

# ST. PAUL'S PRIMARY SCHOOL

40 Bryant Street, Bo Kaap,  
Cape Town, 8001.

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Bursar: [stpaulsprimary.finance@gmail.com](mailto:stpaulsprimary.finance@gmail.com)



Tel: (021) 424 – 2830  
Bursar: (021) 422 – 5441

Fax: (021) 424 – 2882  
Principal: Ms Y Mgudlwa

## APPLICATION FOR ADMISSION 20\_\_

PLEASE ATTACH PHOTO HERE	NAME OF LEARNER:			
	GRADE APPLYING FOR:		YEAR APPLYING FOR: <b>20__</b>	APPLICATION NO:

### APPLICATION INFORMATION AND REQUIREMENTS:

Please print in capitals and complete ALL sections, even if there is repetition. The supplying of false information will invalidate this application. Please supply a physical address as well as a postal address if applicable.

#### The application must be accompanied by:

- Copies of Identity documents (Certified) of both parents and /or account payers.
- Proof of residential address of the child, i.e., rates account or utility bill
- Copy of child's birth certificate or Passport (Certified)
- Immunisation (Clinic) Card copy (Certified) all children must be immunised.
- Copy of child latest school report or (if learner did attend crèche) a progress letter from the crèche will be needed.
- One passport size photograph of your child attached in the space provided.
- Proof of income.
- NO LATE APPLICATIONS WILL BE CONSIDERED.

**APPLICATIONS MUST BE MADE TO A MINIMUM OF 3 SCHOOLS AS PER THE WESTERN CAPE EDUCATION DEPARTMENTS DIRECTIVE. IT IS NOT AUTOMATIC ACCEPTANCE WHEN YOU HAND IN YOUR FORM.**

DETAILS OF LEARNER					
SURNAME:		INITIALS:			
FIRST NAMES:					
GENDER:	MALE		FEMALE		
ADDRESS AND CONTACT DETAILS OF LEARNER:					
PHYSICAL ADDRESS					
	POSTAL CODE :				
CELLPHONE NO:					
OTHER PERSONAL DETAILS OF LEARNER					
ID/PASSPORT NUMBER:		BIRTH DATE:			
HOME LANGUAGE:		NATIONALITY:			
DATE OF ARRIVAL IN SA:		SA CITIZENSHIP:	YES	NO	
RELIGION:					
NAME OF CURRENT SCHOOL / CRECHE					
SIBLINGS IN THIS SCHOOL:	NAME:		GRADE:		
	NAME:		GRADE:		
SIBLINGS IN OTHER SCHOOLS					
NAME:		SCHOOL:		GRADE:	
NAME:		SCHOOL:		GRADE:	
NAME:		SCHOOL:		GRADE:	
NAME:		SCHOOL:		GRADE:	
MEDICAL DETAILS OF LEARNER					
DOCTORS NAME :					
PRACTICE PHONE NO:					
CELL NO:					
EMERGENCY CONTACT (OTHER THAN PARENTS )					
NAME:		TEL NO:			
RELATIONSHIP TO LEARNER:		CELL NO:			
MEDICAL HISTORY OF LEARNER					
ALLERGIES:					
ROUTINE MEDICATION					
RECENT INJURIES:					
PREVIOUS OPREATIONS:					
EXISTING MEDICAL PROBLEMS:					

PLEASE INDICATE ANY APPROPRIATE INFORMATION BELOW. FAILURE TO DO SO MAY RESULT IN YOUR APPLICATION BEING WITHDRAWN:

LEARNING DISABILITIES:

SOCIAL DISABILITIES:

**MEDICAL AID DETAILS**

MEMBERS NAME:

MEDICAL AID: E.G  
FEDHEALTH

MEMBERSHIP NO:

SPECIFIC PLAN:E.G  
MAXIMA

**CORRESPONDENCE**

PLEASE INDICATE WHO IS TO RECEIVE THE SCHOOL REPORT.

FATHER

MOTHER

GUARDIAN

PLEASE INDICATE WHO IS TO RECEIVE THE FEES ACCOUNT.

FATHER

MOTHER

GUARDIAN

**WHO DOES THE LEARNER RESIDE WITH?**

FATHER

MOTHER

GUARDIAN

GRANDPARENT

SPONSOR

OTHER

**DETAILS OF FATHER**

SURNAME:

TITLE:

FIRST NAMES:

IDENTITY NO:

E-MAIL:

MARITAL STATUS:

MARRIED:

DIVORCED:

SINGLE:

REMARRIED

HOME PHONE NO:

CELL NO:

BUSINESS NUMBER:

FAX NO:

PHYSICAL ADDRESS:

POSTAL CODE:

POSTAL ADDRESS:  
IF DIFFERENT TO  
ABOVE:

NAME OF EMPLOYER :

(IF PARENT IS A TEACHER , PLEASE STATE THE NAME OF THE SCHOOL)

OCCUPATION:

**DETAILS OF MOTHER**

SURNAME:

TITLE:

FIRST NAMES:

IDENTITY NO:

E-MAIL:

MARITAL STATUS:

MARRIED:

DIVORCED:

SINGLE:

REMARRIED

HOME PHONE NO:

CELL NO:

BUSINESS NUMBER:

FAX NO:

PHYSICAL ADDRESS:

		POSTAL CODE:	
POSTAL ADDRESS: IF DIFFERENT TO ABOVE:			
NAME OF EMPLOYER :	(IF PARENT IS A TEACHER , PLEASE STATE THE NAME OF THE SCHOOL)		
OCCUPATION:			

