



BEAUMONT
PRIMARY / LAERSKOOL

BEAUMONT PRIMARY SCHOOL

APPLICATION FOR ADMISSION OF LEARNER

Private Bag X13 Somerset West 7129

Tel: (021) 851-7124

Fax: (021) 852-1295

Website: www.beaumont4u.co.za

Email: karin@beaumont4u.co.za

Surname of learner							
Full name/s of learner							
Grade applying for	①	②	③	④	⑤	⑥	⑦
Year applying for	2019						

AFTERCARE

Please contact the AFTERCARE CENTRE directly on (021) 851-0396 or keri@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.

Application Information and Requirements:

- Please print in capitals and complete **ALL** sections, even if there is repetition. The supplying of false information or the non-disclosure of material and/or important information will invalidate this application.
- The submission of this application form, does not guarantee your child's (ren) acceptance at the school.
- The application must be accompanied by:
 - ◇ Certified copy of learner's birth certificate (stating both parents details) or or proof of application to the Department of Home Affairs
 - ◇ Certified copies of both parents/guardians/sponsors' ID documents
 - ◇ Copy of immunization certificate
 - ◇ Proof of permanent residential address:
 - » certified copy of recent municipal account
 - » certified copy of legal rental agreement
 - ◇ A copy of the most recent school report (only Grade 2 - 7)
 - ◇ Transfer certificate (only Grade 2 - 7)

FOR OFFICE USE ONLY

DATE RECEIVED:		STARTING DATE:				GRADE:	
ADMIN NO:		CEMIS:				ACCOUNT NO:	
ACCEPTANCE:	YES	NO	AREA	SIBLING	PENDING	WITHDRAW	RECEIPT NO:

DETAILS OF LEARNER										
SURNAME										
First Names							Gender		F	M
Nickname		Race (WCED requirement)			B	W	C	I	Other	
Religion	Do you object to your child participating in any Christian programmes						YES	NO		

ADDRESS AND CONTACT DETAILS OF LEARNER	
Physical address	
	Postal code:

OTHER PERSONAL DETAILS OF LEARNER							
Identity number / passport no:							
Date of birth	Nationality			Home Language			
Date of arrival in SA	SA Citizenship		Yes	No	Country of origin		
Type of permit	Number						
Ref No	Expiry Date						

PARTICULARS OF PREVIOUS (CURRENT) SCHOOL					
Last school attended					
Address	Tel		Email		
Grade passed	Previous grade repeated				
Reason for leaving					

PARTICULARS OF OTHER CHILDREN			
Name	Grade	Age	School

CORRESPONDENCE				
Please indicate who is to receive the school report	Parents	Father	Mother	Guardian
Please indicate who is to receive the fees account	Parents	Father	Mother	Guardian

WHO DOES THE LEARNER RESIDE WITH					
Father	Mother	Guardian	Grandparent	Sponsor	Other

Custody arrangements (in the case of divorce), please furnish with details (visitation rights):

DETAILS OF BIOLOGICAL FATHER						
SURNAME					TITLE	
FIRST NAMES						
Identity no/passport no					Email	
Marital status	Married	Divorced	Separated	Single parent	Remarried	Other:
If remarried, complete stepmother's details						
Home phone no				Cell no		
Work number				Fax no		
Domicilium address (residential)					Postal code	
Work address					Postal code	
Postal address if different to above					Postal code	
Name of Employer						
Occupation						
Field in which parent can assist						

DETAILS OF BIOLOGICAL MOTHER						
SURNAME					TITLE	
FIRST NAMES						
Identity no/passport no					Email	
Marital status	Married	Divorced	Separated	Single parent	Remarried	Other:
If remarried, complete stepfather's details						
Home phone no				Cell no		
Work number				Fax no		
Domicilium address (residential)					Postal code	
Work address					Postal code	
Postal address if different to above					Postal code	
Name of Employer						
Occupation						
Field in which parent can assist						

D6 COMMUNICATOR CORRESPONDENCE	
Please indicate the email address that must be loaded on the Communicator	
Please indicate the cellphone number that must be loaded on the Communicator	

DETAILS OF STEPFATHER / STEPMOTHER

SURNAME					TITLE	
FIRST NAMES						
Identity no/passport no				Email		
Home phone no			Cell no			
Work number			Fax no			
Domicilium address (residential)					Postal code	
Work address					Postal code	
Postal address if different to above					Postal code	
Name of Employer						
Occupation						

