

WINTERTON PRIMARY SCHOOL

Deeds not words



NOTIFICATION OF ATTENDANCE FOR 2018

PLEASE ATTACH CERTIFIED COPIES OF BOTH PARENTS' ID's.

(MUST BE COMPLETED IN FULL)

Child's Name _____
PRINT FIRST NAME AND SURNAME CLEARLY AS PER BIRTH CERTIFICATE

Grade in 2018 _____



"Deeds not Words"

NEW ADMISSIONS / NUWE TOELATINGS

Kindly complete the application form. You will be required to supply us with a copy of the following:-

1. Birth Certificate of the Child. (If not available, kindly apply at Home Affairs.) /
Geboortesertifikaat van die kind. (Indien nie beskikbaar nie, doen aanvraag by Binnelandse sake).
2. Clinic Card. / Kliniek Kaart.
3. 2 x I.D. Photo's. / 2 x I.D. Foto's.
4. Original School report of last term. / Oorspronklike skool rapport van die laaste kwartaal.
5. Transfer Card (not for grade 1). / Oorplatingskaart (nie vir graad 1).
6. Copy of Medical Aid Membership card. / 'n Afskrif van u Mediese Fonds Lidmaatkaart.
7. Certified I.D. Certificate of both parents. / Gesertifiseerde I.D. Sertifikaat van albei ouers.
8. Copy of both parents salary slips. / Afskrif van albei ouers se salarisstrookies.
9. R3 000-00 towards your school fees must be paid on submission of these documents. /
R3 000-00 moet betaal word met die inhandiging van hierdie dokumente. Hierdie bedrag word afgetrek van die skoolfonds.

Yours faithfully / Die uwe

MR/MNR I.E. FREESE
PRINCIPAL / HOOF

Failure to make payment and submission of the above forms will prevent the processing of your application i.e. until all information above is recorded, your child will not be admitted.

Geen prosesering vir applikasie sal afgehandel kan word nie indien die betaling en bogenoemde vorms volledig ingevul en ingehandig word nie



education

Department:
Education
PROVINCE OF KWAZULU-NATAL

REGISTRATION FORM – 2018

PLEASE CHECK THE INFORMATION,
CORRECT WITH A RED PEN AND SIGN WITH A BLACK PEN.



LEARNER INFORMATION

Full names: _____
Surname: _____
Preferred name: _____
Date of birth: _____
ID number: _____
Nationality: _____
Religious denomination: _____
Gender: _____
Ethnic group: _____
Home language: _____
Learner's preferred Teaching Language: _____
Learner cell phone number: _____
Learner email address: _____
Admission date: _____
Currently in grade: _____

Method of transport: (e.g. Private/Taxi/Bus) _____
Name of Driver: _____
Contact number: _____

NEXT OF KIN INFORMATION

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

FOR OFFICE USE ONLY

Family code: _____ ID Copy: _____
Register class: _____ Application fee: _____
Admission number: _____ Proof of residence: _____
Vaccination certificate: _____

LEARNER INFORMATION

Family status: _____
 Both parents Widow / Widower
 Single parent (Unmarried) Single parent (Divorced)
 Foster care Children's home
 Re-composed Other

Parents deceased: None Father Mother

LEARNER HEALTH INFORMATION

Chronic diseases: _____
Allergies: _____
Medication: _____

MEDICAL AID INFORMATION

Medical Aid Name: _____
Telephone number: _____
Member number: _____
Primary Member Name: _____

FAMILY DOCTOR INFORMATION

Name: _____
Telephone number: _____
Business Address: _____

AFTER SCHOOL CENTER

Attends (Yes/No): _____
Names of persons who may NOT collect the learner:

PLEASE COMPLETE ONE OF THE OPTIONS BELOW (SCRAP IF NOT APPLICABLE)

RE-REGISTRATION FOR 2018

With this I re-register xxx for 2018 at xxxx
Name of Parent / Guardian: _____
Name of Parent / Guardian: _____
Date: _____

REQUEST FOR TRANSFER CARD FOR 2018

With this I request a Transfer Card for xxx for 2018
Name of Parent / Guardian: _____
Name of Parent / Guardian: _____
Date: _____

Title: _____

Full Names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Preferred communication methods: _____

sms email

Mail By hand

Language preference: _____

Cell phone number: _____

Home Tel Number: _____

Fax number: _____

email: _____

Residential Address:

Postal address:

Occupation Status: _____

Own employer – Non-Professional

Own employer –Professional

Housewife Part time

Contract worker Pensioner

Student Temporary

Full Time Jobless

Occupation: _____

Employer: _____

Work Telephone number: _____

Employer physical address:

Is the learner living with this parent? (Yes/No) _____

BIOLOGICAL PARENT 2 / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full Names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Preferred communication methods: _____

sms email

Mail By hand

Language preference: _____

Cell phone number: _____

Home Tel Number: _____

Fax number: _____

email: _____

Residential Address:

Postal address:

Occupation Status: _____

Own employer – Non-Professional

Own employer –Professional

Housewife Part time

Contract worker Pensioner

Student Temporary

Full Time Jobless

Occupation: _____

Employer: _____

Work Telephone number: _____

Employer physical address:

Is the learner living with this parent? (Yes/No) _____

On system:

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: _____

Preferred communication methods: _____

sms

email

Mail

By hand

Language preference: _____

Cell phone number: _____

Home Tel Number: _____

Fax number: _____

email: _____

Residential Address: _____

Postal Address: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration Number: _____

Language preference: _____

Contact number: _____

Fax number: _____

email: _____

Business Address: _____

Postal Address: _____

BANKING DETAILS

Bank: FNB

Branch: 220325

Branch Code: 220325

Bank account Number: 5220 415 6832

Email or Fax proof of Payment to:

Email: info@wintertonprimary.co.za

Fax: 036 488 1514 / 086 678 3891

CONSENT AND INDEMNITY FORM
(To be used only in the case of learner transport for school activities of
Section 1 of the South African Schools Act)

I, _____, parent/guardian of _____ in Grade _____

hereby consent to my child's participation in any fundraising project, business activity or any other activity other than a school activity in terms of the South African Schools' Act that has been approved by the governing body or school principal, either on or outside the school grounds.

I acknowledge that my child's participation in the abovementioned activities shall be at own risk.

I further agree that the staff of the school, or a person appointed by the school, may transport my child to and from the activities outside the school premises.

Where an educator voluntarily transports a learner in a non-official capacity, it shall be deemed an arrangement between the parents and the educator, and the school shall not accept responsibility for any risk.

I take note that my child will be under the supervision of the staff of the school, or a person appointed by the school, which person(s) shall act with the necessary caution to ensure my child's safety. I further realise that none of the staff of the school, persons appointed by the school, the governing body or the school itself may be held liable for the loss of any personal possession or any other loss or damage that may be incurred or suffered. Therefore, I hereby waive any right to claim whatsoever against the school that may arise from any loss or damage as a result of participation in the abovementioned activities.

As parent/guardian, I hereby agree that the responsible staff of the school, or a person appointed by the school, may obtain urgent medical assistance for my child should it become necessary during his/her involvement in activities to which this indemnity form pertains. To the best of my knowledge, the child is in good health. Those responsible are however requested to note the following: (Mention any disability, health risk, disorder or impediment from which your child suffers and/or any special activities from which your child must refrain. Also mention any medication of allergies.)

I acknowledge the following:

- 1. That this consent and indemnity does not apply to school activities, and that the state is liable for any damage that may arise from a school activity.
2. That this consent and indemnity in no way constitutes a waiver of the minor's right to institute any claim.

SIGNATURE OF PARENT / GUARDIAN DATE

PLEASE NOTE THAT THIS IS A DIFFERENT CONSENT AND MUST BE SIGNED.

CONSENT FOR LEARNER TRANSPORT
(To be used only in the case of learner transport for school activities of
Section 1 of the South African Schools Act)

I, _____, parent/guardian of _____ in Grade _____

hereby consent to my child's participation in any school activity¹ outside the school premises.

I further agree that the educators of the school, or a person appointed by the school, may transport my child to and from the school premises for the purposes of school activities outside the school grounds.

I acknowledge the following:

- 1. That this consent applies to school activities, and that the state is liable for any damage that may arise from a school activity.²
2. That this consent in no way constitutes a waiver of the minor's right to institute any claim.

SIGNATURE OF PARENT / GUARDIAN DATE

1 A school activity is defined as 'any official educational, cultural, recreational or social activity of the school within or without the school premises'
Section 60(1) of the South African Schools Act provides that the state is liable for any damage that may arise from a school activity: *(1) (a) Subject to paragraph (b), the State is liable for any damage or loss caused as a result of any act or omission in connection with any school activity conducted by a public school and for which such public school would have been liable but for the provisions of this section.*

I / We hereby apply to have the child whose name appears on this form as a learner at WINTERTON PRIMARY SCHOOL.

I / We hereby certify that I / we have legal custody and / or guardianship in respect of the above named learner.

I / We understand that pupils and their parents / guardians have to abide by the school's ethos, policy, rules and regulations, including the School's standards of discipline, dress, behaviour, attitude, extramural activities and social values, and to the various alterations in the rules and disciplinary code that may be made from time to time.

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. *Loco parentis* begins 30 minutes before the official start of school and ends 30 minutes after any school event.

I / We understand that while every reasonable effort will be made to prevent losses or damage to the learner's clothing and equipment, the school cannot be held liable for such.

I / We undertake to reimburse the school for any damage to school property that may be caused by our child.

I / We undertake to give a term's notice in writing of any intention to remove my / our child from the school and furthermore to return any books and / or equipment belonging to the school which our child may have.

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 submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.

I / We accept responsibility for immunizing our child / children against contagious diseases and infections, and shall produce proof thereof if required to do so;

I / We accept the responsibility of the pupil's transport to and from school, and will ensure that the pupil is collected at 2pm unless the pupil is participating in the extra or co-curricular programme, where after the pupil will be collected timeously.

I / We undertake to inform the class teacher of our child's / children's absence from school.

I / We declare that we are prepared to produce a doctor's certificate if and when required. Infectious illness: the return of learners to the school after infectious illness, or contact with infection, is allowed only on presentation of a medical certificate. All learners who are absent for longer than two consecutive school days should bring a doctor's note with them on their return.

Learners who are absent on the day of a scheduled assessment activity must produce a medical certificate on the day of their return to school and will be required to complete the assessment activity on the day of return.

Except in cases of illness, learners may not be absent from school or from matches, or other compulsory school activities without permission being obtained beforehand from the principal or relevant teacher in charge.

I / We undertake to support the school's constitution and policy of admission, as defined and implemented by the School Governing Body.

I / We understand that smoking in school uniform, the abuse of any drug or alcoholic beverage and possession of any dangerous weapons on school property are infringements of the critical school rules and will not under any circumstances be tolerated.

I / We understand that learners go on tours and day outings during the year. This is a privilege, not a right and they are only entitled to go on these trips at the discretion of the staff. The signatory hereby chooses *domicilium citandi et executandi* as indicated below. In the event of a change of address and telephone numbers, parents are to notify the school in writing. Remission forms available at school and to be completed in full and handed in on or before 28 February every year.

This contract will be valid and binding from the day on which it is signed by the parent or guardian.

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 hereto both as parent / guardian, and in his / her personal capacity.

ADDRESS: The signatory hereby chooses domicilium citandi et executandi (OFFICIAL HOME ADDRESS) as:

Physical Address _____

SIGNED on the _____ day of _____ 20_____

PARENT / GUARDIAN SIGNATURE: _____

UNDERTAKING BY PARENTS / GUARDIANS / SPONSORS

I / We understand that both parents, mother and father, and / or guardian and / or sponsor, are jointly and severally liable for the school fees as determined by statutory regulation annually, and that the fees will be paid in accordance with the requirements set out from time to time for the duration of my son's / daughter's / ward's school career at Winterton Primary School.

I / We undertake to pay the school fees levied by the Governing Body by no later than the first of each year. I understand that the contribution of this amount, duly approved by a General Meeting of parents held in accordance with the South African Schools Act (84 Of 1996), is enforceable by law.

I/We will be responsible for the prompt payment of school fees, which is due as per our agreement with the school and as determined from time to time by the Governing Body. When in default of paying the school fees as agreed upon, the total school fees for the year will become due and payable immediately, interest at the prescribed rate can be added to the total amount outstanding from date in Mora. The parent/guardian that defaults will be held liable for all costs and fees incurred during collection on a Attorney to own Client scale, provided for in the Act of Debt Collecting of 1998, specifically tracing costs and any other fees and costs that has already been incurred or will be incurred in future.

I / We undertake to purchase such books and materials as may be reasonably required by the learner as determined by the School, or by its duly authorised representative.

I / We undertake, where requested by the School, to pay for all school excursions and activities, which may be organised by the School or it's duly authorised representative, in which the learner participates from time to time.

PLEASE READ THE FOLLOWING:-

I/We understand the following:-

- a. **The annual school fees will be a compulsory sum of R20 000.00p.a. for 2018 as adopted by the majority of parents at the AGM.**
- b. **An acceptance fee of R3 000.00 is to accompany this application. This amount will be deducted from the R20 000.00 compulsory annual fees. This amount also covers the stationery and insurance for your child.**
- c. **The REMAINING R17 000.00, is due on the 1st day of school or by the following terms:-
Please tick where applicable.**
 - i) **MONTHLY - R1 700-00 per month payable on the 1st day of each month over 10 months.**
 - ii) **TERMLY - R4 250-00 per term payable on the 1st day of each term.**
 - iii) **ONCE OFF - R16 000-00 payable by the 1st day of school in order to qualify for the discount.**
- d. **In the event of the School Governing Body instituting legal action against me for the payment of school fees or for any reason whatsoever that I/we agree and undertake to pay all legal costs on an attorney and own client scale including tracing agents charges, collection commission and all incidental costs thereto.**
- e. **Please note that no remission is granted for stationery and insurance and all remission applications must be submitted by the end of February.**
- f. **Please indicate if you would prefer to receive statements via email / hand:-
Email Address:-**

I / We understand the following:

- a. If the parent / s fail to meet their school fee obligations the school may record the parent / s non-performance with the credit information bureaux.
- b. The school may monitor the parent / s payment behaviour by researching the parent / s record at one or more credit information bureaux.
- c. The school may conduct a credit enquiry and / or a credit information search about the parent / s with a credit information bureau, persons acting as their agents and / or other credit grantors.
- d. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.

I / we undertake to give the Governing Body written notice of not less than one school term before removing the above pupil/s from the school irrespective of the reasons for such removal. If such notice is not given, payment in lieu of notice amounting to a term's contribution will become payable.

I hereby choose dom icillium citandi et executandi (**official residential address**), as that furnished under section F and am legally responsible for paying the above learner's (and siblings') school fees.

| | | |
|-------------------------------------|-------------------------------------|---|
| <u>MOTHER</u> Name: _____ | <u>FATHER</u> Name: _____ | <u>LEGAL GUARDIAN / SPONSOR</u> Name: _____ |
| Signature: _____ | Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ | Date: _____ |

The onus is on the parent / legal guardian / sponsor and the person registering the pupil to ensure the school fees are paid and we therefore require all signatures if such parties are not the same



"Deeds not Words"

PARENTS COPY**SCHOOL FEE PAYMENTS - 2018**

| <u>MONTHLY</u> | <u>1 CHILD</u> | <u>2 CHILDREN</u> | <u>3 CHILDREN</u> | <u>4 CHILDREN</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Initial Payment | 3 000-00 | 6 000-00 | 9 000-00 | 12 000-00 |
| February | 1 700-00 | 3 400- 00 | 5 000-00 | 6 600-00 |
| March | 1 700-00 | 3 400- 00 | 5 000-00 | 6 600-00 |
| April | 1 700-00 | 3 400- 00 | 5 000-00 | 6 600-00 |
| May | 1 700-00 | 3 400- 00 | 5 000-00 | 6 600-00 |
| June | 1 700-00 | 3 400- 00 | 5 000-00 | 6 600-00 |
| July | 1 700-00 | 3 400- 00 | 5 000-00 | 6 600-00 |
| August | 1 700-00 | 3 400- 00 | 5 000-00 | 6 600-00 |
| September | 1 700-00 | 3 400- 00 | 5 000-00 | 6 600-00 |
| October | 1 700-00 | 3 400- 00 | 5 000-00 | 6 600-00 |
| November | 1 700-00 | 3 400- 00 | ...5 000-00 | 6 600-00 |
| | <u>R20 000-00</u> | <u>R40 000-00</u> | <u>R59 000-00</u> | <u>R78 000-00</u> |
| <u>PER TERM</u> | | | | |
| Initial Payment | 3 000-00 | 6 000-00 | 9 000-00 | 12 000-00 |
| 1 st Term | 4 250-00 | 8 500-00 | 12 500-00 | 19 500-00 |
| 2 nd Term | 4 250-00 | 8 500-00 | 12 500-00 | 19 500-00 |
| 3 rd Term | 4 250-00 | 8 500-00 | 12 500-00 | 19 500-00 |
| 4 th Term | 4 250-00 | 8 500-00 | 12 500-00 | 19 500-00 |
| | <u>R20 000-00</u> | <u>R40 000-00</u> | <u>R59 000-00</u> | <u>R78 000-00</u> |
| <u>IN FULL</u> | | | | |
| <u>1ST DAY OF SCHOOL</u> | | | | |
| Initial Payment | 3 000-00 | 6 000-00 | 9 000-00 | 12 000-00 |
| Payment | 16 000-00 | 32 000-00 | 47 050-00 | 62 100-00 |
| Discount Allowed | (1 000-00) | (2 000-00) | (2 950-00) | (3 900-00) |
| | <u>R20 000-00</u> | <u>R40 000-00</u> | <u>R59 000-00</u> | <u>R78 000-00</u> |

BANKING DETAILS:-

Bank : First National Bank
 Branch : Estcourt
 Branch Code : 220 - 325
 Account No. : 52204156832
 Reference : Account No.: ONLY for School Fees, Bus and Uniform – e.g. MEB001

Please note that if account number is not used as the reference then the payment will not be allocated.

For any other outings or sports events please use child's name, surname and event – e.g. John Doe – U11 Cricket Tour