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APPLICATION FOR ADMISSION TO SCHOOL

<u>Admission /Pupil No</u>	<u>Account No.</u>	<u>Grade</u>

<u>Date of admission</u>

<u>Date of leaving</u>

RUSTENBURG GIRLS' JUNIOR SCHOOL
 Main Road Rondebosch 7700
 P O Box 556 Rondebosch 7701
 Tel: 021 689 1981 Fax: 021 686 7106
 Website: <http://www.rgjs.co.za>

Aftercare requested-	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
* Conditions apply – see below	

Please tick in shaded blocks

- ♦ Application fee: R 20,00. If copies are made at school: R25,00 Receipt No:
- ♦ The following documents must accompany this application:-
 - Copy of child's birth certificate, clinic card and latest school report
 - Copies of both parents' identity documents
 - Certified verification of address (rates account only)
- ♦ School fees for 2010 are R17 800.00 p.a., which excludes stationery, uniforms and optional lunch shop
- ♦ School fees are due on the first day of each term, payable monthly or per term by a debit order system; cheque; electronic or direct payment.
- ♦ One term's fees per pupil will be required on acceptance. This fee instalment will be deducted from the annual school fees due.
- ♦ A voluntary capital levy is approved at annual budget meetings. The voluntary levy for 2010 is R100 per month, payable over ten (10) months.
- ♦ A term's written notice is required when leaving or one term's fees will be charged in lieu of notice
- ♦ Aftercare, unfortunately, has limited spaces and is only available for Grade R - Grade 5 pupils *
- ♦ **Please note:- handing in an application does not guarantee an interview**
- ♦ **On request, unsuccessful applications will be kept on a waiting list, for 2 years only**
- ♦ **Please apply to more than one school**

Attached:	
Attached:	
Attached:	

Noted:	
Noted:	
Noted:	

LEARNER DETAILS:

Surname of learner _____ First names _____

Date of Birth: day _____ month _____ year _____ Place of birth _____

ID No. _____ SA Citizen? Yes No

Residential Address of learner _____

Tel.No. _____ Who does she live with? _____

Grade required _____ Year _____ Name of present school / pre-school _____

Address of school/pre-school _____ School Tel No. _____

If at school, what grade? _____ Reason for leaving _____

Are school / pre-school fees paid up to date? _____ What are the fees per month? _____

Other schools/pre-school attended _____

Number of children in family _____ Is learner 1st, 2nd, 3rd child in family? _____

Home language of learner _____ Religious Affiliation _____

Religion Education: Have you, the parent or guardian, any conscientious objection to her being present during assemblies? Yes or No _____

ooOoo

Important illness(es) from which the learner is suffering or has suffered (eg Asthma, Epilepsy) and/or operation(s) learner has had. Give date and nature of operation(s)

Underline illness(es) learner has been immunised against: Tuberculosis (B.C.G.), Diphtheria, Whooping cough, Tetanus, Measles, German Measles, Mumps, Poliomyelitis and Haemophilus Influenzae Type B (HIB).

Any previous connection with this school? If yes, please state: _____

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CONSENT AND INDEMNITY

I, _____ (full name)

Address: _____ Code _____

the parent / legal guardian of _____ do hereby consent to my daughter participating, for as long as she remains a pupil at Rustenburg Girls' Junior School, in extra-mural activities of the school, including sports, educational tours and excursions and to being transported to or from or during such activities by any teacher, parent or other person appointed for this purpose by the Headmistress of Rustenburg Girls' Junior School or her assignee. I fully understand and accept that such activities and transportation shall be undertaken at my daughter's own risk and I undertake personally and on behalf of my said child, *in so far as I am legally able*, not to institute any action against the Western Cape Education Department, the School, the Headmistress or member of staff, or the driver or the owner of any vehicle involved in any such transportation, for the recovery of damages suffered by my daughter or me, while participating in any such activities or transportation, in the knowledge that the Headmistress and her staff will, nevertheless, take all reasonable precautions for the welfare of my child.

Signature of Parent / Legal Guardian

Date

PARTICULARS REGARDING ALL PARENTS / GUARDIANS.

BIOLOGICAL FATHER:-

Mr/Dr.etc _____ Surname _____ First names _____

Marital Status:- Married Divorced Single Remarried Widowed

ID No. _____ Car Registration/s _____

Occupation _____ Name of Firm _____
(or nature of business if self-employed)

Tel. No (W) _____ (H) _____ Cell No. _____

Address: (Home) _____ Code _____

BIOLOGICAL MOTHER:-

Mrs/Dr. etc _____ Surname _____ First names _____

Marital Status:- Married Divorced Single Remarried Widowed

ID No _____ Car Registration/s _____

Occupation _____ Name of Firm _____
(or nature of business if self-employed)

Tel No (W) _____ (H) _____ Cell No. _____

Address: (Home) _____ Code _____

DECLARATION	Please tick
I agree that should the information provided in this application not be true and correct, the application will become null and void.	<input type="checkbox"/>
I agree to be responsible for my daughter's behaviour and to see that she conforms with school policies and rules.	<input type="checkbox"/>
I am aware of the school fees for which I am jointly and severally liable, and the fee instalment that is required on acceptance, and I acknowledge that I am able to pay all school fees in respect of my child/children as laid down by the Governing Body, and I undertake to do so timeously. I agree to be responsible for my daughter's school fees until she leaves the school.	<input type="checkbox"/>
I agree that I will adhere to regulations made by the school relating to traffic in the vicinity of the school, in the interests of the safety of learners and consideration for others, and that I will convey these to anyone fetching or dropping my daughter on my behalf. I also agree to abide by the Municipal Traffic Regulations.	<input type="checkbox"/>
Signed _____ (Father) Signed _____ (Mother)	
Both parents must sign	
In the case of Step-parents/Guardian please sign _____	
	state whether Stepfather, Stepmother, Guardian
Date: _____	

In the case of Step-Parents or Guardians please complete

STEP-FATHER:-

Mr/Dr.etc _____ Surname _____ First names _____

Marital Status:- Married Divorced Single Remarried Widowed

ID No _____

Occupation _____ Name of Firm _____
(or nature of business if self-employed)

Tel. No (W) _____ (H) _____ Cell No. _____

Address: (Home) _____ Code _____

STEP-MOTHER:-

Mrs/Dr.etc _____ Surname _____ First names _____

Marital Status:- Married Divorced Single Remarried Widowed

ID No _____

Occupation _____ Name of Firm _____
(or nature of business if self-employed)

Tel No (W) _____ (H) _____ Cell No. _____

Address: (Home) _____ Code _____

GUARDIAN:-

Mrs/Dr. etc _____ Surname _____ First names _____

Marital Status:- Married Divorced Single Remarried Widowed

ID No _____

Occupation _____ Name of Firm _____
(or nature of business if self-employed)

Tel No (W) _____ (H) _____ Cell No. _____

Address: (Home) _____ Code _____

Relationship to child _____