

Application for Grade: _____ **for year:** _____

Richmond Avenue
Pinelands 7405
Tel: 021 531 3414
Fax: 021 531 9827
E-mail: admin@pnps.co.za
Website: www.pnps.co.za

- **Complete ALL fields of this form and hand-deliver to the school – an incomplete form will render this application invalid (Faxed or emailed forms will not be accepted).**
- **Please attach a letter of motivation stating why you believe Pinelands North Primary School is the best school for your family.**
- **Handing in a completed application form does not guarantee enrolment.**
- **Please note that if your child is offered a space at our school, aftercare is not automatically guaranteed.**

Office use:

DETAILS OF CHILD		
Surname:		Admin:
First names:		House:
Preferred name:		Class:
Date of birth:	year: month: date:	
	<i>Include certified unabridged copy of birth certificate</i>	
Child's Identity number:		
Home Language:		
Gender:		
Address at which child will be living, while enrolled at PNPS: Who will child live with at this address? (e.g. both parents, mother, father)		
<u>If applying for Gr R – 1</u> Name of Gr R school: Address: Phone number	Include latest school report	
<u>If applying for Gr 2 - 7</u> Name of current school: Address: Phone number: Current grade:	Include latest school report	
First time registration in Western Cape?	Yes / No	
Is your child a South African citizen? (If no, then study permit is required)	Yes / No	

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<p>A) Has your child ever had an educational or psychological assessment? If yes, please supply details (use a separate page if necessary)</p>	<p>YES / NO</p>
<p>B) Has your child ever required:</p> <p> <input type="checkbox"/> Speech therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Learning Support <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Play Therapy </p>	

<p>Tick the illnesses your child has had:</p>		
<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet fever	<input type="checkbox"/> Mumps
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Rheumatic Fever
<p>Tick the immunisations your child has had:</p>		
<input type="checkbox"/> Poliomyelitis (compulsory for admission to school)	<input type="checkbox"/> Whooping cough	
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles / Mumps / Rubella		

Medication
<p>Is your child on medication? YES / NO</p> <p>Type of medication:</p>

Medical Aid Details
<p>Name of Medical Aid: Plan:</p> <p>Membership number: Main member:</p>

Other important information about your child
<p>Do you have any concerns about your child or anything you feel would help us understand your child better?</p>

Association with PNPS
<p>Do you have previous / current connections with Pinelands North Primary School? YES / NO</p> <p>Details: _____</p> <p>If so, state house choice: Wells (yellow) / Gardener (red) / Clear (white)</p>

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Personal Information

**If legal guardian, please supply certified copy of court order which indicates guardianship
Proof of residence – please supply certified copies of recent municipal rates account or
current lease agreement**

Parent 1 Indicate: <input type="checkbox"/> Biological / Adoptive Father <input type="checkbox"/> Biological / Adoptive Mother <input type="checkbox"/> Legal Guardian	Parent 2 Indicate: <input type="checkbox"/> Biological / Adoptive Father <input type="checkbox"/> Biological / Adoptive Mother <input type="checkbox"/> Legal Guardian
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Title		Title	
Surname		Surname	
Name		Name	
ID number		ID number	

Contact Information

Residential Address (Domicillium citandi et executandi)		Residential Address (Domicillium citandi et executandi)	
Postal Code:		Postal Code:	
Landline		Landline	
Mobile		Mobile	
Email		Email	
Postal address		Postal address	
Postal Code:		Postal Code:	

Details of employment

Occupation		Occupation	
Name of employer		Name of employer	
Employer's physical address		Employer's physical address	
Postal Code:		Postal Code:	
Employer's landline no.		Employer's landline no.	

Number of children in your family: _____

Is this pupil 1st, 2nd, 3rd etc in the family: _____

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Does the child play or participate in any sport?

- | | | |
|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Does not participate | <input type="checkbox"/> Chess | <input type="checkbox"/> Cricket |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Softball | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Hockey | <input type="checkbox"/> Netball |

Does the child play or participate in any cultural programmes?

- | | | |
|---|----------------------------------|------------------------------|
| <input type="checkbox"/> Does not participate | <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Art |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Music | |

Has the child held any leadership position at a previous school?

- | | | |
|---|--|------------------------------|
| <input type="checkbox"/> No leadership position | <input type="checkbox"/> Team Captain | <input type="checkbox"/> RCL |
| <input type="checkbox"/> Class Monitor | <input type="checkbox"/> Grade Monitor | |

DECLARATION AND AGREEMENT

1. I declare that all of the above information is, to the best of my knowledge, true and correct and understand that should any false information be supplied, the application will be rendered invalid.
2. On acceptance of my child as a pupil, I undertake to abide by the Code of Conduct as displayed on the school website.
3. I am aware that the payment of school fees is compulsory. I understand that interest will be charged on fees that are overdue at a rate of 15.5% per annum and that should it be necessary for PNPS to recover outstanding fees, I will be liable for all costs incurred in such recovery on an attorney and own client scale as well as collection commission thereon. I understand that both parents are jointly and severally liable for school fees.
4. Should my child leave PNPS prior to the end of grade 7, I commit to giving the school a term's notice. Should this not happen, I undertake to pay 3 months' school fees in lieu of the notice period.

5. Parent 1 / legal guardian: I confirm that my chosen domicilium et executandi is as follows:

.....

Signature of biological father/legal guardian _____ Date _____

6. Parent 2 / legal guardian: I confirm that my chosen domicilium et executandi is as follows:

.....

Signature of biological mother/ legal guardian _____ Date _____

Emergency Contact

Alternate contacts in the event that parents/guardians are not contactable in case of emergency.

Contact 1		Contact 2	
Name		Name	
Surname		Surname	
Contact		Contact	
Relationship		Relationship	

THE FOLLOWING DOCUMENTS ***MUST*** ACCOMPANY YOUR APPLICATION:

(Kindly ensure that you have made and certified your copies ***prior*** to bringing this form to us)

Certified copy of the pupil's unabridged birth certificate		
Certified copy of clinic card showing inoculations		
Certified copy of the latest school report		
Certified copy of ID/passport of father/legal guardian		
Certified copy of ID/passport of mother/legal guardian		
Legal guardianship documentation (where necessary)		
Letter of Motivation		
Proof of residential address (certified copy of both pages of municipal rates account / current lease agreement or affidavit) from home-owner confirming that child lives at address provided		
Study visa, if applicable (for non-South African citizens) or proof of application to the Department of Home Affairs		

***PLEASE NOTE: Handing in a completed application form does not guarantee enrolment.
You are advised to apply to more than one school.***