



Kingfisher School Trust I/Trust 69/00 (t/a)

KINGFISHER PRIVATE SCHOOL



Cnr Tambotie & Rooibos Street
PO Box 1048
PHALABORWA
1390

Non Profit Organisation no. 035-291
Emis No: 4010016

Tel: (015) 781 2410
Fax: 0866 209 308
Website: www.kingfisherschool.co.za
Email: kingfisherschool@telkomsa.net

Application for admission

Date of application: Proposed starting date:

Pupil to be enrolled:

Surname:

Names:

Name to be used:

ID number: Date of Birth:

Current School & Grade:

Grade to be tested for:

Gender: Male/Female (Please tick)

Names & Grades of siblings enrolled at Kingfisher Private School:

.....
.....

PLEASE NOTE:

1. PLEASE ATTACH A COPY OF THE LATEST REPORT (NO APPLICATION WILL BE CONSIDERED WITHOUT THE MOST RECENT REPORT ATTACHED)
2. Please attach a birth certificate.
3. A non-refundable R250.00 Assessment Fee per pupil is payable for the Assessment Test. (Grades 1-12 only)
4. Kingfisher Private School only offers English HL and Afrikaans FAL as subject and **NO** other languages.



Trustees – Kingfisher School Trust: LA Smith (Chairman), RE Rudolph & C van Zyl



Father / Guardian

Name & Surname:

ID number:

Postal Address :
.....
.....

Home Address :
.....
.....

Contact Number: Cell: Work:

Email:

Employer

I hereby give Kingfisher Private School permission to do a credit check and or a consumer trace and or an ID verification.

Signature father:

Mother / Guardian

Name & Surname:

ID number:

Postal Address :
.....
.....

Home Address :
.....
.....

Contact Number: Cell: Work:

Email:

Employer

I hereby give Kingfisher Private School permission to do a credit check and or a consumer trace and or an ID verification.

Signature mother:

FOR OFFICE USE ONLY:

| TO BE COMPLETED BY THE HOD | | | | | |
|-----------------------------------|------------------------------------|---------------|--|------------------|--|
| 1 | Assessment test date | Ass test date | | Tested for Grade | |
| 2 | Parent confirmation on Ass test | Date | | Time | |
| 3 | Results | Accepted | | Not accepted | |
| 4 | If accepted into a different grade | Y/N | | Which grade? | |
| 5 | Signed off by the HOD | Signature | | Date | |

| TO BE COMPLETED BY THE HEAD | | | | | |
|------------------------------------|------------------------|-----------|--|------|--|
| 6 | Signed off by the Head | Signature | | Date | |
| 7 | Other notes: | | | | |

| TO BE COMPLETED BY RECEPTION | | | | | |
|-------------------------------------|--|--------|--|------------|--|
| 8 | Receipt number for test fee | | | | |
| 9 | Deposit paid with admission form | Yes/No | | Receipt No | |
| 10 | Parent phoned | Date | | Time | |
| 11 | Parent's comment on recommendation | | | | |
| 12 | Starting date: | | | | |
| 13 | New Admission form, Consent form, Enrolment declaration issued | | | | |
| 14 | New Admission form received back | | | | |
| 15 | Enrolment Declaration form received back | | | | |
| 16 | Consent form received back | | | | |
| 17 | Signed off by Administrator: | | | | |
| | Date: | | | | |