DETAILS OF STEPFATHER			
SURNAME:		TITLE:	
FIRST NAMES:			
IDENTITY NO:		E-MAIL:	
MARITAL STATUS:	MARRIED:		DIVORCED:
	SINGLE:		REMARRIED
HOME PHONE NO:		CELL NO:	
BUSINESS NUMBER:		FAX NO:	
PHYSICAL ADDRESS:			
		POSTAL CODE:	
POSTAL ADDRESS: IF DIFFERENT TO ABOVE:			
NAME OF EMPLOYER :	(IF PARENT IS A TEACHER , PLEASE STATE THE NAME OF THE SCHOOL)		
OCCUPATION:			

DETAILS OF STEPMOTHER			
SURNAME:		TITLE:	
FIRST NAMES:			
IDENTITY NO:		E-MAIL:	
MARITAL STATUS:	MARRIED:		DIVORCED:
	SINGLE:		REMARRIED
HOME PHONE NO:		CELL NO:	
BUSINESS NUMBER:		FAX NO:	
PHYSICAL ADDRESS:			
		POSTAL CODE:	
POSTAL ADDRESS: IF DIFFERENT TO ABOVE:			
NAME OF EMPLOYER:	(IF PARENT IS A TEACHER , PLEASE STATE THE NAME OF THE SCHOOL)		
OCCUPATION:			

DETAILS OF GUARDIAN/SPONSOR			
SURNAME:			TITLE:
FIRST NAMES:			
IDENTITY NO:		E-MAIL:	
MARITAL STATUS:	MARRIED:		DIVORCED:
	SINGLE:		REMARRIED
HOME PHONE NO:		CELL NO:	
BUSINESS NUMBER:		FAX NO:	
PHYSICAL ADDRESS:			
		POSTAL CODE:	
POSTAL ADDRESS: IF DIFFERENT TO ABOVE:			
NAME OF EMPLOYER:	(IF PARENT IS A TEACHER , PLEASE STATE THE NAME OF THE SCHOOL)		
OCCUPATION:			

OFFICE USE ONLY			
FORM RETURNED ON:		RECEIVED BY:	
ALL DOCUMENTS RECEIVED:	<input type="checkbox"/> Yes  <input type="checkbox"/> No	List outstanding documents:	
Comments: -			
.....			
.....			
.....			

ACCEPTED: -	ACCEPTED BY: -	SIGNATURE
<input type="checkbox"/> YES		
<input type="checkbox"/> NO		

**PARENT / GUARDIAN's COMMITMENT**

I, \_\_\_\_\_ [Full name] THE UNDERSIGNED PARENT/ LEGAL GUARDIAN

OF \_\_\_\_\_ (LEARNER)

AGREE TO THE FOLLOWING:

1] IT IS MY RESPONSIBILITY TO ASSIST ST PAUL'S PRIMARY SCHOOL IN ENSURING THAT ALL SCHOOL RULES ARE RESPECTED AND UPHELD ACCORDING TO THE "CODE OF CONDUCT";

2] I WILL INFORM THE SCHOOL IN WRITING, OF ALL AND ANY CHANGES, REGARDING CONTACT INFORMATION;

3] I WILL PROVIDE THE FOLLOWING FOR MY CHILD/CHILDREN:

[A] TEXTBOOKS & WRITING BOOKS, COPY PAPER – AS STIPULATED PER STATIONERY LIST

[B] FULL UNIFORM

[C] WRITING UTENSILS & EQUIPMENT

[D] I ACKNOWLEDGE AND SUPPORT ALL SCHOOL POLICIES.

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

DATED: \_\_\_\_\_

**SETTLEMENT OF SCHOOL FEES ACCOUNT**

· IN THE EVENT OF DIVORCE THE PARENT ACCOMPANYING THE MINOR IS RESPONSIBLE FOR SETTLEMENT OF THE ACCOUNT.

· IN THE EVENT OF ANY LEGAL ACTION BEING INSTITUTED AGAINST ME FOR RECOVERY OF ANY AMOUNT WHATSOEVER, I SHALL BE LIABLE FOR ALL LEGAL COSTS INCURRED INCLUDING, ADMIN COSTS, 10% RECEIPTING FEE ON EACH INSTALMENT PAID, ALL LEGAL COSTS INCURRED AND INTEREST FROM DATE OF SERVICES RENDERED UNTIL DATE OF PAYMENT IN FULL. IF THE MATTER IS DEFENDED, I WILL BE LIABLE FOR LEGAL COSTS INCURRED ON AN ATTORNEY/CLIENT SCALE. THE POLICY OF THE OPERATION OF THIS SCHOOL HAS BEEN EXPLAINED TO ME VERBALLY. ONCE MY ACCOUNT HAS BEEN HANDED OVER THERE WILL BE NO FURTHER CORRESPONDENCE ENTERED INTO WITH THE PRACTICE. ALL CORRESPONDENCE WILL BE WITH ABSOLUTE DEBT SOLUTIONS.

· YOUR ATTENTION IS FURTHER DRAWN TO SECTION 109(1) OF THE MAGISTRATE'S COURT ACT 32 OF 1944 WHICH STIPULATES THAT YOU MUST NOTIFY US OF ANY CHANGE OF ADDRESS IN YOUR WORK OR HOME WITHIN FOURTEEN (14) DAYS OF SUCH CHANGE. AND I CHOOSE THE ADDRESS SUPPLIED BY MYSELF AS THE *DOMICILIUM CITANDI ET EXECUTANDI*.

I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS MENTIONED ABOVE. I CONFIRM THAT THE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT.

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

DATED: \_\_\_\_\_

