



Admission number:
Class:
House:

APPLICATION FOR GRADE IN (Year)

- Name of pupil in full
 Preferred name
- Date of birth (yy/mm/dd) *(a certified copy of the birth certificate is required)*
- Home language 4. Sex : male/female
- Particulars regarding parents or custodians (if there are two parents or custodians, both are entitled to vote at an election of the school governing body). The information hereunder should therefore be given in respect of each parent or custodian :

Father : Full name *(include surname if different)*
 Marital status ID Number
 Residential address
 Postal Code *(proof of residence required)* Occupation
 Name and address of firm/employer.....

 Tel. No. (cell) (w)..... (h)
- Mother : Full name *(include surname if different)*
 Marital status ID Number
 Residential address
 Postal Code *(proof of residence required)* Occupation
 Name and address of firm/employer.....

 Tel. No. (cell) (w)..... (h)
 If divorced - please state legal custodian
- Number of children in family Is pupil the 1st, 2nd, 3rd etc.
- Preschool/School last attended by pupil
 Address of school Postal Code.....
 Telephone no. Fax no.
 Date of leaving the above-mentioned school Grade passed Year
(include a copy of latest preschool/school report)
- Has your child ever required learning support, occupational/speech/play therapy or physiotherapy or psychological support? YES/NO
 If yes, please supply details (use a separate page if necessary)

9. If you and your family are not South African citizens, is your child in possession of a study permit?
YES/NO (include a copy if applicable)

10. Medical
Underline illnesses pupil has had - measles, german measles, whooping cough, mumps, scarlet fever, diphtheria, rheumatic fever. State any other illnesses not mentioned above from which pupil has suffered or if pupil has had an operation; if so, give date and nature of operation.

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In the interests of general health, we ask you to answer the following questions :

- a) Has your child been diagnosed as HIV positive? Yes/No
- b) Has your child been diagnosed as having hepatitis B? Yes/No
- c) Has your child had TB? Yes/No

Disclosure of the above information will not prejudice your child's chances of being enrolled.

Name of doctor Tel. no.

Underline illnesses pupil has been immunised against : (include copy of clinic card or medical card)
Poliomyelitis (compulsory for admission to school), diphtheria, whooping cough, tetanus, tuberculosis (BCG), measles, German measles, mumps.

11. Do you have previous connections with the school? Yes/No

Details

If so, house choice : WELLS/GARDENER/CLEAR

DECLARATION AND AGREEMENT

1. I declare that all of the above information is, to the best of my knowledge, true and correct and understand that should any false information be supplied, the application will be rendered invalid.
2. On acceptance of my child as a pupil, I undertake to abide by the Code of Conduct.
3. I am aware that the payment of school fees is compulsory. I understand that interest will be charged on fees that are overdue at a rate of 15,5% per annum and that should it be necessary for PNPS to recover outstanding fees, I will be liable for all costs incurred in such recovery on an attorney and own client scale as well as collection commission thereon. I understand that both parents are jointly and severally liable for the school fees.
4. I confirm that my chosen domicilium citandi et executandi is as set out above.

.....
Signature of father

Date

.....
Signature of mother

Date

Please note : Unless your child is resident in Pinelands or is a sibling of a pupil currently enrolled, it is advisable to make application to other schools.