



# BELLPARK PRIMARY SCHOOL

Sandfordstraat/Street Bellville, 7530

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## APPLICATION FOR ADMISSION

The application must be accompanied by:

|  |  |
|--|--|
| PROOF OF PERMANENT RESIDENTIAL ADDRESS (COPY OF MUNICIPAL ACCOUNT OR LEGAL RENTAL AGREEMENT) |  |
| COPY OF LEARNER'S UNABRIDGED BIRTH CERTIFICATE OR STUDY PERMIT & PASSPORT (FOREIGN LEARNERS) |  |
| COPY OF LEARNER'S IMMUNIZATION CERTIFICATE (CLINIC CARD)                                     |  |
| COPIES OF BOTH PARENTS/GUARDIANS ID DOCUMENTS  |  |
| COPY OF THE MOST RECENT SCHOOL REPORT  |  |
| TRANSFER CERTIFICATE FROM PREVIOUS SCHOOL (ONLY GR 2-7)                                      |  |

|                                    |               |   |  |  |  |          |  |  |  |       |              |  |   |   |          |       |  |  |     |  |     |
|------------------------------------|---------------|---|--|--|--|----------|--|--|--|-------|--------------|--|---|---|----------|-------|--|--|-----|--|-----|
| APPLICATION FOR                    | 2             | 0 |  |  |  |          |  |  |  | GRADE |              |  |   |   | LANGUAGE |       |  |  | AFR |  | ENG |
| SURNAME                            |               |   |  |  |  |          |  |  |  |       |              |  |   |   |          |       |  |  |     |  |     |
| FULL NAMES                         |               |   |  |  |  |          |  |  |  |       |              |  |   |   |          |       |  |  |     |  |     |
| PREFERRED NAME                     |               |   |  |  |  |          |  |  |  |       |              |  |   |   |          |       |  |  |     |  |     |
| ID. NUMBER/PASSPORT NR./PERMIT NR. |               |   |  |  |  |          |  |  |  |       |              |  |   |   |          |       |  |  |     |  |     |
| SA CITIZEN (YES/NO)                |               |   |  |  |  |          |  |  |  |       | GENDER       |  | M | F |          |       |  |  |     |  |     |
| DATE OF BIRTH DD/MM/YY             |               |   |  |  |  |          |  |  |  |       |              |  |   |   |          |       |  |  |     |  |     |
| POPULATION GROUP                   | BLACK/AFRICAN |   |  |  |  | COLOURED |  |  |  |       | INDIAN/ASIAN |  |   |   |          | WHITE |  |  |     |  |     |
| HOME LANGUAGE                      |               |   |  |  |  |          |  |  |  |       |              |  |   |   |          |       |  |  |     |  |     |

### BIBLE STUDY

|   |     |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|-----|----|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DO YOU GIVE PERMISSION THAT YOUR CHILD BE PRESENT IN CLASS WHILST WE GIVE BIBLE STUDY AS PRESCRIBED BY THE EDUCATION ORDINANCE, 1988, AS AMENDED? |     |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| STATE   | YES | NO | CHURCH AFFILIATION |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### PREVIOUS SCHOOL / PRE-PRIMARY (attending now or school previously attended)

|   |  |  |  |  |  |  |  |  |  |  |                            |              |  |  |  |             |          |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|----------------------------|--------------|--|--|--|-------------|----------|--|--|--|--|--|
| NAME OF SCHOOL                            |  |  |  |  |  |  |  |  |  |  |                            |              |  |  |  |             |          |  |  |  |  |  |
| SCHOOL ADDRESS                            |  |  |  |  |  |  |  |  |  |  |                            |              |  |  |  | POSTAL CODE |          |  |  |  |  |  |
| TEL. NUMBER                               |  |  |  |  |  |  |  |  |  |  | FIRST TIME REG. IN W/CAPE? |              |  |  |  |             | YES / NO |  |  |  |  |  |
| LAST DATE AT PREVIOUS SCHOOL/PRE-PRIMARY: |  |  |  |  |  |  |  |  |  |  |                            | GRADE PASSED |  |  |  |             |          |  |  |  |  |  |

### FOR OFFICE USE ONLY

|                  |      |  |              |     |    |  |
|------------------|------|--|--------------|-----|----|--|
| RECEIVED ON      | DATE |  | ACCEPTED     | YES | NO |  |
| NOTICE           | DATE |  | WAITING LIST | YES | NO |  |
| ACCOUNT NUMBER   |      |  | PRINCIPAL    |     |    |  |
| ADMISSION NUMBER |      |  |              |     |    |  |

# PARENTS / GUARDIAN INFORMATION

|                                    |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
|------------------------------------|------------|------------------|--|--|------------------------|----|------|----------------------|----|---------------|----------------------------|-----------------|
| <b>FATHER</b>                      | INITIALS   |                  |  |  | TITLE                  | MR | MISS | MRS                  | MS | PROF          | DR                         | REV             |
| <b>RELATIONSHIP PARENT TYPE</b>    | BIOLOGICAL | PARENT: ADOPTIVE |  |  | PARENT: LEGAL GUARDIAN |    |      | PARENT: STEP         |    | PARENT: OTHER |                            | (Please circle) |
| <b>SURNAME</b>                     |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
| <b>FIRST NAMES</b>                 |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
| <b>ID. NUMBER</b>                  |            |                  |  |  |                        |    |      |                      |    |               | <b>SA CITIZEN (YES/NO)</b> |                 |
| <b>MARITAL STATUS</b>              | MARRIED    | SINGLE           |  |  | WIDOWER                |    |      | DIVORCED / SEPERATED |    | NEVER MARRIED |                            |                 |
| <b>HOME ADDRESS STREET ADDRESS</b> |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
|                                    |            |                  |  |  |                        |    |      |                      |    |               | POSTAL CODE                |                 |
| <b>NAME OF EMPLOYER</b>            |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
| <b>OCCUPATION</b>                  |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
| <b>WORK ADDRESS</b>                |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
|                                    |            |                  |  |  |                        |    |      |                      |    |               | POSTAL CODE                |                 |
| <b>TELEPHONE (H)</b>               |            |                  |  |  |                        |    |      |                      |    |               | DIALING CODE               |                 |
| <b>(W)</b>                         |            |                  |  |  |                        |    |      |                      |    |               | DIALING CODE               |                 |
| <b>(CELL)</b>                      |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
| <b>E-MAIL ADDRESS</b>              |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |

|                                    |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
|------------------------------------|------------|------------------|--|--|------------------------|----|------|----------------------|----|---------------|----------------------------|-----------------|
| <b>MOTHER</b>                      | INITIALS   |                  |  |  | TITLE                  | MR | MISS | MRS                  | MS | PROF          | DR                         | REV             |
| <b>RELATIONSHIP</b>                | BIOLOGICAL | PARENT: ADOPTIVE |  |  | PARENT: LEGAL GUARDIAN |    |      | PARENT: STEP         |    | PARENT: OTHER |                            | (Please circle) |
| <b>SURNAME</b>                     |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
| <b>FIRST NAMES</b>                 |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
| <b>ID. NUMBER</b>                  |            |                  |  |  |                        |    |      |                      |    |               | <b>SA CITIZEN (YES/NO)</b> |                 |
| <b>MARITAL STATUS</b>              | MARRIED    | SINGLE PARENT    |  |  | WIDOW                  |    |      | DIVORCED / SEPERATED |    | NEVER MARRIED |                            |                 |
| <b>HOME ADDRESS STREET ADDRESS</b> |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
|                                    |            |                  |  |  |                        |    |      |                      |    |               | POSTAL CODE                |                 |
| <b>NAME OF EMPLOYER</b>            |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
| <b>OCCUPATION</b>                  |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
| <b>WORK ADDRESS</b>                |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
|                                    |            |                  |  |  |                        |    |      |                      |    |               | POSTAL CODE                |                 |
| <b>TELEPHONE (H)</b>               |            |                  |  |  |                        |    |      |                      |    |               | DIALING CODE               |                 |
| <b>(W)</b>                         |            |                  |  |  |                        |    |      |                      |    |               | DIALING CODE               |                 |
| <b>(CELL)</b>                      |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |
| <b>E-MAIL ADDRESS</b>              |            |                  |  |  |                        |    |      |                      |    |               |                            |                 |

**WHO DOES THE LEARNER RESIDE WITH? (PLEASE CIRCLE)**

|              |        |        |              |            |       |
|--------------|--------|--------|--------------|------------|-------|
| BOTH PARENTS | FATHER | MOTHER | GRANDPARENTS | GUARDIAN/S | OTHER |
|--------------|--------|--------|--------------|------------|-------|

**PERSON WHO IS RESPONSIBLE FOR THE PAYMENT OF SCHOOL FEES (PLEASE CIRCLE)**

|        |        |          |
|--------|--------|----------|
| FATHER | MOTHER | GUARDIAN |
|--------|--------|----------|

**NEXT OF KIN (Not at your residential address)**

|         |      |                  |                         |
|---------|------|------------------|-------------------------|
| SURNAME | NAME | TELEPHONE NUMBER | RELATIONSHIP TO LEARNER |
|         |      |                  |                         |

# BROTHERS AND SISTERS OF SIBLINGS IN BELLPARK PRIMARY

(Where the siblings will be in Bellpark Primary the following year)

|   | NAME | GRADE |
|---|------|-------|
| 1 |      |       |
| 2 |      |       |

## GENERAL INFORMATION

|            |  |
|------------|--|
| ALLERGIES  |  |
|            |  |
| MEDICATION |  |
|            |  |

|  |
|--|
| STATE ANY SERIOUS OR CHRONIC ILLNESSES (EG. ASTHMA, EPILEPTIC, ETC.) |
|  |
|  |

|   |   |
|---|---|
| SCHOOL PROGRAMMES. DOES THE LEARNER PLAY OR PARTICIPATE IN ANY. (PLEASE CIRCLE) |   |
| SPORT   | ATHLETICS / CHESS / CRICKET / HOCKEY / NETBALL / RUGBY / SWIMMING / TENNIS / NONE |
| CULTURAL  | MUSIC / DRAMA / ART / NONE  |
| LEADERSHIP POSITION   | CLASS MONITOR / CLASS CAPTAIN / TEAM CAPTAIN / LIBRARY MONITOR / NONE             |

## DECLARATION

WE, THE UNDERSIGNED STATE THAT:

- 1 The content of the application form has been filled in correctly;
- 2 We have taken note of the school rules and admission policy;
- 3 We undertake to abide by the code of conduct, rules and policy as well as to respect and obey the morals and character of this school.
- 4 The parent guardian undertakes to pay the school fees as determined annually.
- 5 A deposit and book pack for admission in Grade R is payable. You will be notified of the amount at a later stage.

PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_

PARENT/GUARDIAN 1

\_\_\_\_\_

PARENT/GUARDIAN 2

NAME IN FULL:

DATE :

## PROCEDURE FOR CONFIRMATION OF ADMISSION:

- You will be notified in writing whether your application was successful.  
**You, as parent, need to reply in writing whether you accept or not within 10 days.**
- WCED-policy states that you need to enrol at the school nearest to your residential address.

*PW Louw*

HEADMASTER

**UNDERTAKING BY PARENTS / GUARDIANS**

I/we \_\_\_\_\_

The parent/s of \_\_\_\_\_  
(FULL NAMES OF LEARNER)

1. hereby apply to have the child whose name appears on this form as a learner at BELLPARK PRIMARY SCHOOL and confirm that he/she complies with the basic criteria.
2. I/we hereby certify that I/we have legal custody and / or guardianship in respect of the above named learner.
3. I/we undertake to adhere to the school rules and disciplinary code and to the various alterations in the rules and disciplinary code that may be made from time to time.
4. I/we understand and confirm that the Principal or any person duly authorized will act loco parentis in any matter and at any time during which I/we have entrusted our child to the care of the school.
5. I/we understand that while every reasonable effort will be made to prevent losses or damage to learners' clothing and equipment, the school cannot be held liable for such.
6. I/we undertake to reimburse the school for any damage to school property that may be caused by our child.
7. I/we jointly undertake to pay school fees and I/we understand the following:
  - a) The annual school fees will be compulsory as adopted by the majority of parents at the AGM.
  - b) The fees will be payable over a period of 10 monthly instalments.
  - c) In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory school fees.
  - d) In terms of Section 40 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
  - e) The parties to this application, undertake to pay all legal costs, including attorney / client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees.
  - f) Fees are due and payable at the start of each month.
  - g) Parents who are unable to pay school fees may apply for exemption of these fees.
8. I/we undertake to give notice in writing of any intention to remove my/our child from the school and furthermore to return any books and/or equipment belonging to the school which our child may have.
9. I/we agree that our child be permitted to undertake group Eudiometric and Psychometric tests which have been approved by the Director of Education.
10. I/we agree that if our child is the compulsory school-going age he/she will attend school regularly and will only be absent for medical reasons.
11. I/we understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
12. I/we undertake to inform the school promptly should the child be unable to attend school. Non-attendance at school for a period of more than 2 (two) days, or non-attendance at any end of term / year tests or examinations, will require a doctor's certificate.
13. I/we undertake to support the school's constitution and policy of admission, as defined and implemented by the Governing Body of the school.
14. The signatory hereto hereby chooses domicillium et executandi as indicated below. In the event of a change of address, parents are to notify the school in writing.
15. This commitment in its entirety will be valid from the day on which it is signed by the parent/guardian to the day on which the learner officially leaves the school.

\_\_\_\_\_  
**SIGNATURE OF FATHER/GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF MOTHER/GUARDIAN**

\_\_\_\_\_  
**DATE**