



## PARENTS / GUARDIAN INFORMATION

<b>FATHER</b>	<b>INITIALS</b>																		
<b>SURNAME</b>																			
<b>PREFERRED NAME</b>																			
<b>ID. NUMBER</b>																			
<b>STREET ADDRESS</b>																			
<b>POSTAL ADDRESS</b>																			
<b>TELEPHONE (H)</b>																			
<b>(W)</b>																			
<b>(CEL)</b>																			
<b>E-MAIL ADDRESS</b>																			
<b>OCCUPATION</b>																			

<b>MOTHER</b>	<b>INITIALS</b>																		
<b>SURNAME</b>																			
<b>PREFERRED NAME</b>																			
<b>ID. NUMBER</b>																			
<b>STREET ADDRESS</b>																			
<b>POSTAL ADDRESS</b>																			
<b>TELEPHONE (H)</b>																			
<b>(W)</b>																			
<b>(CEL)</b>																			
<b>E-MAIL ADDRESS</b>																			
<b>OCCUPATION</b>																			

**I WOULD LIKE TO SERVE THE SCHOOL IN THE FOLLOWING WAY:**

**Contacts (e.g. Wholesalers)**

**Examples:**

<b>Welding work</b>		<b>Transport</b>	
<b>Paint work</b>		<b>Catering</b>	
<b>Plumbing</b>		<b>Sponsors</b>	
<b>Electrical wiring</b>		<b>Fund raising</b>	



## GENERAL INFORMATION

<b>ALLERGIES</b>	
<b>MEDICATION</b>	
<b>OPERATIONS</b>	

**UNDERLINE THE ILLNESS(ES) THAT LEARNER HAS BEEN IMMUNISED AGAINST: (CLINIC CARD MUST BE ATTACHED )**

**POLIOMYELITIS AND TUBERCULOSIS (B.C.G.) (COMPULSORY BY LAW FOR ADMISSION) DIPHTHERIA; TETANUS; WHOOPING COUGH; HAEMOPHILUS INFLUENZA TPE B; MUMPS.**

<b>STATE ANY SERIOUS OR CHRONIC ILLNESSES (EG. ASTHMA, EPILEPTIC, ETC)</b>

## MEDICAL

	<b>NAME</b>	<b>NUMBER(S)</b>
<b>DOCTOR</b>		
<b>MEDICAL FUND</b>		

### DECLARATION

WE, THE UNDERSIGNED STATE THAT:

- 1 The content of the application form has been filled in correctly;
- 2 We have taken note of the school rules and admission policy;
- 3 We undertake to abide by the code of conduct, rules and policy as well as to respect and obey the morals and character of this school.
- 4 The parent guardian undertakes to pay the school fees as determined annually.

PARENTS/GUARDIAN SIGNATURE: \_\_\_\_\_

NAME IN FULL : \_\_\_\_\_

DATE: \_\_\_\_\_

## ***APPLICATION FOR ADMISSION***

- 1 **CERTIFIED COPIES** of the following documents must be handed in with die enrollment form:
  - your child's clinic card
  - your child's identity document
  - proof of address
  - proof of **ORIGINAL** report card from previous school of highest grade passed
  - **ORIGINAL TRANSFER CARD** from previous school
  - **CERTIFIED RESIDENT'S PERMIT** (if not RSA citizen)
  
- 2 A deposit for admission in Grade R is payable. You will be notified of the amount at a later stage.

### ***PROCEDURE FOR CONFIRMATION OF ADMISSION:***

- You will be notified in writing whether your application was successful. **You, as parent, need to reply in writing whether you accept or not within 10 days.**
- WCED-policy states that you need to enroll at the school nearest to your residential address.

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CD EKSTEEN  
HEADMASTER

<b>BASTION PRIMARY SCHOOL LEARNER INFORMATION</b>	Admission Number	
The complete and correct information on this form can save the life of your child.	Grade	

**LEARNER**

Surname & name	
Preferred Name	
Date of Birth	
Identity Number	
Address	

**FATHER:**

Relationship	<b>Father</b>	<b>Stepfather</b>	<b>Guardian (Please Circle)</b>
Surname & Full Name			
Identity Number			
Home Address			
Occupation			
Work Address			
Tel No. (W)	(H)	(Cel)	

**MOTHER:**

Relationship	<b>Mother</b>	<b>Stepmother</b>	<b>Guardian (Please Circle)</b>
Surname & Full Name			
Identity Number			
Home Address			
Occupation			
Work Address			
Tel No. (W)	(H)	(Cel)	

**OTHER CHILDREN IN BASTION**

	NAME	GRADE	TEACHER
1			
2			
3			

**NEXT OF KIN (Incase parents can not be reached)**

NAME	CONTACT NUMBER	RELATIONSHIP

**MEDICAL INFORMATION**

	NAME	NUMBER(S)
Doctor		
Medical Aid		

ALLERGIES	MEDICATION

**A. CONSENT FOR EXCURSIONS**

I, the undersigned (Full name and surname) \_\_\_\_\_

of (Home address) \_\_\_\_\_

parent of (names of scholar) \_\_\_\_\_

\_\_\_\_\_ do hereby consent that my son/daughter may take part in all extra-mural activities of the school, including sports, cultural activities, educational tours, either by foot or by vehicle. I take cognisance of the fact that the Headmaster, his staff or parents involved, will provide such action as deemed reasonable under the circumstances for the safety and welfare of my child.

**AND**

**B. MEDICAL RULES**

give Bastion Primary School permission to use their own discretion, should any children sustain serious injuries at school.

**AND**

**C. COMMITMENT**

undertake to abide by all the rules in the Admission Policy of Bastion and to pay my school levies punctually and regularly.

