



110 Goldman Street, Florida, 1709 Tel: 011 472 0172 Email: info@fis.org.za NPC-2014/105271/08 NPO 306-982

## APPLICATION FOR ADMISSION

GRADE APPLYING FOR	<input type="text" value="RR"/>	<input type="text" value="R"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
YEAR APPLYING FOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	LAST GRADE PASSED <input type="text"/>				

### Documents Required

Certified Copies of the following documents must be attached to this application.

<input type="checkbox"/> UNABRIDGED BIRTH CERTIFICATE	<input type="checkbox"/> VACCINATION CARD
<input type="checkbox"/> MOTHER'S ID	<input type="checkbox"/> TRANSFER CARD
<input type="checkbox"/> FATHER'S ID	<input type="checkbox"/> FINANCIAL CLEARANCE
<input type="checkbox"/> LAST SCHOOL & MADRESSAH REPORT	<input type="checkbox"/> FEE STRUCTURE AGREEMENT
<input type="checkbox"/> PROOF OF PAYMENT FOR APPLICATION FEE (R400)	<input type="checkbox"/> ENTRANCE EXAMINATION
<input type="checkbox"/> PROOF OF RESIDENCE	<input type="checkbox"/> PROOF OF EMPLOYMENT

Foreign Nationals must submit the following additional documents

<input type="checkbox"/> STUDY PERMIT IN RESPECT OF LEARNER
<input type="checkbox"/> TEMPORARY OR PERMANENT RESIDENCE PERMIT FROM SOUTH AFRICAN DEPARTMENT OF HOME AFFAIRS
<input type="checkbox"/> IF ABOVE IS NOT AVAILABLE, EVIDENCE OF APPLICATION FOR SUCH DOCUMENTATION IS REQUIRED

### General Declaration

We the undersigned, hereby certify that the information provided by us in this Application is complete and accurate.

We also agree to the Terms and Conditions as set out herein.

We understand that this Application may be reconsidered in the case where important information, which should be brought to the School's attention is withheld.

FATHER'S NAME	<input type="text"/>	SIGNATURE	<input type="text"/>
MOTHER'S NAME	<input type="text"/>	SIGNATURE	<input type="text"/>

## Learner Information

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
ID NUMBER	<input type="text"/>	DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
GENDER	<input type="text"/>	AGE AT NEXT BIRTHDAY	<input type="text"/>
LAST SCHOOL ATTENDED	<input type="text"/>		
HOME ADDRESS	<input type="text"/>		
	<input type="text"/>		
	POSTAL CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
LANGUAGES	<input type="text"/>		
NO OF CHILDREN	<input type="text"/>	POSITION IN FAMILY	<input type="text"/>
COUNTRY OF BIRTH	<input type="text"/>	NATIONALITY	<input type="text"/>
DATE OF IMMIGRATION	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
NO OF SIBLINGS AT THE SCHOOL	<input type="text"/>	NAME	<input type="text"/>
		NAME	<input type="text"/>
		NAME	<input type="text"/>
		GRADE	<input type="text"/>
		GRADE	<input type="text"/>
		GRADE	<input type="text"/>

## Father's Information

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
ID NUMBER	<input type="text"/>	CELL	<input type="text"/>
HOME ADDRESS	<input type="text"/>		
	<input type="text"/>		
	POSTAL CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email	<input type="text"/>		
EMPLOYER	<input type="text"/>		
WORK ADDRESS	<input type="text"/>		
	<input type="text"/>		
	POSTAL CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
WORK TEL	<input type="text"/>	Occupation	<input type="text"/>

## Mother's Information

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
ID NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CELL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOME ADDRESS	<input type="text"/> <input type="text"/> <input type="text"/>		
		POSTAL CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
EMPLOYER	<input type="text"/>		
WORK ADDRESS	<input type="text"/> <input type="text"/> <input type="text"/>		
		POSTAL CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
WORK TEL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation	<input type="text"/>

## Medical Information

FAMILY DOCTOR	<input type="text"/>	TEL NO	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ADDRESS	<input type="text"/> <input type="text"/>		
MEDICAL AID	<input type="text"/>	MEDICAL AID NO.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ALLERGIES	<input type="text"/>		
MEDICATION	<input type="text"/>		

## Contact in Case of Emergency

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
RELATIONSHIP	<input type="text"/>	EMAIL	<input type="text"/>
WORK TEL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CELL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Medical Declaration

The information supplied in this form will be strictly confidential and shall be made available only to appropriate persons.

### **IN CASE OF EMERGENCY:**

I hereby give permission to qualified health personnel (Family Physician, School Nurse, Other Outside Emergency Medical Personnel or staff who possess a current First Aid Certificate) to provide treatment for my Child.

It is understood that teachers, the administration and the School Board personnel are not responsible for Medical Care costs.

## Please Note

The success of the application is subject to an entry exam as well as the conditions set out by the school.

The responsibility lies with the Parent/Legal Guardian to advise the school of any changes in the Medical or Physical condition of the Student.

FATHER'S NAME

SIGNATURE

MOTHER'S NAME

SIGNATURE

## EDUCATIONAL HISTORY OF LEARNER

Has your child/ward ever skipped or repeated a grade? **YES / NO**

If yes, which grade, year and why:

Has your child/ward ever been recommended or received an evaluation by an educational psychologist or specialist? **YES / NO**

If yes, please provide details:

Has your child/ward been suspended or expelled from school in the past two years? **YES / NO**

If yes, what was the misdemeanor?

## \*OFFICE USE ONLY\*

The outcome of the application and/special instructions :

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Approved/Rejected

DATE

PRINCIPAL

SIGNATURE

## UNDERTAKING AND INDEMNITY

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We, the undersigned, being the parents/guardians of the learner's name:

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1. Do hereby certify that the particulars furnished are true and correct and to immediately inform the school of any changes.
2. Understand that this application does not guarantee my child a place at this school.
3. Undertake that should our child be accepted, we will abide by the Rules and Regulations, and the Code of Conduct of the school, all of which we have read and understood. We will further ensure that our child will comply with at all times. Should our child breach any of them, then we will hereby irrevocably authorise the school to immediately de-register him or her, without reference or notification to us, and in which event we will have no claim whatsoever against the school.
4. Do hereby acknowledge that we are responsible for the due and punctual payment of the school fees. By our signatures here to, we irrevocably agree to comply with the school's Fee Policy and agree that if we should fail to pay the fees on the due date, then the school shall be entitled to take legal action in which event we will have no claim against the school whatsoever.
5. Do hereby absolve and hold harmless the school, the Board of Directors, the Principal and staff, employees and agents from any or all claims whatsoever that may arise in connection with any loss of or damage to property, or injury to the person of our child howsoever caused. We fully understand and accept that all activities, conveyance, tour, excursions and extra mural activities shall be undertaken at our child's risk and hereby designate the Principal and/ or any other person nominated by him or any other person acting on behalf of the school to act in loco parentis on our behalf, in the full knowledge that they will, take all reasonable precautions for the safety and welfare of our child. We cede our powers as parents/ guardians to the Principal of the School or his representatives should medical treatment be deemed necessary for our child.

Signature of father / guardian

Signature of mother / guardian

Date

# MEDIA CONSENT

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During the school year, photographs will be taken of our learners as they participate in various school and sports events. These photographs may be used in various media platforms, including school presentations, newspapers, magazines and electronic media such as our webpage, Instagram, Facebook, Twitter, etc. The photographs may be of groups of learners or individuals and the learners' names may be used.

Please select one option.

☐ I give permission for my son/daughter/ward's photograph to be published

☐ I do not wish my son/daughter/ward's photograph to be published.

Please note that at times photographs of the whole school/large groups/ teams may be used, for example, sports team photographs. We cannot exclude specific learners from these group photographs.

Should this be a problem, the responsibility lies with the learner to exclude himself/herself from any group or team photographs.

Name of learner

Name of parent/guardian

Signature of parent/guardian

Date