

GRADE ONE APPLICATIONS FOR 2013

These applications can only be submitted from MONDAY 16 JANUARY 2012. CLOSING DATE FOR ALL GRADE ONE APPLICATIONS IS ON FRIDAY 23 MARCH 2012

NO FORMS WILL BE PROCESSED UNLESS ALL SECTIONS ARE ANSWERED IN FULL

Application for admission to:
BEAUMONT PRIMARY SCHOOL



Tel: (021) 851-7124
Fax: (021) 852-1295
Email: karin@beaumont4u.co.za

Private Bag X13
Somerset West
7129

OFFICE USE ONLY

Date received	<input type="text"/>	Admin. no.	<input type="text"/>
Starting date	<input type="text"/>	Account no.	<input type="text"/>
CEMIS	<input type="text"/>	Grade accepted	<input type="text"/>
House	<input type="checkbox"/> Oribi <input type="checkbox"/> Gazelle <input type="checkbox"/> Impala	Home language	<input type="checkbox"/> Eng <input type="checkbox"/> Afr.

A. LEARNER'S PARTICULARS

Surname	<input type="text"/>	Applying for grade	<input type="text"/>
First names	<input type="text"/>	Starting date	<input type="text"/>
Nickname	<input type="text"/>	Home lang	<input type="text"/>
Date of birth	<input type="text"/>	Lang of instr.	<input type="text"/>
ID	<input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Religion	<input type="text"/>	Race	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> Other
		(WCED department requirement)	
Do you object to your child receiving Bible instruction?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

AFTERCARE: THIS IS THE APPLICATION FOR ADMISSION TO THE SCHOOL ONLY.
Please contact the AFTERCARE CENTRE directly on (021) 851-0396 or kerl@beaumont4u.co.za

B. LEARNER'S ACTIVITIES

Activities which the learner participated in / would like to participate in and any outstanding results ready achieved, where applicable:

SCHOOL SPORT	CULTURE	OTHER
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. COMPLETION OF FORMS

This form must be completed in full. Certified copies of the documents mentioned below must accompany this application.

Birth certificate	<input type="text"/>	Proof of residential address	<input type="text"/>
Clinic card (Grade 1)	<input type="text"/>	Study Permit (if applicable)	<input type="text"/>
ID of both parents	<input type="text"/>		

D. MEDICAL INFORMATION

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Any allergies

Mark illness(es) learner has had:

Measles Chicken pox

Whooping cough Mumps

Other (please specify)

NB Learners should have been immunised against Tuberculosis (B.C.G)' Diphtheria, Whooping Cough, Tetanus, Measles, German Measles, Mumps, Poliomyelitis. Immunisation against Poliomyelitis and Tuberculosis (B.C.G) is legally compulsory.

Are there any serious disabilities or chronic illnesses which we should take note of?

Is the learner presently receiving any Occupational Therapy, Speech Therapy or Remedial tuition?
Is he / she using any specific medication?

E. TEMPORARY PERMIT: REFUGEE

Study Permit No:

Country of origin

Department exemption no. Expiry date

F. PARTICULARS OF PREVIOUS (CURRENT) SCHOOL

Last school attended

Address

Telephone

Fax

Date leaving this school

Grade passed

Previous grade repeated

G. PARTICULARS OF OTHER CHILDREN

Name	Grade	Age	School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

H. OFFICE USE ONLY (COMMUNICATION WITH PARENTS)

I.

PARENTS' PARTICULARS

Mother

Father

Surname

Initials

First names

Title

ID

Marital status

Phone (home)

Phone (work)

Cell phone

Fax

Email (please print)

Postal address

Residential address

Employer

Business address

Occupation

Name of medical aid society

Name of principal member

Medical aid number

Any previous connection with Beaumont Primary School for ex, ex-Beaumont learner (year/ maiden name), family attending Beaumont Primary School.

Father

Mother

Field in which parent is prepared to assist the school, e.g., fund-raising, library assistance, sport coaching, catering, flowers etc. Please specify.

Father

Mother

J.



CONTRACT BETWEEN
 BEAUMONT PRIMARY SCHOOL
 AND THE
 PARENTS / GUARDIANS
 OF THE LEARNERS

Full name and surname of father / first guardian:

Full name and surname of mother / second guardian:

CHILDREN ALREADY ATTENDING BEAUMONT:		
1.	_____	Grade: _____
2.	_____	Grade: _____
3.	_____	Grade: _____
4.	_____	Grade: _____

Undermentioned conditions apply for Beaumont Primary School as stipulated by the Governing Body.

1. Both parents / guardians undertake, jointly and severally, to pay the school fees of the learner as determined by the Governing Body.
2. It is the sole responsibility of the parent(s) / guardian(s) to ensure that payment reaches the school on or before the payment date.
3. School fees are payable monthly in advance over a period of 12 months. If parent(s) , guardian(s) fail to make any payment timeously, the outstanding amount will become payable immediately.
4. Should it be necessary for the school to instruct its attorneys to collect fees from the parent(s) / guardian(s), such parent(s) / guardian(s) shall be responsible for all attorney and client fees incurred whilst collecting such school fees as well as a collection commission.
5. A scheme exists whereby parents residing within the school's feeder area (this is the area around the school of which Beaumont Primary is the nearest school), may apply for a school (not the state) subsidy in respect of school fees if their total gross annual household income is lower than a certain level determined by the WCED. The closing date for all such applications is the end of February. Please contact the school for more information

K.

BEAUMONT PRIMARY SCHOOL



ANNEXURE A

Please indicate your method of payment:

- 1. Once off payment on or before 28 February.
- 2. Two bi-annual payments before or on 28 February and 31 July.
- 3. 1 January till 1 December (12 cash payments)
- 4. Please complete the debit order for 12 months.
- 5. We will apply for partial / full exemption and shall therefore make individual arrangements before 28 February. (Only applicable to parents who are in Beaumont's feeder area).
- 6. We will make 12 electronic payments/credit card payments.

Learner resides in the school's feeder area.

YES

NO

We, _____

the undersigned parents / guardians of the above-mentioned children, declare that the above-mentioned information is correct.

We herewith bind ourselves for the due fulfilment of all the above-mentioned obligations and the payment of all school fees as set out hereinbefore and levied from time to time.

Signed at: _____

on this _____ day of _____ (month) _____ (year).

Signature: Father / Guardian

Signature: Mother / Guardian

ID No: _____

ID No: _____

NB: It is required by the Governing Body of Beaumont Primary School that both parents / guardians sign this contact.

L.



BEAUMONT PRIMARY DEBIT ORDER AUTHORIZATION

Beaumont Primary School
Private Bag X 13
Van der Merwe Street
Somerset West
7129
Tel: (021) 851 7124 Fax: (021) 852 1295

I hereby authorise Beaumont Primary School to arrange with my bank to withdraw the amount stipulated below. This arrangement remains valid until cancelled in writing by mutual agreement.

I / We acknowledge that the party hereby authorised to effect the drawing against my / our account may not cede or assign any of its rights to any third party without my / our prior written consent and that I / we may not delegate any of my / our obligations in terms of this contract / authority to any third party without prior written consent of the authorised party.

Details of debit order: (Complete in full)

Amount in words : _____

Date of first deduction : _____ (processed on the 1st of every month)

Please debit my : _____ account
(eg: cheque, savings, transmission etc.)

Name of bank : _____

Name of branch : _____

Bank account number : _____

6 digit branch code : _____

Your surname : _____

First name and other initials : _____

ID Number : _____

Address : _____
_____ Postal Code _____

Tel No : (h) _____ (w) _____

Cell No : _____ (email) _____

Particulars of children in Beaumont whose school fees are to be collected per debit order.

Name and Surname : _____ Grade _____

Name and Surname : _____ Grade _____

Name and Surname : _____ Grade _____

Name and Surname : _____ Grade _____

Signature

Date