full names: Surname: Initials: Preferred name: ID number: Nationality: Home language: Marital status: Common law marriage Divorced Married Separated Single Widowed Communication: SMS E-mail Mail By hand	Postal address: Occupation status: Occupation:	Own Employer Non-Professional House wife Part time Contract worker Pensioner Student Temporary
Full names: Surname: Initials: Preferred name: ID number: Nationality: Home language: Marital status: Common law marriage Divorced Married Separated Single Widowed Communication: SMS E-mail Mail By hand Comm language:	Postal address: Occupation status: Occupation: Employer:	Own Employer Non-Professional House wife Part time Contract worker Pensioner Student Temporary
Full names: Surname: Initials: Preferred name: ID number: Nationality: Home language: Marital status: Common law marriage Divorced Married Separated Single Widowed Communication: SMS E-mail Mail By hand Comm language: Mobile number:	Postal address: Occupation status: Occupation: Employer: Work telephone number:	Own Employer Non-Professional House wife Part time Contract worker Pensioner Student Temporary
Full names: Surname: Initials: Preferred name: ID number: Nationality: Home language: Marital status: Common law marriage Divorced Married Separated Single Widowed Communication: SMS E-mail Mail By hand Comm language: Mobile number: Home tel:	Postal address: Occupation status: Occupation: Employer:	Own Employer Non-Professional House wife Part time Contract worker Pensioner Student Temporary

	DATE: 30 MAY 2024
ACCOUNTABLE PERSON'S INFORMATION	
Biological Parent 1	Biological Parent 2 Other
Only if 'Other', please con	plete section A or B below:
A) INDIVIDUAL	B) COMPANY / CLOSED CORPORATION / TRUST
Title:	Title:
Full names:	Name:
Surname:	Registration number:
Initials:	Comm language:
Preferred name:	Contact number:
ID number:	Fax number:
Home language:	Business address:
Communication: SMS E-mail Mail By hand	
Comm language:	
Mobile number:	Postal address:
Telephone number:	
Fax number:	
E-mail:	BANKING DETAILS
Residential address:	Bank:
	Branch:
	Branch code:
Postal address:	Account type: Cheque Transmission Savings
-	Bank account number:
	Account holder:



Posbus 140 Malmesbury 7300 admin@swartlandls.co.za

Tel: 0224822251 Fax: 0866683274

www.laerskoolswartland.co.za

CONSENT: SPORT, TRANSPORT

1.	I, parent / guardian of	hereby give permission that he/she may
	participate in all academic, sport and culture acti	vities 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

Swartland Primary School o	restriction La swartland Pri r any person claims, injury	nerskool Swartland Pri mary School or any pe acting on behalf of La or death that may be	mary School and/or the erson employed by Laerskool aerskool Swartland Primary caused to the above learner
Signed at	on	day of	·
Signature of Parent / Guard	ian :		



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PARENT DECLARATION

		(Name of Parent /	Guardian) hereby
declare that the information supplied in this form is true and just and that I, by way of signature hereunder, authorise the Chairperson of the School Governing Body or his/l			
representative to control an information supplied be fou	d confirm any of the d	etails supplied. I am a	aware that should any
Signed at	on	day of	20
Signature of Parent / Guard	dian :		



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CONTRACT: SCHOOL FEES

Agreement between Laerskool Swartland Primary School and

	(Name of parent / guardian) with regards to
the	e 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.
	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.
Si	gnature of Parent / Guardian: Date: