

# Winterton

Primary/Primêr  
'Deeds not Words'



Private Bag X11  
Winterton  
3340  
Tel: 036 488 1513

Email: [admin@wintertonprimary.co.za](mailto:admin@wintertonprimary.co.za)

[info@wintertonprimary.co.za](mailto:info@wintertonprimary.co.za) (finance)

[sport@wintertonprimary.co.za](mailto:sport@wintertonprimary.co.za)

website: [www.wintertonprimary.co.za](http://www.wintertonprimary.co.za)

## APPLICATION FOR ADMISSION 2027

**ALL DESIGNATED SECTIONS REQUIRING SIGNATURES MUST BE SIGNED IN FULL  
AND EVERY PAGE MUST BE INITIALED**

**(THIS FORM MUST BE COMPLETED IN FULL)**

CHILD'S FULL NAME/S: \_\_\_\_\_

**PRINT FULL NAMES AND SURNAME CLEARLY AS PER BIRTH CERTIFICATE**

GRADE IN 2027: \_\_\_\_\_

ENGLISH / AFRIKAANS: \_\_\_\_\_

## NEW ADMISSIONS/NUWE TOELATINGS



You will be required to supply us with a copy of the following:

1. **An Official / UNABRIDGED Birth Certificate of the Child. (If not available, kindly apply at Home Affairs and bring a copy of your receipt.) / Geboortesertifikaat van die kind. (Indien nie beskikbaar nie, doen aanvraag by Binnelandse sake en bring n afskrif van jou bewys).**
2. **Clinic Card. / Kliniek Kaart. – vaccinations need to be up to date.**
3. **2 x I.D. Photo's. / 2 x I.D. Foto's.**
4. **Copy of School report of last term. / Oorspronklike Skool rapport van die laaste kwartaal.**
5. **Copy of Medical Aid Membership card. / 'n Afskrif van u Mediesefonds Lidmaatkaart.**
6. **Certified I.D. Certificate of both parents OR guardians. / Gesertifiseerde I.D. Sertifikaat van albei ouers OF voogde.**
7. **Temporary or Permanent Residence Permit from the Department of Home Affairs or a Study Permit for non-RSA citizens or evidence that an application per permission to stay in South Africa has been made.**
8. **Copy of both parents' salary slips / Bank statements / Afskrif van albei ouers se salarisstrookies of bankstaate**
9. **Financial clearance certificate, as well as latest school statement of account from current school.**
10. **Proof of Residence / Bewys van adres: Municipal utility bill (water, electricity, rates) / Signed lease agreement / Bank statement / sworn affidavit confirming the residential address.**
11. **If the child does not live with biological parents, a sworn affidavit + ID of the guardian of who the child resides with is required.**

**Winterton Primary School is covered by The ONE Edu Emergency Assist Scheme underwritten by Mutual & Federal. This is an emergency insurance only and NOT a medical aid. Medical expenses for a child injured at school or any school event are covered under this policy. The initial medical /hospital expenses are covered but any after care or post treatment is not covered under this scheme.**

**In the event of an accident the correct procedure will be followed by the Coach/Educator and the persons concerned will be informed of the procedure to follow. (Refer to Section G)**

The admissions committee aims to have all responses to applications finalized by the end of September and will communicate responses via email – **please ensure that the email address you have provided is correct** and is regularly checked. To ensure our email does not end up in your 'junk' or 'spam' folder, please add the email address [admin@wintertonprimary.co.za](mailto:admin@wintertonprimary.co.za) to your safe senders list (or ensure that you regularly check these folders as well as your inbox). **It is of utmost importance to have an email address.** That's the way we will be **communicating with you as parent!**

- a) Please ensure that numbers and letters are written clearly to ensure that we are able to make contact with you.
- b) **Please note that submission of this application does NOT guarantee admission.**
- c) Queries can be made via telephone on 036 488 1513 or email to [admin@wintertonprimary.co.za](mailto:admin@wintertonprimary.co.za)
- d) **NO CASH PAYMENTS – STRICTLY EFT OR SPEEDPOINT. CASH TO BE DEPOSITED AT NEDBANK.**



education

Department:  
Education  
PROVINCE OF KWAZULU-NATAL

### APPLICATION FOR ADMISSION – 2027



#### LEARNER INFORMATION

Full names: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Preferred name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 ID number: \_\_\_\_\_  
 Passport number: \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 Religious denomination: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Ethnic group: \_\_\_\_\_  
 Home language: \_\_\_\_\_  
 Learner's preferred Teaching Language: \_\_\_\_\_  
 Left or Right handed: \_\_\_\_\_  
 Admission date: \_\_\_\_\_  
 Currently in grade: \_\_\_\_\_  
 Registered for / Receiving Social Grant: YES  NO

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

#### NEXT OF KIN INFORMATION

Name: \_\_\_\_\_  
 Contact number: \_\_\_\_\_  
 Alternative contact number: \_\_\_\_\_  
 Relation: \_\_\_\_\_

Name: \_\_\_\_\_  
 Contact number: \_\_\_\_\_  
 Alternative contact number: \_\_\_\_\_  
 Relation: \_\_\_\_\_

Names of persons who may NOT collect the learner:  
 \_\_\_\_\_  
 \_\_\_\_\_

#### FOR OFFICE USE ONLY

Birth Certificate: \_\_\_\_\_ Parents/Guardian ID's: \_\_\_\_\_  
 Vaccination record: \_\_\_\_\_ Foreign Nationals Docs: \_\_\_\_\_  
 Proof of Residence: \_\_\_\_\_ Salary / Bank slips: \_\_\_\_\_  
 School Report: \_\_\_\_\_ School Statement: \_\_\_\_\_  
 Medical Aid: \_\_\_\_\_ Financial Clearance: \_\_\_\_\_

#### 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 Medical condition/s: \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Medication: \_\_\_\_\_  
 \_\_\_\_\_

#### MEDICAL AID INFORMATION

Medical Aid Name: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Member number: \_\_\_\_\_  
 Main Member Name: \_\_\_\_\_

#### FAMILY DOCTOR INFORMATION

Name: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Name of applicant's current school: \_\_\_\_\_

Has the applicant ever repeated a school year? \_\_\_\_\_ If yes, which grade? \_\_\_\_\_

What was the reason for repeating? \_\_\_\_\_

Does the applicant have a sibling(s) (brother / sister) who currently attend Winterton Primary? If yes, please supply full names below:

Name and Surname	Current Grade	Year Started	School Sport House

Do you have any previous family members that attended WPS? \_\_\_\_\_

PLEASE PROVIDE FURTHER INFORMATION ABOUT THE APPLICANT UNDER THE FOLLOWING HEADINGS:

**ACADEMIC** (Achievements, learning difficulties etc.): \_\_\_\_\_

**SPORT AND CULTURAL INTERESTS** (Participation, achievement, level of representation etc.):

ARE THERE ANY **OTHER FACTORS** TO SUPPORT YOUR APPLICATION THAT YOU WOULD LIKE TO SHARE WITH US:

## BIOLOGICAL PARENT 1 / LEGAL GUARDIAN 1 INFORMATION

Title: \_\_\_\_\_  
Full Names: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Preferred name: \_\_\_\_\_  
ID number: \_\_\_\_\_  
Home language: \_\_\_\_\_  
Language preference: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_  
Preferred WhatsApp Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
**(No other communication methods)**  
Residential Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Relation to child: \_\_\_\_\_

Occupation Status:  
 Own employer – Non-Professional  
 Own employer – Professional  
 Housewife  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 or guardian? \_\_\_\_\_

## BIOLOGICAL PARENT 2 / LEGAL GUARDIAN 2 INFORMATION

Title: \_\_\_\_\_  
Full Names: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Preferred name: \_\_\_\_\_  
ID number: \_\_\_\_\_  
Home language: \_\_\_\_\_  
Language preference: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_  
Preferred WhatsApp Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
**(No other communication methods)**  
Residential Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Relation to child: \_\_\_\_\_

Occupation Status:  
 Own employer – Non-Professional  
 Own employer –Professional  
 Housewife  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 or guardian? \_\_\_\_\_

# ACCOUNTABLE FOR SCHOOL FEES

\*\*\* Please note that in terms of the South African Schools Act, Section 40 (1) thereof, both parents are jointly and severally liable for payments of school fees.

Biological Parent 1

Biological Parent 2

Other

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

## INDIVIDUAL

Title: \_\_\_\_\_

Full Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Home language: \_\_\_\_\_

Language preference: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Preferred WhatsApp Number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

**(No other communication methods)**

Residential Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COMPANY / CLOSED CORPORATION / TRUST

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Language preference: \_\_\_\_\_

Contact number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

Business Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BANKING DETAILS

**Bank: NEDBANK - Cascades – Current  
Branch - Cascades**

**Branch Code: 198765**

**Bank account number: 1201 566 029**

**Acc. Name: Winterton Primary**

**Ref: Account number**

**Email or fax proof of payment to:**

**Email: [accounts@wintertonprimary.co.za](mailto:accounts@wintertonprimary.co.za)**

**Fax: 036 488 1514 / 086 678 3891**

## SECTION E: INDEMNITY FORM FOR EXTRAMURAL ACTIVITIES

### 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 activity<sup>1</sup> 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.<sup>2</sup>
2. That this consent in no way constitutes a waiver of the minor's right to institute any claim.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

<sup>1</sup> 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.\*

## SECTION F: UNDERTAKING BY PARENTS / GUARDIANS / SPONSORS

*In accordance with section 39 of the SA School Act 84 of 1996 ("the Act"), a public school may only determine the school fees if the majority of parents agreed to the fees, as per section 83(2) of the Act, at a general meeting.*

*According to section 40 of the SA Schools Act, 84 of 1996 the parent undertakes to pay the subscribed school fees as set out. A parent is liable for the payment of school fees in accordance with section 39 of the Act, unless he is exempt by law from paying.*

### ***In accordance with Section 39 of the SA School Act, 84 of 1996***

- a. *A parent is liable to pay the school fees determined by the Governing Body.*
- b. *The Governing Body may, by process of law, enforce the payment of school fees by parents who are liable to pay in terms of section 40 and 41 of the Act.*
- c. *Living, biological parents are jointly and severally liable for the payment of school fees irrespective of their marital status.*
- d. *Legal action may be taken against **BOTH** parents regardless of any maintenance or court actions between parties.*
- e. *Parents, who are unable to pay, may apply for exemption or partial exemption, before the end of **FEBRUARY** of each year.*
- f. *Outstanding school fees are handed over for collection if **60 DAYS OVER**. You will be liable to pay all collection fees, as well as the legal costs between attorney and client, if the Governing Body of the school finds it necessary to take legal action against you for the non-payment of school fees and/or any other money outstanding.*
- g. *School fees are payable annually or monthly in advance, subject to payment conditions set out below. In the event of one payment not being made, the full years school fees will become due and payable immediately.*

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: \_\_\_\_\_

## SECTION G: ONE INSURANCE

The safety and well-being of your child is of utmost importance to our school. It is with this in mind that our school has partnered with ONE Insurance to offer all learners an effective solution in the event of an emergency.

ONE Edu Emergency Assist was specifically designed to remove any uncertainty from the emergency, and to ensure that a learner gets the best possible treatment in the shortest possible time.

**It is important to note that this is an EMERGENCY PRODUCT and not a medical aid.**

**The following points are important in understanding the product:**

- Cover is for any injury while under the jurisdiction of the School.
- We are only allowed to cover for the emergency. Once the emergency is deemed to be over cover stops.
- Should a parent have a medical aid, the medical aid must cover first (see below for more information)

**IMPORTANT PRODUCT INFORMATION:**

**The following is vital to the success of this product:**

1. The process **MUST** be started on the same day of the accident / injury
2. Cover **STOPS** as soon as the student has been **DISCHARGED** (NO further cover)
3. Cover is for any injury under the jurisdiction of the school
4. Medical Aid must cover first, if applicable. This product will settle cost not covered by the Medical Aid.
5. All fees paid from Medical Savings Account will be refunded to parents.
6. No excess applicable.

We trust you see the benefits in taking hands as we work together to ensure the safety of your child.

Please do not hesitate to contact us should you have any questions concerning ONE Insurance.

SIGNED on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

### **AS PER THE POPI ACT:**

- I/We consent that the School to collect, store and update personal information of me/us and the student.
- I/We consent that the School may provide the information to an authorised representative for a lawful purpose only.
- I/We give consent that the information provided be confirmed and updated where necessary by the School or the Schools authorised representative.

## UNDERTAKING BY PARENTS / GUARDIANS / SPONSORS

I / We understand that both parents, mother and father, and / or guardian and / or sponsor, of \_\_\_\_\_ (LEARNER NAME) in **Grade** \_\_\_\_\_ **2027** 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:-**

### FEES FOR 2027 – TO BE CONFIRMED!

I/We understand the following:-

- a. The annual school fees for 2026 are a compulsory sum of R 26 250.00 p.a. The 2027 fees will only be confirmed once adopted by the majority of parents at the AGM which takes place in September each year.
- b. Once you have received an Acceptance Letter from Winterton Primary School, **R3180-00** is to be paid **immediately** as confirmation of your child's enrolment. This amount will be deducted from the R26 250.00 compulsory annual fees. The R3180-00 YEARLY STARTER PACK covers stationery, art supplies, insurances, affiliation fees (Country Club as well as other organisations), sport and event transport fees and Computer licences for Educational programmes. **PLEASE NOTE: The yearly starter pack fee is payable for each year that your child is a registered learner at Winterton Primary School.**
- c. The **REMAINING R 23 070.00**, is due on the 1<sup>st</sup> day of school or by the following terms:-  
Please tick where applicable.
  - i) MONTHLY - R2307-00 per month payable on the 5<sup>th</sup> day of each month over 10 months.
  - ii) TERMLY - R5767-50 per term payable on the 1<sup>st</sup> day of each term.
  - iii) ONCE OFF - R21 757-00 payable by the 31<sup>st</sup> of January in order to qualify for 5% discount.
- d. I/We hereby authorise the Governing Body of Winterton Primary School, or its duly authorised representative, to conduct a full credit investigation into my/our affairs and to report me/us to any Credit Bureau upon non-payment or late payment of any amount due and payable.
- e. 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 agent's charges, collection commission and all incidental costs thereto.
- f. Please note that no remission is granted for stationery and insurance and all remission applications must be submitted before the end of February of each year.
- g. Statements will be sent via email 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 bureau.
- b. The school may monitor the parent /s payment behaviour by researching the parent /s record at one or more credit information bureau.
- 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.

#### **MOTHER**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **FATHER**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **LEGAL GUARDIAN / SPONSOR**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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**



## SCHOOL FEE PAYMENTS – 2027 TO BE CONFIRMED

<u>MONTHLY</u>	<u>DUE BY</u>	<u>1 CHILD</u>	<u>2 CHILDREN</u>	<u>3 CHILDREN</u>	<u>4 CHILDREN</u>
<b>YEARLY STARTER PACK FEE</b>	<b>30 November 2025</b>	<b>3 180-00</b>	<b>6 360-00</b>	<b>9 540-00</b>	<b>12 720-00</b>
January	5 January	2 307-00	4 614-00	6 921-00	9 228-00
February	5 February	2 307-00	4 614-00	6 921-00	9 228-00
March	5 March	2 307-00	4 614-00	6 921-00	9 228-00
April	5 April	2 307-00	4 614-00	6 921-00	9 228-00
May	5 May	2 307-00	4 614-00	6 921-00	9 228-00
June	5 June	2 307-00	4 614-00	6 921-00	9 228-00
July	5 July	2 307-00	4 614-00	6 921-00	9 228-00
August	5 August	2 307-00	4 614-00	6 921-00	9 228-00
September	5 September	2 307-00	4 614-00	6 921-00	9 228-00
October	5 October	2 307-00	4 614-00	6 921-00	9 228-00
		<b><u>R26 250-00</u></b>	<b><u>R52 500-00</u></b>	<b><u>R78 750-00</u></b>	<b><u>R105 000-00</u></b>
<b><u>PER TERM</u></b>					
<b>YEARLY STARTER PACK FEE</b>	<b>30 November 2025</b>	<b>3 180-00</b>	<b>6 360-00</b>	<b>9 540-00</b>	<b>12 720-00</b>
1 <sup>st</sup> Term	1 January	5 767-50	11 535-00	17 302-50	23 070-00
2 <sup>nd</sup> Term	1 April	5 767-50	11 535-00	17 302-50	23 070-00
3 <sup>rd</sup> Term	1 July	5 767-50	11 535-00	17 302-50	23 070-00
4 <sup>th</sup> Term	1 October	5 767-50	11 535-00	17 302-50	23 070-00
		<b><u>R26 250-00</u></b>	<b><u>R52 500-00</u></b>	<b><u>R78 750-00</u></b>	<b><u>R105 000-00</u></b>
<b><u>IN FULL</u></b>					
<b><u>2026 FEE</u></b>		<b><u>R26 250-00</u></b>	<b><u>R52 500-00</u></b>	<b><u>R78 750-00</u></b>	<b><u>R105 000-00</u></b>
<b>YEARLY STARTER PACK FEE</b>	<b>30 November 2025</b>	<b>(3 180-00)</b>	<b>(6 360-00)</b>	<b>(9 540-00)</b>	<b>(12 720-00)</b>
Discount Allowed		(1 313-00)	(2 626-00)	(3 939-00)	(5 252-00)
Balance payment due	By 31 January	<b><u>R21 757-00</u></b>	<b><u>R43 514-00</u></b>	<b><u>R65 271-00</u></b>	<b><u>R87 028-00</u></b>

The R3180-00 YEARLY STARTER PACK covers stationery, art supplies, insurances, affiliation fees (Country Club as well as other organisations), sport and events transport fees and Computer Licences for Educational programmes.

**PLEASE NOTE:** The yearly starter pack fee is payable for each year that your child is a registered learner at Winterton Primary School.

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

### **BANKING DETAILS:**

Bank : NEDBANK  
 Branch : Cascades - Current  
 Branch Code : 198765  
 Acc. No. : 1201566029  
 Acc. Name : Winterton Primary  
 Reference : Account Number and Surname  
 Email or Fax proof of payment to:- [accounts@wintertonprimary.co.za](mailto:accounts@wintertonprimary.co.za)