Should I refrain from doing so, I accept all responsibility for the paying of any costs made by the school to in the fees.

\_\_\_\_\_  
SIGNATURE OF FATHER/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MOTHER/GURADIAN

\_\_\_\_\_  
DATE

Dear Parents

## **FINANCE**

### **1.1 SCHOOL FEES 2009**

School Fees are compulsory. The school fees for the following year is approved at the Budget meeting (all parents are present) in November of each year. The school fees appears on the weekly circulars.

If the full amount is paid before the end of February a discount of 10% will be given. The fees for Grade R will be adjusted every year. Discount, will however, not be applicable to them.

- The school fees are payable by debit order/internet/cash/cheque within the prescribed period of 10 months from 1 February to 1 November.

The non-receipt of monthly payments cannot be used as an excuse for non-payment. We would like to urge parents to make a concerted effort to pay their school fees regularly and timeously. Our aim is to in all school fees to ensure that paying parents do not subsidise non compliant parents.

### **1.2 DEBIT POLICY**

This policy has been specifically implemented to ensure the speedy and effective collection of school fees.

The debit policy is as follows: All school fees are payable in advance on or before the last day of the month. If you would like to use an alternative means of payment, please notify the school in writing.

As soon as one month's payment has been missed, that specific month's payment will be deemed payable immediately. In the case of a debit order being refused for two consecutive months, your debit order will immediately be cancelled and you will be notified in writing.

### **1.3 MEANS OF PAYMENT**

Please complete the form: Means of Payment (attached) accurately and return it to the school within one week of receiving the form. The Board of Governors uses this information to determine the school's cash flow so that all our goals and planning for the year can be co-ordinated effectively.

### **1.4 DEBIT ORDERS**

Parents who pay by debit order must complete a new form every year (attached). It must be filled in accurately and completely and returned to the school within one week of receiving the form. Should you change your mind after handing in the debit order form, you **MUST** inform the financial office at the school in writing.

### **1.5 EXEMPTION FROM SCHOOL FEES**

Needy parents can apply for reduction or exemption of school fees. Forms for partial or complete exemption from school fees are available from the school. This must be filled in annually. The prescribed form must be filled in accurately and completely and handed in before 1 March. Learners who enrol during the course of the year must hand in their forms within one week of enrolment.

### **1.6 HANDING OVER TO THE LAWYERS**

Parents who are in arrears with their payment of school fees will be handed over to the lawyers on 15 June and 30 November. If your financial situation should change to such an extent that you are no longer able to meet your commitments, you **MUST** inform the school.

### **1.7 COMMUNICATION**

Communication with the finance office regarding arrangements and payment options is of utmost importance. All communication must be in WRITING. Please keep the financial office informed of any changes in contact details.

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**C D EKSTEEN**  
**(PRINCIPAL)**

## SKOOLGELDE / SCHOOL FEES

**KONTROLEVORM (merk met x) / CHECKLIST (mark with x)**

		JA/YES	NEE/NO
1	Het die skoolhoof u ingelig wat die jaarlikse skoolfonds beloop? Has the principal informed you about the amount of the annual school fees to be paid?		
2	Het die skoolhoof u ingelig dat u verantwoordelik is vir die betaling van skoolfonds tensy u volle kwytskelding ontvang? Has the principal informed you that you are liable for the payment of school fees unless you are totally exempted from paying school fees?		
3	Het die skoolhoof u ingelig dat u geregtig is om aansoek te doen om kwytskelding van skoolfonds? Has the principal informed you about your right to apply for exemption from paying school fees?		
4	Sou u belangstel om aansoek te doen om vrystelling? Do you wish to apply for such exemption?		
5	Sou u belangstel om gehelp te word om 'n aansoekvorm te voltooi? Do you wish to be assisted in making such application?		
6	Sou u belangstel om so 'n vorm te ontvang? Do you wish to be provided with a form for application for exemption?		

Naam van Leerder(s) / Name of Learner(s)		Graad / Grade
1		
2		
3		

Handtekening: Ouer / Voog  
Signature: Parent / Guardian

Datum / Date

**MEANS OF PAYMENT**

(Please keep a copy for your own records)

We as parents / guardians of .....grade.....(2009)  
.....grade.....(2009)  
.....grade.....(2009)

undertake to pay the school fees as follows.

Choose **one** of the following options by marking it with a X:

- 1. We will pay the full amount once-off before end February to receive the discount
- 2. We will pay by debit order (February to November) and will complete the attached form and send it back to the school timeously (see 1.4 of Special Circular: Finance)
- 3. We will pay via the Internet for 10 months from February to November (the school’s banking details are: ABSA Brackenfell, branch code 632005, account number 01002621262, cheque account)
- 4. We will pay cash for 10 months from February to November
- 5. We want to make use of an alternative form of payment and we will apply and motivate our decision in writing. This application will reach the school by end February
- 6. We want to apply for exemption of school fees and will complete and hand in our application form timeously (see 1.5 of Special Circular: Finance)

.....  
Father / Guardian

.....  
Date

.....  
Mother / Guardian

.....  
Date

**DEBIT ORDER**

NUMBER : \_\_\_\_\_

I, the undersigned, request Bastion Primary School to arrange with my bank and Multi-Data to withdraw the amount, as authorised here, from my account.

Account Holder : \_\_\_\_\_  
(Surname, first name and other initials)

Telephone : (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cel) \_\_\_\_\_

Address : \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

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

Bank branch code: \_\_\_\_\_

Type of accounts : (Please circle the right one)

CHEQUE

SAVINGS

TRANSMISSION

Date of first collection : 1 February \_\_\_\_\_

Amount : \_\_\_\_\_

NAME OF PUPIL / S	GRADE IN _____

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE