

# APPLICATION FOR ADMISSION - 2025

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

 Yes

 No

Name of other learner(s) : \_\_\_\_\_

DATE: 18 JUL 2024

## LEARNER INFORMATION

|                                 |  |
|---------------------------------|--|
| <b>LEARNER</b>                  |  |
| Full names:                     | _____  |
| Surname:                        | _____  |
| Preferred name:                 | _____  |
| Date of birth:                  | _____  |
| ID number:                      | _____  |
| Nationality:                    | _____  |
| Religious denomination:         | _____  |
| Gender:                         | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Ethnic group:                   | _____  |
| Home language:                  | _____  |
| Preferred tuition language:     | _____  |
| Dexterity:                      | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both                 |
| Learner mobile number:          | _____  |
| Learner e-mail address:         | _____  |
| Admission date:                 | _____  |
| Grade in 2025 :                 | _____  |
| Years in grade for 2025 :       | _____  |
| Years in phase for 2025 :       | _____  |
| Pre-primary education attended: | <input type="checkbox"/> Formal <input type="checkbox"/> Informal<br><input type="checkbox"/> Other: _____ |
| Attach learner photo:           | <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>                  |

|                               |       |
|-------------------------------|-------|
| Method of transport:          | _____ |
| Taxi/Bus registration number: | _____ |
| Name of driver:               | _____ |
| Contact number:               | _____ |

## NEXT OF KIN INFORMATION

|                             |       |
|-----------------------------|-------|
| Name:                       | _____ |
| Contact number:             | _____ |
| Alternative contact number: | _____ |
| Relation:                   | _____ |

## OFFICE USE ONLY

|                         |   |  |
|-------------------------|---|--|
| Family code: _____      | Waiting list: <input type="checkbox"/> A <input type="checkbox"/> B |  |
| Register class: _____   | Number on waiting list: _____                                       |  |
| Admission number: _____ | ID copy: <input type="checkbox"/>                                   |  |
|                         | Application fee: <input type="checkbox"/>                           |  |
|                         | Proof of residence: <input type="checkbox"/>                        |  |
|                         | Birth certificate: <input type="checkbox"/>                         |  |
|                         | Clinic card: <input type="checkbox"/>                               |  |

## FAMILY INFORMATION

|                   |                                       |  |   |
|-------------------|---------------------------------------|--|---|
| Family status:    | <input type="checkbox"/> Both parents | <input type="checkbox"/> Single parent - Unmarried |   |
|                   | <input type="checkbox"/> Foster care  | <input type="checkbox"/> Childrens home            | <input type="checkbox"/> Single parent - Divorced |
|                   | <input type="checkbox"/> Other        | <input type="checkbox"/> Re-composed               | <input type="checkbox"/> Widow/Widower            |
| Parents deceased: | <input type="checkbox"/> Mother       | <input type="checkbox"/> Father                    | <input type="checkbox"/> None                     |

## LEARNER HEALTH INFORMATION

|                   |       |
|-------------------|-------|
| Chronic diseases: | _____ |
| Allergies:        | _____ |
| Medication:       | _____ |

## MEDICAL AID INFORMATION

|                   |       |
|-------------------|-------|
| Name:             | _____ |
| Telephone number: | _____ |
| Member number:    | _____ |
| Primary member:   | _____ |

## FAMILY DOCTOR INFORMATION

|                   |       |
|-------------------|-------|
| Name:             | _____ |
| Telephone number: | _____ |
| Business address: | _____ |
|                   | _____ |

## INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

|   |  |  |
|---|--|--|
| First registration of learner in Limpopo: | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Learner attended school last year         | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If yes, in which Province/Country:        | _____  |  |
| Previous school                           | _____  |  |
| Telephone Number                          | _____  |  |
| Address                                   | _____  |  |
| Province                                  | _____  |  |
| Highest grade in previous school          | _____  |  |
| Reason for leaving the school             | _____  |  |

**BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

Marital status:  Common law marriage  Divorced  
 Married  Separated  Single  
 Widowed

Communication:  SMS  E-mail  Mail  By hand

Comm language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is the learner living with this parent?  Yes  No

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Occupation status:  Own Employer Professional  
 Own Employer Non-Professional  
 House wife  Part time  
 Contract worker  Pensioner  
 Student  Temporary  
 Full time  Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_

**BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

Marital status:  Common law marriage  Divorced  
 Married  Separated  Single  
 Widowed

Communication:  SMS  E-mail  Mail  By hand

Comm language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is the learner living with this parent?  Yes  No

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Occupation status:  Own Employer Professional  
 Own Employer Non-Professional  
 House wife  Part time  
 Contract worker  Pensioner  
 Student  Temporary  
 Full time  Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_

**DECLARATION BY PARENT / GUARDIAN**

I \_\_\_\_\_ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature of Parent / Guardian : \_\_\_\_\_

**ACCOUNTABLE PERSON'S INFORMATION** Biological Parent 1 Biological Parent 2 Other

Only if 'Other', please complete section A or B below:

**A) INDIVIDUAL**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Home language: \_\_\_\_\_

Communication:  SMS  E-mail  Mail  By hand

Comm language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

**B) COMPANY / CLOSED CORPORATION / TRUST**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Registration number: \_\_\_\_\_

Comm language: \_\_\_\_\_

Contact number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Business address: \_\_\_\_\_

Postal address: \_\_\_\_\_

**BANKING DETAILS**

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch code: \_\_\_\_\_

Account type:  Cheque  Transmission  Savings

Bank account number: \_\_\_\_\_

Account holder: \_\_\_\_\_

Agreement between Thorntree Preparatory School and \_\_\_\_\_ (Name of parent / guardian) with regards to the payment of school fees.

a. Accept responsibility for the payment of fees for above child before or on the seventh (7th) day of each month:

- Monthly  
 Internet transfer

- b. I agree to inform the Principal in writing if I am unable to pay the fees. My child's admission will be secured for one (1) month.
- c. I understand that the school will take the necessary legal steps to recover any outstanding fees.
- d. I agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.
- e. I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.
- f. If you prefer to receive statements by e-mail, please indicate e-mail address
- g. I / We the parents / guardian of \_\_\_\_\_ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES**

- I, parent / guardian of \_\_\_\_\_ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
- I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
- I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
- I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
- I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
- I undertake to inform the school if any of the above information may change.

7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Thorntree Preparatory School as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**INDEMNITY**

I/We the parents of/I the guardian of \_\_\_\_\_ (name of learner) indemnify unconditionally and without restriction Thorntree Preparatory School and/or the shareholders of Thorntree Preparatory School or any person employed by Thorntree Preparatory School or any person acting on behalf of Thorntree Preparatory School against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Thorntree Preparatory School.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 2024

Signature of Parent / Guardian : \_\_\_\_\_