### **Kingfisher School Trust (t/a)**

## KINGFISHER PRIVATE SCHOOL

PO Box 1048 **PHALABORWA** 1390 Tel/Fax: (015) 781 2410/3410 kingfisherschool@telkomsa.net website: www.kingfisherschool.co.za

Cnr Tambotie & Rooibos Sts

# APPLICATION FOR ADMISSION

(to be completed by the parent / custodian)

	ID Photo of Learner		
Le	arner's Name:	Learner's Surname:	

Date of Birth:

Grade:

BEFORE COMPLETING THIS FORM PLEASE NOTE THE FOLLOWING:

Year:

# 1. Financial Conditions of Admission

- 1.1. A non-refundable R250.00 Assessment Fee per learner is payable for the testing of the learner.
- 1.2. After acceptance of the learner, a R300 non-refundable deposit has to be paid with the return of the Application of Admission Form to ensure placement of the learner.
- 1.3. Payment method: School Fees
  - 1.3.1. A Debit Order payment, Stop Order payment, Direct Deposit or Bank Transfer into our banking account are the only acceptable methods of payment to the School.
  - Where the Tuition & Registration Fees are paid for by an Employer, the parent/custodian is not absolved of responsibility of ensuring that the correct amounts are paid by due date.
  - 1.3.3. PLEASE ENSURE that you read and sign at all applicable blocks on this form.

### 2. Official Documents

The completed application form must be accompanied by:

- 2.1 Certified copy of Birth Certificate of learner 2.2 Photocopy of Immunisation Certificate Transfer card and latest school report of learner 2.3 School readiness report from pre-school (where applicable) 2.4 2.5 Certified copies of Parents/Guardians ID documents One recent ID photo of learner 2.6 2.7 Certified copy of proof of Custodianship (if not biological parents) 2.8 Three months bank statements for parent/guardian responsible for the account. Recent payslip from the parent/guardian responsible for the account. 2.9 Recent proof of residence of parent/guardian responsible for the account 2.10
- Admission Testing & Admission age of pupil 3.

Parent consent to admission testing and the successful completion thereof by the prospective learner, is a prerequisite for admission. The learner's age must also be grade appropriate.

### 4. Parental Obligation

4.1 Application for admission to the school implies unconditional acceptance of the School Constitution and Education Tuition Agreement, by the parents / custodians of the learner. 4.2 Kingfisher Private School was founded on a partnership between the school Educators, Governing Body and Parents. Parental involvement in all school activities is expected to ensure the success of the school's mission and vision.

# PART I – GENERAL INFORMATION SECTION A - LEARNER:

SURNAME:	PF	REFERRED NAM	ΛΕ:			
BIRTH NAME/S:						
AGE: DATE OF BIRTH:		HOME L	ANGUAGE:			
I.D. NO:						
GENDER: (MARK WITH X): MALE	FEMAI	LE				
RACE:	RELIGIOUS	S DENOMINATIO	ON:			
PHYSICAL ADDRESS:						
POSTAL ADDRESS:						
LAST SCHOOL ATTENDED:						
TELEPHONE: (1)						
EMERGENCY PHONE NUMBER:						
PRESENT GRADE: ENROLMENT INTO KINGFISHER IN GRADE						
HAS HE / SHE REPEATED A GRADE:	HAS HE / SHE REPEATED A GRADE: IF SO, WHICH GRADE:					
HAS HE/SHE EVER BEEN DISMISSED FROM A SCHOOL OR REFUSED ADMISSION:						
IF YES PLEASE SUPPLY A REASON:						
WHO DOES THE CHILD/REN LIVE WITH:						
POSITION IN FAMILY:		NUMBER OF C	CHILDREN IN FAMILY:			
If applicant has/had brothers or sisters at this School, please state:						
NAME/S:	GRADE:	YEAR:	HOUSE:			

### **SECTION B - PARENTS:**

FATHER / GUARDIAN		MOTHER / GUARDIAN
	Surname	
	Sumame	
	Full Names	
	Preferred Name	
	Marital Status	
	I.D/Passport No	
	Current	
	Postal	
	Address	
	Current	
	Residential	
	Address	
	Occupation	
	Employer	
	Work Address	
	Work Tel No	
	Fax No	
	Home Tel No	
	Cell Phone	
	E-mail	

<u>Local, alternate contact person/s</u> (Other than parent / custodian, for use incase of emergency)

