

St Gregory Primary School

Tel: 036 352 6637
Fax: 086 768 2476
E Mail: stgadmin@lantic.net



Crescere

P.O. Box 952
Estcourt
3310
Kwa Zulu Natal

APPLICATION FOR NEW LEARNER

Dear Prospective Parent /Guardian

We welcome you today and appreciate you considering St Gregory Primary School as the next step in your child's education.

Please complete this form and return it to the school with the following:

- Completed Application Form with all Learner and Parent's Details
- Financial clearance certificate
- Copies of identity documents of both parents / guardians
- Proof of residence, lights and water bill
- Copy of child's birth certificate
- Copy of child's 'road to health' card
- Small colour photo of child
- Last 2 reports received
- Salary slips of both parents and/or guardian responsible for the account

Age requirements:

| | |
|----------|---|
| Grade RR | The year in which learner turns 5 before end June |
| Grade R | The year in which learner turns 6 before end June |
| Grade 1 | The year in which learner turns 7 before end June |

When all the necessary documentation has been processed, you will be contacted to bring your child for an interview with the class teacher and principal

After acceptance to the school, you will also need to complete and sign the following documents:

- Enrolment agreement
- Agreement to pay school fees
- Code of conduct
- General indemnity
- Cumulative Record Card
- Transfer Card

A non-refundable registration fee of **R600** is payable on acceptance / registration of the learner. This payment should accompany the enrolment agreement.

I wish you and your child / ward the best St Gregory Primary School has to offer and trust that your association with the School will be long and fulfilling.

Thank you

Mr. H. Jansen
Principal

Learner's Details:

| | | | | | |
|---|--|---|--------------|-----------------------------|--|
| Grade Applied for: | | Highest Grade Passed: | | Year When Grade was passed: | |
| Surname: | | Date Of Birth dd / mm / yyyy | | | |
| Initials: | | ID Number: | | | |
| First Name: | | Race: | Citizenship: | | |
| Known As: | | Gender: | Male | Female | |
| Physical Address (where learner lives): | | Who does the learner live with: | | | |
| | | Home Language: | | | |
| | | Home Telephone: | | | |
| Postal Address (responsible person): | | Emergency Contact: | | | |
| | | Transport to/from School: | | | |
| | | Driver Name: | | | |
| | | Driver Cell: | | | |
| Medical Aid: | | Family Doctor: | | | |
| Medial Aid No: | | Doctor's Telephone: | | | |
| Main Member: | | Doctor's Address: | | | |

Learner's Know Health & Medical Conditions

| | | | | | | | |
|------------------|------------|-----------|--|-----------------|--|------------|--|
| Heart Murmur | | Asthma | | Ulcers | | Depression | |
| Blood Pressure | high / low | Blackouts | | Anxiety Attacks | | Glasses | |
| Hearing Problems | | ADD/ADDHD | | Diabetes | | Epilepsy | |
| Other: | | | | | | | |

Please list all allergies the learner might have (eg. Bees, nuts, dust, dairy etc)

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Any medication required by your child MUST be handed to the front Office or Teacher with detailed written instructions attached

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Please note that the school will NOT, under any circumstances, administer any medication to a child without written parental approval

Siblings

| | | |
|-----------------|---------|--------|
| Name & Surname: | School: | Grade: |
| Name & Surname: | School: | Grade: |
| Name & Surname: | School: | Grade: |

School History

| | |
|------------------|-----------------|
| Previous School: | School Address: |
| Contact Details: | |

Parent's Details:

| Father | | Mother | | Guardian (learner lives with) | |
|-------------------------|----------|-------------------------|----------|-------------------------------|----------|
| Title: | | Title: | | Title: | |
| Surname: | | Surname: | | Surname: | |
| Initials: | | Initials: | | Initials: | |
| Name: | | Name: | | Name: | |
| ID Number | | ID Number | | ID Number | |
| Home Tel: | | Home Tel: | | Home Tel: | |
| Cellphone: | | Cellphone: | | Cellphone: | |
| E-mail Address: | | E-mail Address: | | E-mail Address: | |
| Physical Address: | | Physical Address: | | Physical Address: | |
| | | | | | |
| | | | | | |
| Postal Address: | | Postal Address: | | Postal Address: | |
| | | | | | |
| | | | | | |
| Responsible for account | Yes / No | Responsible for account | Yes / No | Responsible for account | Yes / No |

| | | |
|---------------|---------------|---------------|
| Employer: | Employer: | Employer: |
| Position Held | Position Held | Position Held |
| Work Tel: | Work Tel: | Work Tel: |
| Work Address: | Work Address: | Work Address: |
| | | |
| | | |

Print Full Name

Print Full Name

Print Full Name

Signature

Signature

Signature

Date

Date

Date

Office Use Only

| | | |
|----------------------------|------------------|------------------------|
| Date & Time for Interview: | | Teacher: |
| Teacher's Comments: | | |
| | | |
| Principals Comments: | | |
| | | |
| Accepted | | Not Accepted |
| Starting Date: | | Reason: |
| Account Number: | | |
| House Allocation: | Falcons / Eagles | Previous School Check: |

