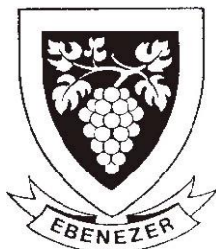


RHENISH PRIMARY SCHOOL

STELLENBOSCH



APPLICATION FOR ADMISSION

2 0 2 2

2 0 2 3

Passport photo
here (head and
shoulders)

RECEPTION PHASE

Pre-Reception class 4 year olds turning 5 in year of admission

Pre-Reception	
---------------	--

Reception Class 5 year olds turning 6 in year of admission

Reception	
-----------	--

FOUNDATION PHASE

Grade 1	
---------	--

Grade 2	
---------	--

Grade 3	
---------	--

INTERMEDIATE PHASE

Grade 4	
---------	--

Grade 5	
---------	--

Grade 6	
---------	--

SENIOR PHASE

Grade 7	
---------	--

FOR OFFICE USE

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

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
- Immunisation Record of child (from clinic card)
- 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 – head and shoulders please!
- A complete copy of the **most recent** academic report / development report of child
- **E73 Form, SA Schools Act No. 84 of 1996 Annexure A (COMPULSORY FOR ALL GRADES)**
- 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.
5. Kindly register your application on <https://admissions.westerncape.gov.za> - **THIS APPLIES FOR ALL GRADES**

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. and/or Passport No.

Date of Birth: Day: Month: Year:

Country of Birth Home Language

Religion Previous school:

Reason for leaving:

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 or ?

FATHER: OR YEAR.....

MOTHER: OR YEAR

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

FATHER: / /

MOTHER: / /

Marital status: / / / / / / / - Other, please specify.....

Who does the Child live with? / / / / / 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: Main Member

Doctor:

Name:

Contact details

Dentist:

Name:

Contact details

BIOLOGICAL PARENT 1:

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

Surname: ID No/Passport No.:

Home Language: Cell No.....

Residential address :

.....

.....

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 :

.....

.....

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 AND email address for future correspondence.

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

Initials: Surname

Address: ID NUMBER

..... Postal Code:

Phone number: Email:

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 2022

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 2022

Signature:

PLEASE NOTE THE CLOSING DATE FOR ALL 2023 APPLICATIONS:

14 APRIL 2022

(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

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

...A. HALL.....
Name of Principal

.....
Name of Parent

.....
Signature of Principal

.....
Signature of Parent

.....
Date

.....
Date

.....
School stamp

.....
Name of Child

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: