



APPLICATION FOR ADMISSION TO UNION PRE-SCHOOL

1 Donkin Street, Graaff Reinet

NOTE: This form must be completed in full. Completion of this form does not imply that the Learner has automatically been accepted.

Grade Applying For:	Grade 0000: <input type="checkbox"/>	Grade 000: <input type="checkbox"/>	Grade 00: <input type="checkbox"/>	Grade R: <input type="checkbox"/>
	2 - 3 yrs	3 - 4 yrs	4 - 5 yrs	5 - 6 yrs
Subject to minimum number of Learners				

PERSONAL DETAILS OF LEARNER

Surname of Child:	Nickname:			
Full Names of Child:				
Date of Birth:	Day:	Month:	Year:	
Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>		
Citizenship:	Identity / Passport No:			
Country of Birth:	Home Language:			
Home Address:				
Illnesses Learner has had (Mark applicabe box):	Measles: <input type="checkbox"/>	Scarlet Fever: <input type="checkbox"/>		
	German Measles: <input type="checkbox"/>	Chicken Pox: <input type="checkbox"/>		
	Whooping Cough: <input type="checkbox"/>	Rheumatic Fever: <input type="checkbox"/>		
	Mumps: <input type="checkbox"/>	COVID-19: <input type="checkbox"/>		
Any other conditions Learner may suffer from:	Asthma, Allergies, Other (specify):			
Any physical difficulties or barriers to learning:				
Any special problems requiring counselling:				
Any prescribed chronic medication applicable (specify):				
Any operation(s) Learner has had (specify):				
Immunisations done:	<p>Learners should have been immunised against ALL necessary illnesses BEFORE school attendance.</p> <p>N. B. Immunisation against POLIOMYELITIS and TUBERCULOSIS (BCG) is LEGALLY COMPULSORY.</p> <p>WRITTEN EVIDENCE of immunisation (copy of Immunisation Card) must be presented when a Learner is admitted to school for the first time.</p>			
Dexterity of Learner:	Right Handed: <input type="checkbox"/>	Left Handed: <input type="checkbox"/>	Ambidextrous (Both Hands): <input type="checkbox"/>	

Days attending: (Grade R's have to attend 5 days a week. Other grades please mark boxes)	Monday:	<input type="checkbox"/>	Thursday:	<input type="checkbox"/>
	Tuesday:	<input type="checkbox"/>	Friday:	<input type="checkbox"/>
	Wednesday:	<input type="checkbox"/>		
Medical Provider Information:	Medical Aid Name:			
	Medical Aid Number:		Dependant No:	
	Family Doctor:		Phone No:	
	Family Doctor Address:			
	Family Dentist:		Phone No:	
	Family Dentist Address:			
Previous School Information (If applicable)	School Name:			
	School Address:			
	Province:		Phone No:	
	Grade:		Year:	
Siblings at Union Pre-School / Union Preparatory / Union High Name, Grade, Age:	1.			
	2.			
	3.			

DETAILS OF PARENT(S) / LEGAL GUARDIAN
(Where possible, both parent's information MUST be supplied, unless deceased)

Marital Status of Parents:	Married & Living Together:	<input type="checkbox"/>	Married & Living Apart:	<input type="checkbox"/>	Widow / Widower:	<input type="checkbox"/>	Divorced:	<input type="checkbox"/>
Learner lives with:	Both parents:	<input type="checkbox"/>	Mother:	<input type="checkbox"/>	Father:	<input type="checkbox"/>	Guardian:	<input type="checkbox"/>
Should the parents be divorced, who is responsible for the Child's education according to the divorce consent paper:			Father:	<input type="checkbox"/>	Mother:	<input type="checkbox"/>	Guardian:	<input type="checkbox"/>

Surname of Father:	
Full Names of Father:	
Citizenship:	Identity / Passport No:
Home Address:	
Postal Address:	
Personal Email Address (Compulsory):	Personal Phone No:
Occupation:	

Employer:	
Work Address:	
Work Email Address:	Work Phone No:

Surname of Mother:	
Full Names of Mother:	
Citizenship:	Identity / Passport No:
Home Address:	
Postal Address:	
Personal Email Address (Compulsory):	Personal Phone No:
Occupation:	
Employer:	
Work Address:	
Work Email Address:	Work Phone No:

Surname of Guardian:	
Full Names of Guardian:	
Citizenship:	Identity / Passport No:
Home Address:	
Postal Address:	
Personal Email Address (Compulsory):	Personal Phone No:
Occupation:	
Employer:	
Work Address:	
Work Email Address:	Work Phone No:

RELIGIOUS EDUCATION

Have you, the parent or legal guardian of the above mentioned Learner, any conscientious objection to him / her being present when instruction in Religious Education is given, as laid down in the Education Act 1998, as amended? (Union Pre-School is based on Christian principles).

Name of Respondent:

Yes:

No:

DOCUMENTATION REQUIREMENTS, IF ACCEPTED

If the Learner is accepted into Union Pre-School, the following documents must be submitted to the school before the first day of school.

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|----|---|
| 1. | Copy of the Birth Certificate. |
| 2. | Copy of Immunisation Records. |
| 3. | Copy of Father's ID. |
| 4. | Copy of Mother's ID. |
| 5. | Progress report from previous school, if applicable. |
| 6. | Testimonial from previous school stating no fees outstanding. |

ACCOUNT ADDRESSEE

(Must be completed in full even if duplicated with a person listed above)

Surname:			
Full Names:			
Citizenship:	Identity /		Passport No:
Home Address:			
Postal Address:			
Personal Email Address (Compulsory):			Personal Phone No:
Occupation:			
Employer:			
Work Address:			
Work Email Address:			Work Phone No:
School Fees Payment Options	I agree to pay the school fees (Mark applicable box):		
	Option A:	<input type="checkbox"/>	Annually, in one payment before 31st January.
	Option B:	<input type="checkbox"/>	Termly, in four equal payments at the beginning of each term
	Option C:	<input type="checkbox"/>	Monthly, in 10 equal payments at end January to end October.
Responsible Person:	Signature:		Date:

DECLARATION BY PARENT / LEGAL GUARDIAN

If the parents are divorced and the Learner lives with the mother and the father is responsible for the payment of the school fees, the father must sign the declaration. Failure to do so will result in the mother being held responsible for the school fees, and vice versa.

I hereby apply for admission to Union Pre-School for the Learner, as specified above.

I undertake / accept:

- | | |
|----|--|
| a) | To ensure that he / she will conform to all the rules and regulations of the school. |
| b) | That legal action may be instituted against the Account Addressee for the recovery of outstanding fees and that the Learner will not be able to attend school until the outstanding fees have been paid. |
| c) | To give written notice to the Principal of at least one (1) term's notice of the intention to remove the Learner from the school, and in default thereof, to pay one (1) term's fees in lieu of such notice. |

Signed by Parent / Legal Guardian:

Name:

Date:

Place:

Principal Approval:

Date: