

APPLICATION FOR ADMISSION TO SCHOOL

PINNACLE PRIMARY & SECONDARY



“OLD” SCOTT SHAFT HOSTEL
STILFONTEIN
2550

Telephone: (018) 484 4680
Fax: (018) 484 5575

<http://www.pinnacleschool.net>

YEAR: _____

This form must be completed in full. All changes to be initialed or signed by parent/guardian. Filling in the form does not necessarily mean that the learner has been accepted.

Grade Applied For	Highest Grade passed	Accession No:
SURNAME:	ID NO/PASSPORT NO:	
INITIALS:	MALE/FEMALE	
FIRST NAME:	NICK NAME:	
DATE OF BIRTH:YYYY MM DD	NATIONALITY:	
HOME LANGUAGE:	ENTRANCE DATE	
RACE:	RELIGION:	
CITIZENSHIP:	NONE: NON FORMAL:	
FOR GRADE 1 ONLY:INDICATE PRE-PRIMARY	FORMAL:	
PHYSICAL ADDRESS:	HOME TEL	
CITY/SUBURB	EMERGENCY TEL	

2. LEARNER'S PARTICULARS

PREVIOUS SCHOOL ATTENDED:	
SCHOOL ADDRESS (INCL. PROVINCE)	
SCHOOL TELEPHONE NO AND CODE:	
REASON FOR LEAVING:	
ENTRANCE INTO GRADE:	
COUNTRY OF BIRTH:	
OTHER SIBLINGS AT THIS SCHOOL: YES/NO	
IF YES: WHICH GRADE:	
REFERRED BY:	
HOW DID YOU HEAR ABOUT OUR SCHOOL:	

**3. NAME AND ADDRESS TO WHICH CORRESPONDENCE MUST BE SENT
(NOTE: ACCOUNTS ARE SENT HOME WITH THE LEARNERS)**

4. PARENTS MARITAL STATUS

SINGLE:	MARRIED:	DIVORCED:	OTHER:
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ACCESS RIGHTS: Y/N - IF Y PLEASE PROVIDE PROOF

FATHER:	MOTHER:	GUARDIAN:
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LIVING WITH: Y/N

FATHER:	MOTHER:	GUARDIAN:
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4.1 FATHER

SURNAME:	TITLE:	
FULL NAMES:		
LEGAL GUARDIAN	YES:	NO:
CITIZENSHIP:		
ID NUMBER:		
OCCUPATION:		
PLACE OF EMPLOYMENT:		
WORK TEL NUMBER:	Code:	Number:
WORK FAX NO:	Code:	Number:
HOME TEL NUMBER:	Code:	Number:
CELL NUMBER:		
EMAIL ADDRESS:		
POSTAL ADDRESS:	RESIDENTIAL ADDRESS:	
MODE OF TRANSPORT		

4.2 MOTHER

SURNAME:	TITLE:
FULL NAMES:	
LEGAL GUARDIAN:	YES: NO:
CITIZENSHIP:	
ID NUMBER:	
OCCUPATION:	
PLACE OF EMPLOYMENT:	
WORK TEL NUMBER:	Code: Number:
WORK FAX NO	Code: Number:
HOME TEL NUMBER:	
CELL NUMBER:	
E-MAIL ADDRESS:	
POSTAL ADDRESS:	RESIDENTIAL ADDRESS:

4.3 SCHOOL FEES ACCOUNT HOLDER

SURNAME:	TITLE:
FULL NAMES:	
RELATIONSHIP TO LEARNER:	
CITIZENSHIP:	
ID NUMBER:	
OCCUPATION:	
PLACE OF EMPLOYMENT:	
WORK TEL NUMBER:	Code: Number:
WORK FAX NO:	Code: Number:
HOME TEL NUMBER:	Code: Number:
CELL NUMBER:	
EMAIL ADDRESS:	
POSTAL ADDRESS:	RESIDENTIAL ADDRESS:

5. CONTACT PERSON (In case of an emergency)

SURNAME:	
FULL NAME / S:	
RELATIONSHIP TO LEARNER:	
TEL NO:	Code No:
CELL NO:	

6. NAME AND ADDRESS OF GUARDIAN IF LEARNER IS NOT RESIDING WITH PARENTS

SURNAME:	
FULL NAME:	
ADDRESS:	
TEL NO:	

7.1 MEDICAL DETAILS (Please provide proof of Medical Aid)

NAME OF MEDICAL AID SOCIETY:	
MEDICAL AID MEMBERSHIP NUMBER:	
NAME OF PRIVATE DOCTOR:	
TEL NO AND CODE:	

7.2 Tick any contagious diseases your child has had

CHICKEN POX		MUMPS	
DIPHTHERIA		SCARLET FEVER	
GERMAN MEASLES		RHEUMATIC FEVER	
MEASLES		WHOOPING COUGH	

**7.3 Does your child suffer from any health problems, allergies or has any barriers to learning
If so, please specify:**

ASTHMA		DIABETES	
EPILEPSY		ADHD	
OTHER:			

If the learner is accepted, the following documents must be submitted to the school:

1. Copy of Immunisation Records
2. Copy of Birth Certificate
3. Progress Report from Previous School
4. Transfer Letter from Previous School

**8. INCOME BRACKET (Proof of income required)
(Please tick applicable block)**

LESS THAN R10 000		R10 001 – 20 000		R20 000+	
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I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

SIGNATURE:

Name of Parent/ Guardian (Please Print) _____

FATHER

MOTHER

GUARDIAN

ACCOUNT HOLDER

DATE

DECLARATION BY PARENTS/GUARDIAN

We hereby certify that the information given by us on this application is complete and accurate and agree to the conditions as set out below:

1. We accept that the school is based on Christian principals and undertake not to undermine this position.

2. We undertake to:

- ❖ Ensure that the student attends school regularly and should he/she be absent for any reason, we will notify the principal, in writing, stating the reason for absence.
- ❖ Pay all costs incurred for damages done or losses caused by the learner to school/departmental property, books, equipment etc.
- ❖ Ensure that the learner upholds the code of conduct and obeys the rules of the school.
- ❖ Ensure that the learner takes part in Physical Education classes and Extra Murals. We will supply a medical certificate if he/she may not take part.
- ❖ We agree that the Head or his/her designate may act in loco parentis in the event of any injury or accident in which the learner may be involved.
- ❖ We are aware that a term's notice must be given before a pupil leaves the school, or a full term's fees must be paid in lieu thereof. In addition to the tuition fees charged, we agree that we shall be liable to pay any increases in such fees or any special levy imposed by the school.
- ❖ We accept joint and several liability to the school for the due and punctual payment of all fees, subscriptions, levies or other amounts which may become due and payable to the school or in respect of participation or attendance in any extra-curricular activity.

FATHER'S / MOTHER'S SIGNATURE

DATE

GUARDIAN'S SIGNATURE

DATE

ACCOUNT HOLDER SIGNATURE

DATE