

## APPLICATION FORM

### Child's details:

Full names:								
Nick name:								
Surname:								
Date of Birth:								
Gender:								
Race:								
Home Language:								
Mother Tongue: Zulu, Xhosa, etc								
Dietary:	None		Kosher		Halal		Other	
Specify other:								
Allergies:	None		Dairy		Nuts		Other	
Specify other:								

Enrolment options: (Tick applicable)	<u>12h00</u> Excluding lunch R1 900.00 p/m	<u>14h00</u> Including lunch R2 300.00 p/m	<u>Full day</u> Close 5h45 R2 700.00 p/m	<u>Aftercare</u> Outside school kids R950.00 p/m
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\*\*\*The following information is required in the event of your child needing medical assistant or suffers from any allergies.

Medical practitioner:	
Practitioner contact no:	
Medical aid scheme:	
Membership no:	
Medical condition:	

### Emergency contact details: Relative or friend

Full name: Relative			
Contact details:			
Relationship:			
Full name: Friend			
Contact details:			
Relationship:			
Consent:	Have you discussed this responsibility with -		
	Relative: Yes/No		Friend: Yes/No

**Parent's Details:**

	<u>Details (Mother)</u>	<u>Details (Father)</u>
Title:		
First Name:		
Surname:		
ID number:		
Nationality:		
Residential address: (Street name and number)		
Suburb:		
Phone number: (Home)		
Phone number: (Business)		
Cell number:		
Email address: Personal		
Employer:		
Occupation:		
Telephone number: (Business)		
Email address: (Business)		
Consent:	Do you give consent for Bokmakierie Pre Primary or any other duly appointed representative of Bokmakierie Pre Primary to contact the previous institution to establish child progress and fee payment history -	
	Yes	No

**Legal Guardian's details:**

**If parents are not the legal Guardians of the child/children, please give details of the Legal Guardian.**

**\*\*\*Please note that we will require legal documentation proving custodianship of the child/children\*\*\***

Title:	
First Name:	
Surname:	
Relationship to child:	
ID Number:	
Nationality:	
Residential Address:	
Suburb:	
Phone: Home/Business	
Cell number:	
Email address: (Personal)	
Employer:	
Employer contact details:	
Email address: (Business)	

## Person responsible for the payment of school fees:

<b>Title:</b>	
<b>Name:</b>	
<b>Surname:</b>	
<b>ID number:</b>	
<b>Telephone number: Home/Business</b>	
<b>Telephone number: (Cell)</b>	
<b>Email address:</b>	
<b>Relationship to learner:</b>	
<b>Employer:</b>	
<b>Employer contact no:</b>	
<b>Position Held:</b>	
<b>Consent:</b>	Do you give consent for Bokmakierie Pre Primary or any other appointed representative of Bokmakierie Pre Primary to contact your employer to verify information supplied - Yes: <input type="checkbox"/> No: <input type="checkbox"/>

## School fees break down – 2020

### School fees payable over 11 months

<u>Classes</u>	<u>12h00 7h45 -12h00 (Excluding lunch)</u>	<u>14:00 7h45-14h00 (Including lunch)</u>	<u>Full day 7h45 -17h45 (Including lunch)</u>
3 months to 2 years 2 years to 3 years 3 years to 4 years Gr 00 4 years to 5 years Gr R 5 years to 6 years	<b>R1 900.00 p/m</b>	<b>R2 300.00 p/m</b>	<b>R2 700.00 p/m</b>
Annually	<b>R20 900.00</b>	<b>R25 300.00</b>	<b>R29 700.00</b>
<b>Two children</b>	<b>R3 300.00 p/m</b>	<b>R4 100.00 p/m</b>	<b>R4 700.00 p/m</b>
Annually	<b>R36 300.00</b>	<b>R45 000.00</b>	<b>R51 700.00</b>

1. Registration fee R500.00 – re-registration R200.00.
2. Grade R learners will be liable for R100.00 for their workbooks per term.
3. All stationary is included in the school fees
4. Toiletries per term R250.00 or supply as per school list
5. A 5% discount is offered if school fees paid in full before 1 March 2020. (Non- refundable)

## Please note:

1. Fees must be paid before the 7 <sup>th</sup> of each month in advance for the 11 months
2. Annual payments must be made before or on the day the school starts for the respective year. Only if conditions are met you qualify for the 5% discount.
3. Children will be suspended from the school if school fees fall in arrears within 2 months of non-payment.
4. A 1 (one) month written notice must be given to terminate tuition and school attendance.
<b>Notice will not be accepted from October of each year</b>

**Documentation attached to application form: (copies)**

<b><u>Documentation:</u></b>	<b>Yes</b>	<b>No</b>
Child/children's birth certificate:		
Child/children's clinic card:		
Both Parents ID documents: Father and Mother		
Parents proof of residence		
If foreign national proof of residence or legal documents, proving you are legally South African		
Legal guardian ID documents in the absence of biological parents and proof of residence.		
2 x ID photos of child		

**Toiletries list: (Only per term or pay R250.00)**

<b>Item</b>	<b>Units</b>	<b>Yes</b>	<b>No</b>
Bread spread	3		
Toilet rolls	3		
Liquid hand soap	1		
Toilet spray	1		
Box of tissues	1		
Wet wipes	1		
Paper plates	Pack of 50		
Kitchen towels	2		
Black bags	Pack of 20		

I, \_\_\_\_\_ am responsible for the school fees account. I am aware of the monthly school fee structure and I have read and understand the school fee structure. I will receive a monthly statement and I will keep my instalments up to date.

Parent's signature:

Date:

**NB:**

**PLEASE INFORM SCHOOL IMMEDIATELY OF ANY CHANGES REGARDING CONTACT DETAILS DURING THE YEAR**

## Indemnity form:

**Should the form not be filled in the child will not be able to attend the outings, concert, etc. during the year.**

### **INDEMNITY FORM (BOKMAKIERIE PRE PRIMARY)**

THE INDEMNITY FORM MUST BE SIGNED BEFORE YOUR CHILD WILL BE ALLOWED TO USE THE TRANSPORT SERVICE, ATTEND OUTINGS, PARTICIPATE IN CONCERT, ETC, ARRANGED BY THE SCHOOL. PLEASE RETURN THIS SIGNED FORM BEFORE THE DUE DATE.

Full name of learner:	
Date of birth:	
Medical Aid scheme:	
Membership number:	
Allergies:	

### **DECLARATION:**

I, \_\_\_\_\_ am in my capacity as parent/guardian of the child/children listed above, request that my child/ren make use of transport and is/are allowed to attend.

I hereby indemnify and absolve Bokmakierie Pre Primary School, from any responsibility regarding loss or damage to any property or any injury to the said pupil/s from the time he/she leaves on the bus trip until he/she returns to the school. I hereby designate the Principal of the School or anyone appointed by her to act in loco parentis on my behalf, and, should it be necessary, to procure medical or other assistance on my behalf and at my expense.

We Bokmakierie Pre-Primary School endeavour to take the necessary pre-caution for the safety of every child and staff in our care.

Full name parent/guardian:	
Signature parent/ guardian:	
ID Number: Parent/guardian:	
Contact numbers: Parent/guardian	

Received by office/teacher:	
Date:	