



**please complete the application and return to us*

KAPIE PRE-PRIMARY

Nr 1 Beddystreet, Fichardtpark,

whatsapp 060 9974605 / 08283 15574

emails bwkapieskool@gmail.com

Reg: 1 February 1983, Education Reg Nr : 440303810, Didactics 2126, Grade R : HNKV

Application for :

CHILD'S NAME + SURNAME _____ GENDER _____

BIRTH DATE _____ EMAIL _____ HOME LANGUAGE _____

HOME ADDRESS _____

CITIZENSHIP RSA _____ REGISTRATION DATE _____

ATTENDANCE DATE _____

ATTENDANCE REQUIRED HALFDAY / SCHOOLTERMS / FULLDAY amount payable _____

TERMS AND CONDITIONS :

**ATTENDANCE ALLOWED ONLY AFTER CONFIRMATION FROM OUR OFFICE IS RECEIVED when SPACE IN THIS AGE GROUP is available R480 schoolwear and art fees must accompany this form for planning purposes
ACC NR: 2006962899 BANK : CAPITEC BRANCH: 470010 ACC NAME : Kapie REF : Child's name**

PARENT AND GUARDIAN INFORMATION:

MOTHER'S NAME _____ NAME OF EMPLOYER _____

MOTHER'S BIRTH DATE _____ WORK TEL NR _____

MARITAL STATUS _____ MOM'S CELL _____

FATHER'S NAME _____ NAME OF EMPLOYER _____

FATHER'S BIRTH DATE _____ DAD'S CELL _____

FATHER'S ID NR _____ MOTHER'S ID NR --- _____

EMERGENCY NR'S IN CASE OF PARENT ABSENCE :.

NAME _____ TEL NR _____

EMERGENCIES : (in my absence)

I hereby name the school as mandate to any emergency which should , to act as temporary guardian for help or to assist in any emergency or medical incidents which could arise to my child , according to my own costs .
I will not hold the school or personnel responsible for any medical costs in the event of an accident

NAME _____ SIGNATURE _____ DATE _____

INFORMATION AND AUTHORITY:

HEALTH OF THE CHILD (Please attach copy of clinic immunisation)

DO YOUR CHILD HAVE A BATHROOM ROUTINE / NAPPIES _____

IS THERE ANY HEALTH PROBLEMS EX: (hearing /sight / others) _____

DO YOUR CHILD RECEIVE ANY THERAPY ? :

WAS THERE ANY TRAUMA IN CHILDHOOD ? _____

ALLERGIES : _____

PRACTITIONERS NAME _____ TEL NR _____

MEDICAL AID NAME _____ MEDICAL AID NR _____

PREVIOUS SCHOOL'S NAME + NUMBER : _____

HOW DID YOU COME TO KNOW OUR SCHOOL _____

PERMISSION for TRANSPORT : during the year for educational or emergency purposes **(in my absence)**

I hereby grant permission for transport of my child without claiming any reimbursement s from the school, personnel or driver in the case of an accident.

NAME _____ SIGNATURE _____ DATE _____

ACCOUNTABILITY Although we strive to give our best at all times there can be misunderstandings .

All complaints must be discussed within 24 hours with your child's teacher/caregiver

Please note : we do not discuss any problems which may occur, with other parents/ people/media.

Parents are advised to be professional in this regard. Major complaints can be laid in writing and discussed with the Principal/ parent's council . – whether any incident seem to be true or not true.

NAME : _____ SIGNATURE _____ DATE _____

SCHOOLFEES : Person accountable for paying school fees.

I , (Name and Surname) _____ hereby declare to pay the school fee

(Amount) _____ on the 1st day of every month including adjustments supplied by the school

untill such time I cancel this agreement in writing .

Parents who do not give one full month notice on the 1st of November , will be liable for December school fees..

I understand that non-payment will lead to interests , legal costs and no acceptance of the child attending the school.
Both parents will be liable for any arrears on outstanding fees, whether or not stipulated in any divorce contract or not .

Any arrears in December will lead to no-entry of the pupil to the school.

Notice of attendance during the year will lead to a 3 month waiting period before the pupil can be accepted again.

Signature _____ ID NR _____