1	Name:  Relationship to Learner:	Telephone number:
2	Name:  Relationship to Learner:	Telephone number:

### Name of person with whom the learner is staying (if not with one of the parents)

	Name:	Telephone number:
1	Relationship to Learner:	

### **SECTION C - MEDICAL:**

Name of fan	nily doctor:	Doctor Telephone:	
Name of Me	edical Aid:	Medical Aid Number:	
Medical con	ditions that the school should be aware of:		
Does the lea	arner have any physical disabilities? Please	e list:	
	PART II – FINANCI	AL INFORMATION	
Please read and sign at all applicable blocks. No learner will be accepted if this is not completed and signed in full by the parent / custodian responsible for the account.			
<ol> <li>REGISTRATION FEES         <ul> <li>a. A once-off, non refundable, Registration fee of R4 350 is due per learn up when the child reaches GRADE 1. See the school fee Structure for enters before Grade 1.</li> </ul> </li> </ol>			
		SIGNATURE	
	b. A R300 non refundable deposit is pava	able PRIOR TO ADMISSION to secure the child's	
	placement with the return of these doc	uments. Placement will be on a first-come-first-serve n the Registration Fees as set out in 1.a as a deposit.	
		SIGNATURE	
	OTHER FEES  a. An annual Development Fee of R850.0	00 per learner will be payable in January of each year	
		SIGNATURE	

### 3. MONTHLY SCHOOL FEES

- a. Monthly school fees are payable in advance, for <u>12 months</u>.
- b. Notice <u>may NOT</u> be given for the end of November, as the fees are payable over 12 months.

	- 5 -			
c. December's fees are payable if the child attends school in November.				
		SIGNATURE		
OTHER				
are due for despatch to		by the time the matriculation entries Board, we accept that the School may amination.		
		SIGNATURE		
b. We agree that <u>a calenda</u> withdrawal of our child fr		e equivalent fee is required before the		
		SIGNATURE		
c. Any outstanding fees fro	om the previous year must be	settled before registering at		
		SIGNATURE		
outstanding amount in a	attorney on the attorney / cli	e action to recover any re are liable for and consent to pay ent scale, this sum including any		
		SIGNATURE		
School fees outstanding School and the parents,		eement has been reached between the of the outstanding fees. If the parent		
		SIGNATURE		
	ade into our account, and the e fee of R200 will be levied.	cheque is rejected by the bank for any		
		SIGNATURE		

f. A 10 % administration fee will be deducted from any refunds.

4.

**SIGNATURE** 

# Undertaking and declaration by parent / custodian on payment of fees.

PERSON RESPONSIBLE FOR PAYMENT OF TUITION FEES				
Name				
Relationship to learner				
Address				
Cell Number				
Email address Please write CLEARLY:				
Should the monthly statement be: Emailed or Given to learner				
PLEASE NOTE THE SCHOOL FEES AND TICK YOUR PREFERRED METHOD OF PAYMENT:  YEARLY  MONTHLY  I undertake to pay the tuition fees as prescribed by the school. If I fail to pay the tuition fees on demand, I shall become liable for the legal costs of collecting such fees.  Undertaking and declaration by parent/custodian on provision of learner support material (stationery / books) and other resources  I undertake to be responsible for the proper keeping of learner support material provided by the school. I shall personally ensure that such material is returned to the school in proper condition. In case of losses, I am liable for the cost of replacing of such material and will be invoiced accordingly.  SIGNATURE				
Code of Conduct I have read and understood the terms of the Code of Conduct of Kingfisher Private School. I understand the terms and conditions as set out in the abovementioned document.				

**SIGNATURE** 

### Benchmarking & other tests

Learners write various benchmarking, core skills and other tests throughout various grades at Kingfisher Private School. By your child's participation in these tests, you consent to disclosure, use and storage of your child's personal information and results for this purpose. The purpose of this data storage is for academic purposes only and will be disclosed to the institution, Kingfisher Private School teachers, administrative staff, the parents, and the learners only. You will receive correspondence before tests to inform you of tests taking place.

### **Updated information**

I / we agree that it is our responsibility to update the school of any change in any of our personal details.

### **Acceptance of Documentation**

Having received and read all relevant documentation, I hereby accept all conditions as set out above.

Signature Parent / Custodian	Print name in full
ID Number	Date
Witness 1:	
Witness 2:	

Updated: May 2018