DETAILS OF GUARDIAN / SPONSOR

SURNAME					TITLE	
FIRST NAMES						
Identity no/passport no				Email		
Marital status	Married	Divorced	Separated	Single parent	Remarried	Other
Home phone no			Cell no			
Work number			Fax no			
Domicilium address (residential)					Postal code	
Work address					Postal code	
Postal address if different to above					Postal code	
Name of Employer						
Occupation						

RELATIONSHIP TO LEARNER

Guardian	Grandparent	Foster parent	Other
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To be completed only if 'OTHER' is indicated above

SURNAME		TITLE	
FIRST NAMES			
Identity no/passport no		Email	
Home no		Cell no.	
Work no.		Fax no.	
Physical address			
Work address			
Postal address if different to above			
Name of employer			
Occupation			

UNDERTAKING: I / WE, AS PARENTS / GUARDIANS / SPONSORS

- 1 undertake to reimburse the school for any damage to school property that may be caused by the LEARNER;
- 2 understand that whilst every reasonable effort will be made to prevent loss or damage to the LEARNER'S clothing and equipment (e.g. cell phone etc) the school cannot be held liable in any such event;
- 3 undertake to give written notice of any intention to remove the LEARNER from the school and furthermore to return books and/or equipment belonging to the school, which the LEARNER may have in his / her possession;
- 4 undertake to ensure that the LEARNER is punctual at the beginning of each school day and is collected on time at the end of each school day unless LEARNER is attending Aftercare facilities;
- 5 accept responsibility for immunizing the LEARNER against contagious diseases and produce proof thereof, if required to do so;
- 6 undertake to inform the educator of the LEARNER'S absence from school and produce a doctor's certificate when required to do so;
- 7 undertake to support the school's constitution and policy of admission, as defined and implemented by the Governing Body of the school;
- 8 understand that the LEARNER shall at all times adhere to the Code of Conduct of the school. A copy of the Code of Conduct is available on the D6 Communicator;
- 9 understand that the school reserves the right in its sole discretion to amend and / or alter any of the provisions of the Code of Conduct;
- 10 understand that the school (this includes the principal, teachers and all those authorized to act on behalf of the school hereinafter referred to as 'the person'), is authorized and empowered to perform any act in loco parentis (this essentially means acting in the place of the parent or guardian) when my specific authority cannot reasonably be sought or obtained in time. Without restricting the generality of the authority:
 - » I hereby authorise the person in charge of the outing or event to make arrangements within his / her discretion for the welfare of my son / daughter (including medical or surgical treatment, and transport) **in case of an emergency, including when the person deems such arrangements to be in the interest of the child;**
 - » I consent that the person in charge will have the discretion, **should circumstances within his / her discretion require**, to determine that my child be transported by bus or private car / vehicle, driven by a teacher, parent or another person, on request by the school, as the case may be, to and from his / her school;

- 11 Unless you at any time instruct the school expressly and in writing to the contrary, your consent is given for the School to include photographs, with or without name, of your child in School publications, or in press releases to celebrate the School's or your child's activities, achievements or successes;
- 12 Unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the School to supply information and a reference in respect of your child to any educational institution which you propose your child may attend. We will take care to ensure that all information that is supplied relating to your child is accurate and any opinion given on his / her ability, aptitude and character is fair. However, the School cannot be liable for any loss you or child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us; and
- 13 The signatory hereto chooses *domicillum citandi et executandi* as indicated below. In the event of a change of address, parents are to notify the School in writing. I/We further understand that my / our child's admission to the School is on the fact that the address provided in this application is the **family's permanent address and** not a business address or that of another family member or friend.

ADDRESS: _____

- 14 The above is valid from the day on which it is signed by the parent / guardian to the day on which the LEARNER officially leaves the school.

DECLARATION : PARENT 1

I _____ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. **I understand that should any of the information supplied by me is found to be false, the School reserves the right to have such admission reversed.**

Signed on this _____ day of _____ 2018

Signature: _____

DECLARATION : PARENT 2

I _____ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. **I understand that should any of the information supplied by me is found to be false, the School reserves the right to have such admission reversed.**

Signed on this _____ day of _____ 2018

Signature: _____



BEAUMONT
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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 parents(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 bursar, Margi van de Merwe, on margi@beaumont4u.co.za for more information.



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. Debit order for 12 months, please contact Margi: margi@beaumont4u.co.za
- 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.

MEDICAL DETAILS OF LEARNER

Doctor's name	
Practice phone no:	
Cell no of Dr	

EMERGENCY CONTACT (FAMILY RELATIVE OR FRIEND)

Name		Tel no:	
Relationship to learner		Cell no:	

MEDICAL HISTORY OF LEARNER

Please indicate any important information below

Allergies					
Chronic illness					
Other illness					
Medication		Permission to medicate		Yes	No
Past illness (encircle)	Measles	Chicken pox	Whooping cough	Mumps	Other
Please state					
Is the learner presently receiving any Occupational Therapy, Speech Therapy, Remedial Tuition or Play Therapy?					
If so, please specify:					

MEDICAL AID DETAILS

Member's name:		Name of Medical Aid society:	
Membership no:		Specific Plan:	



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CONSENT FOR LEARNER TRANSPORT

I, _____, parent / guardian of _____
in Grade _____, hereby consent to my child's participation in any school activity¹ outside the school premises.

I further agree that the educators of the Beaumont, or a person appointed by the school, may transport my child to and from the school premises for the purposes of school activities outside the school grounds.

I acknowledge the following:

1. That this consent applies to school activities, and that the state is liable for any damage that may arise from a school activity.²
2. That this consent in no way constitutes a waiver of the minor's right to institute any claim.

Signature of parent / guardian

Date

1. A school activity is defined as "any official educational, cultural, recreational or social activity of the school within or outside the school premises".
2. Section 60(1) of the South African Schools Act provides that the state is liable for any damage that may arise from a school activity. "(1)(a) Subject to paragraph (b), the State is liable for any damage or loss caused as a result of any act or omission in connection with any school activity conducted by a public school and for which such public school would have been liable but for the provisions of this section."



CONSENT AND INDEMNITY FORM

I, _____, parent/guardian of _____ in Grade _____, hereby consent to my child's participation in any fundraising project, business activity or any other activity other than a school activity in terms of the South African Schools Act¹ that has been approved by the governing body or school principal, either on or outside the school grounds.

I acknowledge that my child's participation in the abovementioned activities shall be at his / her own risk.

I further agree that the staff of the school, or a person appointed by the school, may transport my child to and from the activities outside the school premises.

Where an educator voluntarily transports a learner in a non-official capacity, it shall be deemed an arrangement between the parents and the educator, and the school shall not accept responsibility for any risk.

I take note that my child will be under the supervision of the staff of the school, or a person appointed by the school, which person(s) shall act with the necessary caution to ensure my child's safety. I further realise that none of the staff of the school, persons appointed by the school, the governing body or the school itself may be held liable for the loss of any personal possession or any other loss or damage that may be incurred or suffered. Therefore, I hereby waive any right to any claim whatsoever against the school that may arise from any loss or damage as a result of participation in the abovementioned activities.

As parent/guardian, I hereby agree that the responsible staff of the school, or a person appointed by the school, may obtain urgent medical assistance for my child should it become necessary during his/her involvement in activities to which this indemnity form pertains. To the best of my knowledge, my child is in good health. Those responsible are however requested to note the following: (Mention any disability, health risk, disorder or

¹ A school activity is defined as "any official educational, cultural, recreational or social activity of the school within or outside the school premises".

impediment from which your child suffers and/or any special activities from which your child must refrain. Also mention any medication or allergies.)

Required information in the case of medical treatment or hospitalisation

Employer's name and address

.....

Name of medical aid fund

Medical aid number

Medical aid scheme/option

Residential address of parent/guardian

.....

.....

.....

Telephone numbers

Home

Father (work)

Father (cellphone)

Mother (work)

Mother (cellphone)

General practitioner (name and telephone number)

I acknowledge the following:

1. That this consent and indemnity do not apply to school activities, and that the state is liable for any damage that may arise from a school activity.
2. That this consent and indemnity in no way constitute a waiver of the minor's right to institute any claim.
3. That if I wish to rescind this agreement, I may do so at any time by sending a letter to the principal of the school.

Signature of parent/guardian

Date