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Private Bag X13
 Somerset West
 7129

GRADE 2 - 7 APPLICATION FOR 2017 - 2018

No forms will be processed unless all sections are answered in full.

OFFICE USE ONLY

Date received	<input type="text"/>	Starting date	<input type="text"/>	Grade accepted	<input type="text"/>
Admin. no.	<input type="text"/>	Account no.	<input type="text"/>	Home language	<input type="text" value="Eng"/> <input type="text" value="Afr"/>
CEMIS	<input type="text"/>				
Acceptance:	<input type="text" value="Area"/>	<input type="text" value="Sibling"/>	<input type="text" value="Pending"/>	Review dates	<input type="text" value="Apr/June/Sept"/>

Aftercare: Please contact the **AFTERCARE CENTRE** directly on (021) 851 0396 or kerl@beaumont4u.co.za.
 If you are interested in the Aftercare facilities, you must apply timeously so as to secure a place at Beaumont's aftercare.

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 / Passport No	<input type="text"/>	Gender	<input type="text" value="M"/> <input type="text" value="F"/>
Religion	<input type="text"/>	Race (WCED requirement)	<input type="text" value="W"/> <input type="text" value="B"/> <input type="text" value="C"/> <input type="text" value="I"/> <input type="text" value="Other"/>
Do you object to your child being taught values based on Christian principles?			<input type="text" value="Yes"/> <input type="text" value="No"/>

B. COMPLETION OF FORMS

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

1 Preferably Unabridged birth certificate	<input type="text"/>	4 Latest school report	<input type="text"/>
2 Clinic card	<input type="text"/>	5 Proof of residential address	<input type="text"/>
3 ID of both parents	<input type="text"/>	(Lease agreement/Municipality/Telkom statements ONLY)	
	<input type="text"/>	6 Study Permit (if applicable)	<input type="text"/>

C. LEARNER'S ACTIVITIES

Activities which the learner participated in / would like to participate in.

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"/>

D.

TEMPORARY PERMIT / PERMANENT RESIDENCE / REFUGEE STATUS

Type of Permit

Number

Country of origin

Ref No

Expiry date

E.

PARTICULARS OF PREVIOUS (CURRENT) SCHOOL

Last school attended

Address

Telephone

Email Address

Date leaving this school

Grade passed

Previous grade repeated

Reason for leaving

F.

MEDICAL INFORMATION

Name of medical aid society

Name of principal member

Medical aid number

House Doctor

Tel

Emergency contact name of person other than immediate family

Emergency email address

Tel

Any allergies

Mark illness(es) learner has had:

Measles

Chicken pox

Whooping cough

Mumps

Other (please specify)

Are there any serious disabilities / chronic conditions / taking prescribed medication which we should be aware of?

Is the learner presently receiving any Occupational Therapy, Speech Therapy or Remedial tuition?

If so, please specify:

G.

PARTICULARS OF OTHER CHILDREN

Name	Grade	Age	School

H.

PARENTS' PARTICULARS

If either biological parent of the learner has remarried,

please complete the step / guardian mother or step / guardian father's details on the page that follows.

Mother's Details

Surname	<input type="text"/>		
First names	<input type="text"/>	Title	<input type="text"/>
ID No or Passport No	<input type="text"/>	Marital Status	<input type="text"/>
Phone (home)	<input type="text"/>		
Phone (work)	<input type="text"/>		
Cell phone	<input type="text"/>		
Email (please print)	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Residential address	<input type="text"/>		
	<input type="text"/>		
Employer	<input type="text"/>		
Business address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Occupation	<input type="text"/>		
Field in which parent can assist	<input type="text"/>		

Father's details

Surname	<input type="text"/>		
First names	<input type="text"/>	Title	<input type="text"/>
ID No or Passport No	<input type="text"/>	Marital Status	<input type="text"/>
Phone (home)	<input type="text"/>		
Phone (work)	<input type="text"/>		
Cell phone	<input type="text"/>		
Email (please print)	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Residential address	<input type="text"/>		
	<input type="text"/>		
Employer	<input type="text"/>		
Business address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Occupation	<input type="text"/>		
Field in which parent can assist	<input type="text"/>		

I. COMMUNICATOR CORRESPONDENCE

Please indicate the email address that must be loaded on the communicator	<input type="text"/>
Please indicate the cellphone number that must be loaded on the communicator	<input type="text"/>

Step / Guardian Mother's Details

Surname	<input type="text"/>		
First names	<input type="text"/>	Title	<input type="text"/>
ID No or Passport No	<input type="text"/>	Marital Status	<input type="text"/>
Phone (home)	<input type="text"/>		
Phone (work)	<input type="text"/>		
Cell phone	<input type="text"/>		
Email (please print)	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Residential address	<input type="text"/>		
	<input type="text"/>		
Employer	<input type="text"/>		
Business address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Occupation	<input type="text"/>		
Field in which parent can assist	<input type="text"/>		

Step / Guardian Father's Details

Surname	<input type="text"/>		
First names	<input type="text"/>	Title	<input type="text"/>
ID No or Passport No	<input type="text"/>	Marital Status	<input type="text"/>
Phone (home)	<input type="text"/>		
Phone (work)	<input type="text"/>		
Cell phone	<input type="text"/>		
Email (please print)	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Residential address	<input type="text"/>		
	<input type="text"/>		
Employer	<input type="text"/>		
Business address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Occupation	<input type="text"/>		
Field in which parent can assist	<input type="text"/>		

K.



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. Parents (i.e. both biological parents) 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 January. Please contact the school for more information.

L.



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 31 January.
- 6. We will make 12 electronic payments/credit card payments.

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 contract.



BEAUMONT
PRIMARY / LAERSKOOI

WESTERN CAPE EDUCATION DEPARTMENT
CONSENT AND INDEMNITY

I, _____ (full name)

being the parent / guardian of _____ (child's name).

hereby give my consent for my child to take part in extramural activities for the school, including educational excursions / tours, cultural and sport activities while attending Beaumont Primary School.

I fully understand and accept that my child's participation in all tours, excursions and sport activities shall be undertaken at my child's own risk and I undertake on behalf of myself, my executors and trustees, my spouse and my aforesaid child to indemnify, hold harmless and absolve the Governing Body, Headmaster and Staff against any or all claims whatsoever that may arise in connection with my aforesaid child in the course of any such tour / excursion or cultural or sport activity, in the knowledge that the Headmaster and Staff will nevertheless take all reasonable precautions for the safety and welfare of my child.

Signature of parent / guardian: _____

Date: _____

Place: _____

As witness:

1. _____

2. _____