

RHENISH PRIMARY SCHOOL

STELLENBOSCH



APPLICATION FOR ADMISSION

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APPLICATION FOR :

2020

2021

RECEPTION PHASE :

- Pre-Reception Class
- Reception Class

(5 year old group)

(6 year old group)

FOUNDATION PHASE :

• Grade One

• Grade Two

• Grade Three

INTERMEDIATE PHASE :

• Grade Four

• Grade Five

• Grade Six

SENIOR PHASE :

• Grade Seven

FOR OFFICE USE ONLY

NAME			
REG NO		ADMIN NO	
DATE		GRADE / ADMISSION DATE	
RETURNED		SAMI STATUS	
STUDY VISA		CEMIS REG NO	

Applications will **NOT** be processed unless certified copies of the following documents are provided :

- **UNABRIDGED** Birth Certificate (or copy of application made to Dept. of Home Affairs + Abridged version) – must reflect both biological parents details, if applicable.
- Identity Documents of **BOTH** biological parents
- Clinic card (Immunisation Record) of child
- Proof of residential address (municipal service account / if property is leased, a copy of the most recent lease agreement, an affidavit from the landlord or owner as proof of residence together with a copy of their municipal services account)
- Passport size (most recent) photograph of child
- A complete copy of the most recent academic report / development report of child
- **E73 Form, WCED006 Form & SA Schools Act No. 84 of 1996 Annexure A**
- Study Permit (for immigrants only)
- In the case of a deceased parent, a certified copy of the Death Certificate

SPECIAL INSTRUCTIONS

1. ALL documentation must be provided upon submission of the application to the school.
2. **NO** application will be accepted unless ALL of the required documentation is included.
3. Please complete forms in BLUE INK. Forms can be brought in between 08h00 and 14h00, whereupon a letter of acknowledgement of receipt will be provided.
4. NO SCANNED & EMAILED versions will be accepted. Kindly register your application on <https://admissions.westerncape.gov.za>

RACE GROUP STATUS

The Western Cape Education Department requires schools to supply the number of learners it has in the various race groups. This is to determine the extent to which equity and access are being addressed.

Please indicate the learner's race group (please circle the applicable group):

African/Black Coloured Asian/Indian White Other

IMMIGRANT LEARNER STATUS

This section is only to be completed by the parents of prospective immigrant learners.
COMPULSORY FOR LEARNERS ENTERING GRADE 1 AND UPWARDS

Country of origin:

Date of when learner arrived or will arrive in South Africa:

Have arrangements been made to obtain a study permit? Circle the answer YES / NO

LEARNER INFORMATION

The learner's details **MUST** correspond fully with same reflected on his/her birth certificate.

Learner's Surname

Learner's First (Full) names

Learner's Preferred Name

Gender Male / Female SA Identity No.

Date of Birth: Day: Month: Year:

Country of Birth Passport No

Home Language Religion

Child's position in the family out of

Child's position in the school out of

Example : If this child is the **second** eldest out of four children in the family, but will be the **only** child at Rhenish Primary School, then you should answer as follows:

Position in family : 2 out of 4
Position in the school : 1 out of 1

SIBLING INFORMATION

(definition of a sibling: a brother or sister – not a cousin)

Brothers and/or sisters currently at Rhenish Primary School

NAME	GRADE	SPORTS HOUSE

1. What is your child's general state of health? Poor Good
2. Does your child suffer from any physical disabilities? Yes No
3. Does your child from any allergies? Yes No
4. If you said YES in (2 & 3) above, please provide details:

.....

Extra-Mural school activities of the past 12 months

Sport	School Team e.g. U/11A	Prov Team e.g. WP U/11	Leadership position e.g. Captain

Cultural: School societies & student leadership position

Society/club	Leadership position

Musical interests e.g. choir and/or musical instruments

Any other extra-mural activities

PARENT INFORMATION

1. Did either parent attend Rhenish Primary School or Rhenish Girls' High School?

FATHER: YES OR NO

MOTHER: YES OR NO

2. If parent attended either one of the Rhenish schools, please indicate which Sports House they represented:

FATHER: Weber / Terlinden / Van Der Stel

MOTHER: Weber / Terlinden / Van Der Stel

Marital (circle) Status Married / Divorced / Common Law / Remarried / Separated / Widow/er / Adoptive Parent / Other, please specify.....

Who does the Child live with?: Both Parents / Mother / Father / Guardian / Adoptive Parent / Other, please specify

Residential Address

Postal Address (if different from home address)

IN THE CASE OF AN EMERGENCY:

Medical Aid Scheme Scheme No.

Contact details:

Doctor:

Dentist:

Name:

Name:

Contact details

Contact details

BIOLOGICAL PARENT 1:

Title: First Names: Preferred Name.....

Surname: ID No/Passport No.:

Home Language: Cell No.....

Residential address (if differs from above):
.....
.....

Occupation: Tel. No. of Employer:

Employer:

Address of Employer:
.....

Email address:

BIOLOGICAL PARENT 2:

Title: First Names: Preferred Name.....

Surname: ID No/Passport No.:

Home Language: Cell No.....

Residential address (if differs from above):
.....
.....

Occupation: Tel. No. of Employer:

Employer:

Address of Employer:
.....

Email address:

SCHOOL FEES

All school fees are compulsory and payable in advance. We offer assistance to families to pay these fees either monthly or termly if annual, in advance, is not an option. Payment can be made via the Rhenish debit order system or electronic banking (EFT). Debit order forms are available at the Finance Office. **CASH PAYMENTS** to be made at the school and **not** at the Bank. Bank charges will be deducted from any cash deposits. Fee exemption will **not** be offered for learners attending **Grade RR** or **Grade R** as this is **not** compulsory education.

In terms of the South African Schools Act (No. 84 of 1996) BOTH parents are jointly and severally responsible for the payment of school fees.

Please indicate to whom the account is to be sent:

Title: (Hon / Prof / Dr / Rev / Mr / Mrs / Ms)

Initials: Surname

Address:

.....

..... Postal Code:

Signatures: (Father)

(Mother)

METHOD OF PAYMENT:

Annual

Termly/Quarterly

Debit Order

IF FEES TO BE PAID BY A THIRD PARTY: Please provide a copy of 3RD party's ID, an affidavit declaring such intention and proof of residence together with contact details, either a cellphone number or current landline number

Title: (Hon / Prof / Dr / Rev / Mr / Mrs / Ms)

Initials: ... Surname

Address:

.....

..... Postal Code:

Phone number

Signature: (Patron)

METHOD OF PAYMENT:

Annual

Termly/Quarterly

Debit Order

DECLARATION

We, the undersigned, declare that:

- The information supplied in this application form to be correct in every detail. The school reserves the right to cancel the registration should it be found that any information has been falsified and to lay criminal charges against the parties in this application.
- We accept that this is an application form and not a guarantee of a position at Rhenish Primary School.
- We undertake to confirm that the Principal or any person duly authorised, will act ***in loco parentis*** in any matter and at any time during which we have entrusted our child to the care of the school.
- We jointly and severally, irrespective of marital status or any court orders or divorce settlement, undertake to pay the compulsory school fees, unless exemption has been applied for and approved.
- We understand that school fees are payable in advance and interest will be incurred on any outstanding school fee accounts.
- We understand that all legal costs involved in collecting outstanding fees will be borne by us. These legal costs will include the attorney's costs (which will be calculated in accordance with the prescribed scale between attorney and own client), the collection commission and tracing fees.
- We undertake to provide one full term's written notice to the Principal, of any intention to remove our child from the school and furthermore, to return any literature and/or equipment belonging to the school which the child may have in their possession. We (the parents/guardians) understand that we will be held liable to pay one full term's school fees in the event we omit to provide the prescribed full term's notice of intention to withdraw our child from Rhenish Primary School.
- The signatories hereto choose *domicillium citandi et executandi* as indicated in the application form. **In the event of change of address, parents are to notify the school in writing, via email.**
- This commitment, in its entirety, will be valid from the day on which it is undersigned by the parents/guardians to the day on which the pupil officially leaves the school.
- The parents/guardians declares that he/she the legal guardian of the child and is entitled to sign this document, and shall be bound hereto both as parent/guardian, and in his/her personal capacity.

Signed (Father): **Date:**

Signed (Mother): **Date:**

Address: The signatory hereby chooses *domicillium citandi et executandi* (official residential address - **NOT** a postal box address) as:

.....
.....
.....

Declaration : Parent 1

I hereby declare the information which I have provided on this form to be true and correct and by my signature below, I grant the Chairperson of the School Governing Body or Designate, permission to check and confirm any of the details listed. I understand that in the event any of the information supplied by me be found to be false, criminal action may be taken against me.

Signed on this **day of** **20**

Signature:

Declaration : Parent 2

I hereby declare the information which I have provided on this form to be true and correct and by my signature below, I grant the Chairperson of the School Governing Body or Designate, permission to check and confirm any of the details listed. I understand that in the event any of the information supplied by me be found to be false, criminal action may be taken against me.

Signed on this **day of** **20**

Signature:

PLEASE NOTE THE CLOSING DATE FOR ALL 2021 APPLICATIONS:
15 MARCH 2020
(AS STIPULATED BY THE WESTERN CAPE EDUCATION DEPARTMENT)

Annexure A

SOUTH AFRICAN SCHOOLS ACT, NO. 84 OF 1996
REGULATIONS FOR THE EXEMPTION OF PARENTS FROM PAYMENT OF SCHOOL FEES

CHECKLIST FORM

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Special Instructions:

PLEASE CIRCLE THE APPLICABLE ANSWER

This form is NOT an Application For Exemption Form

1. Application for Exemption can only be done through the Finance Office on acceptance of your child into the school
 2. Application for Exemption does not apply under any circumstances to potential learners in Grade R and Grade RR
-

Has the Principal informed you about the amount of the annual school fees to be paid?
YES / NO

Has the Principal informed you that you are liable for the payment of school fees unless you are totally exempted from paying school fees?
YES / NO

Has the Principal informed you about your right to apply for exemption from paying school fees?
YES / NO

Do you wish to apply for such exemption? (If you have indicated YES, please contact the Finance Office for the necessary forms)
YES / NO

Do you wish to be assisted in making such application? (If you have indicated YES, please contact the Finance Office for assistance)
YES / NO

Has the Principal provided you with the form for application for exemption? (If you have indicated NO, please contact the Finance Office for assistance)
YES / NO

...G. SKEELES.....
Name of Principal

.....
Name of Parent

.....
Signature of Principal

.....
Signature of Parent

.....
Date

.....
Date

.....
School stamp

.....
Name of Child

Wes-Kaap Onderwysdepartement
 Western Cape Education Department
 Isebe leMfundo le Ntshona Koloni

APPLICATION FOR ADMISSION TO AN ORDINARY PUBLIC SCHOOL
 (This form must be completed on application for admission of a learner to a school. Indicate with a cross (x) in the appropriate space where applicable)

GRADE:

NAME OF SCHOOL: RHENISH PRIMARY SCHOOL ADMISSION NO.

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A. PARTICULARS OF LEARNER

SURNAME:

FULL FIRST NAMES:

RESIDENTIAL ADDRESS:

.....

SEX:	MALE	FEMALE		
HOME LANGUAGE:	AFRIKAANS	ENGLISH	XHOSA	OTHER

IF OTHER SPECIFY:

DATE OF BIRTH:	D	D	M	M	Y	Y	Y	Y				
ID NUMBER:												

RELIGION:

NAME OF LAST SCHOOL ATTENDED:

REASON FOR LEAVING:

HIGHEST GRADE PASSED: (Attach a copy of the latest examination results)

DOES THE LEARNER SUFFER FROM ANY ALLERGIES OR CHRONIC AILMENTS? **YES/NO**

IF "YES", SPECIFY:

HAS THE LEARNER UNDERGONE ANY OPERATION (S)? **YES/NO**

IF "YES" INDICATE DATE AND SPECIFY NATURE OF OPERATION (S):

ILLNESS(ES) THAT LEARNER HAS BEEN IMMUNISED AGAINST:
 TUBERCULOSIS POLIOMYELITIS DIPHTHERIA TETANUS (DT)
 HAEMOPHILUS INFLUENZA TYPE B (HIB) WHOOPING COUGH (DPT)

TO BE COMPLETED BY THE LEARNER:

I,(full name of learner), DECLARE THAT

1. I WAS A LEARNER IN GRADE AT(Name of school)
DURING(year).
2. I ATTAINED MY PRESENT GRADE FAIRLY AND HONESTLY.
3. THE REPORT CARD SHOWING THAT I PASSED MY PREVIOUS GRADE IS AN ACCURATE AND
CORRECT ONE.

RECEIVED AND SIGNED ON THIS DAY OF200.....

.....
SIGNATURE OF LEARNER

B. PARTICULARS OF PARENT(S) OR GUARDIAN(S):

(The information below must be supplied in respect of each parent or guardian)

FATHER

FULL NAMES AND SURNAME:

OCCUPATION:

ID NUMBER (IF RSA CITIZEN)

PASSPORT NO. (IF FOREIGNER)

RESIDENTIAL ADDRESS:

.....

POSTAL ADDRESS:

.....

POSTCODE

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TELEPHONE NUMBER (HOME): ()

(WORK): ()

NAME AND ADDRESS OF EMPLOYER:

.....

POSTCODE

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MEDICAL AID: NAME:

MEMBERSHIP NUMBER:

MOTHER

FULL NAMES AND SURNAME:

OCCUPATION:

ID NUMBER (IF RSA CITIZEN)

PASSPORT NO. (IF FOREIGNER)

RESIDENTIAL ADDRESS:

.....

POSTAL ADDRESS:

POSTAL CODE:

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TELEPHONE NUMBER (HOME): ()

(WORK): ()

NAME AND ADDRESS OF EMPLOYER:

POSTAL CODE:

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MEDICAL AID: NAME

MEMBERSHIP NUMBER:

GUARDIAN

FULL NAMES AND SURNAME:

NATURE OF GUARDIANSHIP (e.g. foster parent, uncle, aunt, grandmother etc):
(in case of legal guardianship or foster care, documentary proof must be attached.)

OCCUPATION:

ID NUMBER (IF RSA CITIZEN)

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PASSPORT NO. (IF FOREIGNER)

--	--	--	--	--	--	--	--	--	--	--	--

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

POSTCODE

--	--	--	--

TELEPHONE NUMBER (HOME): ()

(WORK): ()

NAME AND ADDRESS OF EMPLOYER:

POSTCODE

--	--	--	--

MEDICAL AID: NAME:

MEMBERSHIP NUMBER:

WHO IS RESPONSIBLE FOR DIRECT SUPERVISION OVER THE LEARNER?

FULL NAME:

Telephone no. to be called in case of emergency: ()

DECLARATION OF PARENT / GUARDIAN

I,
the undersigned parent / guardian of(name of learner)

hereby declare that the information furnished above is correct to the best of my knowledge.

SIGNED ATon this
.....day of (month)(year).

.....
SIGNATURE OF PARENT/GUARDIAN NAME IN PRINT

C. PAYMENT OF SCHOOL FEES

Complete 1 and 2 below by making a cross (x) in the appropriate spaces.

Payment will be made:

1. By debit order	<input type="checkbox"/>	By cheque	<input type="checkbox"/>	In cash	<input type="checkbox"/>
2. Monthly (12 payments)					<input type="checkbox"/>
Quarterly (4 payments)					<input type="checkbox"/>
Twice yearly (2 payments)					<input type="checkbox"/>

To be paid in full by:

D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTICULARS OF OTHER LEARNERS AT SCHOOL WHO ARE DEPENDENT ON THE SAME PERSON AS THE LEARNER MENTIONED UNDER "A" ABOVE

FIRST NAMES AND SURNAME	GRADE

I,

the undersigned parent/guardian of
(name of learner) hereby declare that the information furnished above is correct to the best of my knowledge. Further, I commit myself to all undertakings mentioned in Section C above and I accept responsibility for monies that are due at any time in accordance with the agreement as set out above.

SIGNED AT ON THIS
..... DAY OF(MONTH)(YEAR)

.....
SIGNATURE OF PARENT/GUARDIAN NAME IN PRINT

D. DECISION ON ADMISSION OF A LEARNER

This is to certify that
(name of learner) conforms to the minimum age requirements for admission to a public school and that his/her most recent end-of-year examination report has been verified as authentic.

His/her admission to grade is approved.

Comments:
.....

Signature of Principal: Date:

OR

This is to certify that
(name of learner) has been refused admission to grade for the following reason(s):

(Delete whatever is not applicable)

- He/she does not conform to the minimum age requirements for admission to a public school
- He/she has not passed grade
- Other reason(s):

.....
Comments:
.....

Signature of Principal Date:

WESTERN CAPE EDUCATION DEPARTMENT
PRE-PRIMARY AND JUNIOR PRIMARY: CONFIDENTIAL INFORMATION
(This form serves to complement the Admission Form E.73)

Name of child in full

From a total of children in the family, this child is (1st, 2nd, 3rd etc.)

Underline the illnesses which the child has had: Chicken-pox, Diphtheria, Enteric Fever, Measles, Mumps, Rubella (German Measles), Scarlet Fever, Whooping cough, Bilharzia, Cholera (St Vitas Dance), Malaria, Rheumatic Fever.

State (if any) the operations which the child has undergone, when and for what purpose :

.....
.....
.....

Is the child using any medicine or pills?

Why?

Any Allergies?.....

Urination: Any problems?

Sight? Speech?

At what age did the child start talking?

At what age did the child start walking?

Any dentition problems?

Name any problems experienced pre-natally or during the child's birth:

.....
.....

Has the child ever had a serious accident? If so, give details:

.....
.....

Information in connection with the child's eating and drinking habits:

.....
.....

At what time does the child go to bed at night?

Sleeping habits (eg. peacefully, restlessly, has nightmares)

.....
.....

Does the child show any signs of nervous tension by day or at night?

.....
.....

Is the child left or right handed?

Is any compulsion exercised in this connection?

Name the places where the child prefers to play:

Friends and siblings with whom this child frequently plays: (Underline and mention ages)

Brothers: Sisters:

Boy friends: Girl friends:

How does this child interact with friends?

How does this child interact with members of the family?

Underline personality characteristics (and elaborate) :

Obedient, disobedient, stubborn:

Independent, dependent:

Shy, withdrawn, outgoing (bold):

Friendly, moody, aggressive:

Tolerant, irritable:

Unselfish, selfish:

Loving, seeks attention, aloof, does not seek attention:

Self-confident, lacking in confidence, over-confident:

Helpful, uncooperative:

Reacts well, does not take kindly to orders or correction:

Other qualities about which the school should know:

Does the child have many, few or no stories read or told to him/her at home?

Does the child show any interest in music?

Any other information regarded as important?

Is there any problem which you would like to discuss confidentially?

Information supplied by:

Date: