

# APPLICATION FOR ADMISSION

[ALL pages to be returned to Hillcrest Primary School]

## DOCUMENTATION FOR SUBMISSION:

[Copies of the following documents are required on application]

- ✓ LEARNER'S BIRTH CERTIFICATE
- ✓ MOTHER'S I.D. DOCUMENT
- ✓ FATHER'S I.D. DOCUMENT
- ✓ LEARNER'S IMMUNISATION CARD / CLINIC CARD
- ✓ PROOF OF RESIDENCY (e.g. rates receipt, domestic service charge)
- ✓ MOST RECENT SCHOOL REPORT
- ✓ SCHOOL FEE CLEARANCE CERTIFICATE FROM CURRENT SCHOOL

**THE APPLICATION WILL NOT BE PROCESSED WITHOUT COMPLIANCE WITH ALL OF THE ABOVE.**

**Please note:**

1. Applicants from the Hillcrest Township area must apply early if they wish to benefit from the "in area" window period. Applicants residing outside this area will be admitted on availability of space.
2. The age of the applicant must comply with National Policy. Grade R (Age 6 during the year of Grade R or age 5 before 30 June in the year) Grade 1 – (Age 7 during the year of Grade 1 or age 6 before 30 June in the year)
3. Hillcrest Primary may conduct a placement test to establish correct grade. This does not indicate acceptance.

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### FOR OFFICE USE ONLY

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

SURNAME: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

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# DECLARATION AND CONSENT

I / we the undersigned, do hereby understand and agree that:

- (i) Hillcrest Primary School is a public, fee paying school whose elected Governing Body is empowered with the authority to make all decisions affecting the governance of the school, and such decisions are binding.
- (ii) School fees are a statutory duty and are compulsory and payable in advance.
- (iii) I / we, and the Applicant, are to subscribe to the CODE OF CONDUCT, and all other policies, rules and regulations of the school as laid down by the Governing Body.
- (iv) Permission is hereby given by us for the Applicant to participate in any excursion or activity organised by the school.
- (v) Hillcrest Primary will take all reasonable precautions to ensure the safety of the Applicant, and his/her possessions, and we absolve the school and/or any persons acting on its behalf and hold them blameless, against any claim whatsoever which may arise following upon injury to, or the death of, the Applicant or any loss or damage to his/her property howsoever the same may be.
- (vi) We hereby nominate, constitute and appoint the school to act in loco parentis to the Applicant and to exercise over him/her and over his/her actions full authority and control as we might or could do if personally present, and in particular, to give consent to the administration of any medical treatment which the school may be advised is required on the basis that we shall be liable for the cost thereof.
- (vii) I / We will ensure that the Applicant attends school daily from start to end of each term, and absence is only condoned for illness and emergencies.
- (viii) A co-operative working partnership between school and home is in the best interests of the Applicant.
- (ix) I / we, the parents, jointly and severally agree to pay the school fees.

\_\_\_\_\_

\_\_\_\_\_

MOTHER / GUARDIAN

FATHER / GUARDIAN

**(Where applicable, please both parents sign).**

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

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

**PLEASE NOTE: COMPLETION OF THESE  
FORMS DOES NOT GUARANTEE  
ADMISSION TO  
HILLCREST PRIMARY SCHOOL**



# Hillcrest Primary School

## APPLICATION FOR ADMISSION

DATE: \_\_\_\_\_ GRADE REQUIRED: \_\_\_\_\_ COMMENCING: \_\_\_\_\_  
(Month and year)

### LEARNER'S DETAILS:

SURNAME: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

GENDER: (M/F) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT OR PREVIOUS HILLCREST PRIMARY FAMILY: YES / NO: \_\_\_\_\_

DETAILS: \_\_\_\_\_

PREVIOUS COUNTRY / PROVINCE: \_\_\_\_\_

I.D. NUMBER: \_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ RELIGION: \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

PREVIOUS SCHOOL TELEPHONE NUMBER: \_\_\_\_\_

LEARNER RESIDES WITH: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PARENTAL STATUS (married / single etc): \_\_\_\_\_

CUSTODIAN INFORMATION / RESTRICTIONS: \_\_\_\_\_

HAS LEARNER REPEATED?: \_\_\_\_\_ IF YES: GRADE: \_\_\_\_\_

HAS LEARNER BEEN CONDONED?: \_\_\_\_\_ IF YES: GRADE: \_\_\_\_\_

## FATHER'S / GUARDIAN'S DETAILS:

TITLE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

SURNAME: \_\_\_\_\_

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

CELL PHONE NUMBER: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMPLOYER'S PHYSICAL ADDRESS: \_\_\_\_\_

WORK TELEPHONE NUMBER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

## MOTHER'S / GUARDIAN'S DETAILS:

TITLE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

SURNAME: \_\_\_\_\_

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

CELL PHONE NUMBER: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMPLOYER'S PHYSICAL ADDRESS: \_\_\_\_\_

WORK TELEPHONE NUMBER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

## IN CASE OF EMERGENCY:

MEDICAL AID: \_\_\_\_\_ NUMBER: \_\_\_\_\_

NAME OF DOCTOR: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

MEDICAL DISORDERS / ALLERGIES: \_\_\_\_\_

(Please indicate if life threatening)

(Should both the father and mother be unavailable in an emergency, please advise details of a 3<sup>rd</sup> party)

TITLE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

SURNAME: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO LEARNER: \_\_\_\_\_



# Hillcrest Primary School

## COMMITMENT IN RESPECT OF SCHOOL FEES (TO BE RETURNED TO THE SCHOOL)

I/WE FULLY UNDERSTAND THAT PAYMENT OF FEES AT HILLCREST PRIMARY SCHOOL IS COMPULSORY. IN TERMS OF THE SOUTH AFRICAN SCHOOL'S ACT 84 OF 1996, A CONDITIONAL, PARTIAL OR TOTAL EXEMPTION OF SCHOOL FEES MAY BE APPLIED FOR AND IS ONLY VALID IN RESPECT OF THAT YEAR. APPLICATION FOR EXEMPTION OF FEES DOES NOT ABSOLVE ONE FROM COMMENCING PAYMENT OF FEES BY THE 31 JANUARY UNTIL SUCH TIME AS A CONCESSION IS GRANTED BY THE GOVERNING BODY. I/WE AM/ARE AWARE THAT LEGAL ACTION CAN BE INSTITUTED AGAINST ME/US SHOULD I/WE DEFAULT IN PAYMENT.

	Father / Guardian	Mother / Guardian
Name & Surname		
Identity No.		
Physical Address		
Telephone Work		
Telephone Home		
Cell number		

Learner/s Names	Grade

I AUTHORIZE THE SCHOOL TO DO CREDIT BUREAU SEARCHES ON ME/US AND IN THE EVENT OF ANY SCHOOL FEES DUE BY ME/US NOT BEING PAID, I/WE AUTHORIZE THE SCHOOL TO INFORM ANY RELEVANT CREDIT BUREAU AND HAVE MY/OUR NAME LISTED WITH THEM.

SCHOOL FEES ARE A STATUTORY DUTY IN TERMS OF THE SOUTH AFRICAN SCHOOLS ACT NO 84 OF 1996 (AS AMENDED), PAYABLE ANNUALLY IN ADVANCE AT THE BEGINNING OF EACH SCHOOL YEAR. SUCH PAYMENT IS COMPULSORY UNLESS I/WE HAVE BEEN GRANTED A CONDITIONAL, PARTIAL OR TOTAL EXEMPTION.

THE SCHOOL GOVERNING BODY IS AWARE OF THE FINANCIAL BURDEN SCHOOL FEES PLACE ON PARENTS, AND THE SCHOOL GOVERNING BODY IS PREPARED TO CONSIDER AN APPLICATION FOR PAYMENT ON A MONTHLY BASIS PROVIDED (i) THERE ARE NO ARREAR FEES FROM THE CURRENT AND/OR PREVIOUS YEARS (ii) CONFIRMATION OF A STOP ORDER INSTRUCTION WITH THE BANK, IS PROVIDED TO THE BURSAR.

I/WE ACCEPT THAT THIS UNDERTAKING IN NO WAY CHANGES THE FACT THAT THE PAYMENT OF SCHOOL FEES IS A STATUTORY DUTY AND NOT A VOLUNTARY AGREEMENT, PARTICULARLY NOT A CREDIT AGREEMENT AS DEFINED IN TERMS OF THE NATIONAL CREDIT ACT NO. 34 OF 2005.

I/WE HEREBY COMMIT MYSELF/OURSELVES TO THE FOLLOWING METHOD OF PAYMENT IN RESPECT OF SCHOOL FEES PERTAINING TO MY/OUR CHILDREN AT HILLCREST PRIMARY SCHOOL

**PLEASE TICK THE APPROPRIATE BLOCK:**

**OPTION A:**

- PAYMENT IN FULL BEFORE 31 DECEMBER QUALIFIES FOR A 10% DISCOUNT
- PAYMENT IN FULL BEFORE 28 FEBRUARY QUALIFIES FOR A 5% DISCOUNT
- OPTION TO MAKE A CONTRIBUTION TO THE SCHOOL TRUST FUND

\_\_\_\_\_ RAND AMOUNT  
[ONCE OFF PAYMENT]

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**OPTION B: ONLY AVAILABLE IF:**

**1 – THERE ARE NO ARREAR FEES AND**

**2 – A COPY OF THE BANK CONFIRMATION OF A STOP ORDER HAS BEEN HANDED TO THE BURSAR**

- WE APPLY FOR 10 X MONTHLY PAYMENTS IN ADVANCE, COMMENCING 01 JAN
- WE APPLY FOR REMEDIAL UNIT AND LEAP UNIT ONLY – 12 X MONTHLY
- OPTION TO MAKE A CONTRIBUTION TO THE SCHOOL TRUST FUND

\_\_\_\_\_ RAND AMOUNT  
[MONTHLY PAYMENT]

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SHOULD I/WE DEFAULT ON THE AGREED PAYMENT PLAN, FEES ARE IMMEDIATELY DUE IN FULL. I/WE WILL BE LIABLE FOR THE FULL SCHOOL FEES AND ALL COSTS INCURRED ON THE ATTORNEYS/CLIENT OR COLLECTION AGENCY SCALE, SHOULD FEES BE HANDED OVER.

**FOR SECURITY REASONS CASH WILL NOT BE ACCEPTED AT THE SCHOOL.**

**PLEASE NOTE:** Payments may be made via cheque / direct deposit / Internet Banking / Stop Order (parent's responsibility to activate this with their bank).

- All deposit slips and proof of payments must be sent / faxed to school to facilitate correct crediting of account.
- Please ensure that on all deposit slips, proof of payment and cheques, you include the following details: learner's full name, grade, account number and a breakdown of the payment to be correctly allocated.

WE THE PARENTS/GUARDIANS JOINTLY AND SEVERALLY AGREE TO PAY THE SCHOOL FEES COMMENCING THE BEGINNING OF THE ACADEMIC YEAR. FAILURE TO COMPLETE AND RETURN THIS FORM WITH THE ENROLMENT APPLICATION STILL CONSTITUTES A COMMITMENT TO PAY THE FULL AMOUNT OF SCHOOL FEES AT THE BEGINNING OF EACH YEAR.

FATHER'S/GUARDIAN'S SIGNATURE:\_\_\_\_\_DATE:\_\_\_\_\_

MOTHER'S/GUARDIAN'S SIGNATURE:\_\_\_\_\_DATE:\_\_\_\_\_

IT IS THE RESPONSIBILITY OF THE **CUSTODIAN PARENT** TO ENSURE THAT THE FEES ARE PAID AND THAT THIS FORM IS FULLY COMPLETED, SIGNED AND RETURNED TO THE SCHOOL. HOWEVER, ACCORDING TO HIGH COURT PRECEDENT, BOTH PARENTS ARE LIABLE FOR THE SCHOOL FEES IRRESPECTIVE OF MARRIAGE STATUS.

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