



EUNICE PRE-PRIMARY SCHOOL APPLICATION FORM FOR 2021

Applications will **ONLY** be accepted with submission of **ALL** relevant and certified documentation as requested in this Application Form.

Please ensure that **ALL** sections of the Application Form are completed in full.
 Application will be nullified if any false information is supplied
 Applications will only be considered **IF** there is a vacancy in the particular grade that you are applying for.

APPLICATIONS OPEN FROM 03 FEBRUARY - 09 APRIL 2020

**APPLICATION FORMS ARE TO BE SUBMITTED AT THE PRIMARY SCHOOL OFFICE
BETWEEN 09:00 - 12:00 MONDAY TO FRIDAY**

APPLICANTS INFORMATION

SURNAME:							
FULL NAME(S): (As on Birth Certificate)							
I.D Number:							
Application for Admission into which Grade							
00	R						
Application for Admission as a:				Daygirl		Boarder	
Name & Address of current school:							

APPLICATION FORM / 2021

Signature of Principal:

Date:

Accept:

Decline:



SUPPORTING DOCUMENTATION

	Letter to Principal, explaining Parents reasons for choosing Eunice Pre-Primary School
	1x colour ID Photo
	Certified copy of Unabridged Birth Certificate of Learner
	Certified copy of Father's Identity Document
	Certified copy of Mother's Identity Document
	Certified copy of Marriage Certificate, if applicable
	Certified copy of Divorce Order, if applicable
	Certified copy of Passport, Work Permit, Study Permit , in the case of the applicant being a non-South African Citizen
	Copy of Medical Aid Card
	Copy of latest Eunice Girls' School Account, if applicable (applicable for sisters)
	Proof of sibling relationship, if claimed as such (i.e. copy of sibling's Birth Certificates)
	Copy of latest School Report
	If not biological parents, provide a Certified copy of Adoption Papers and /or Legal Guardian Appointment Papers
	Proof of Parent's Residence; and Child's Residence if different from Parents (i.e. Utility Account)
	Proof of both Parent's Work Address, if applicable (i.e. Pay Slip)
	If either parent is Self-Employed, please supply the following:
	Company Registration Document and
	VAT Registration Documentation
	Copy of Clinic Card (Tick the applicable blocks and enter dates administered)
	Polio
	MMR (Measles, Mumps & Rubella)
	Tuberculosis
	Diphtheria
	Tetanus
	Hepatitis B

Eunice Pre-Primary School will allocate places to such vacancies according to its Admission Policy.

I, the undersigned, as parent / legal guardian undertake to apply to other Schools as well, as Eunice Pre-Primary School has very limited space for new admissions.

Father's Signature: _____

Mother's Signature: _____

CLEARLY STATE EMAIL ADDRESSES FOR CORRESPONDENCE:



LEARNER INFORMATION

Surname of Learner:						
Full Name (s):						
Nickname:						
Date of Birth:						
Nationality:						
Learner's Home Language:						
Learner's Home Address:						
Home Telephone Number:						
Cell Phone Number:						
With whom does Learner live:	Both Parents	Father	Mother	Guardian	Other	
Deceased Parents:	Father	Mother		Both		
Religion / Denomination:						
Race (Required for Departmental Statistics):	Asian	Black	Coloured	Indian	White	Other

Child's position in the Family: _____ out of _____
 Child's position in the School: _____ out of _____

If this is the **second** eldest out of four children in the family, but will be the **only** child at Eunice Primary School, then you should answer as follows:

Example: Position in Family 2 out of 4
 Position in School 1 out of 1

Sisters currently at Eunice Pre-Primary / Primary or High School: _____
 Eunice Account Number: _____

YES	NO
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NOTE: A sibling is a sister, NOT a cousin or a niece

SIBLING INFORMATION		
NAME	GRADE	SPORT'S HOUSE
1.		
2.		
3.		
4.		



Previous Association to Eunice Girls School: Sister / Mother / Aunt / Grandmother / Cousin

	NAME	RELATIONSHIP	SPORT'S HOUSE
1.			
2.			
3.			
4.			
5.			

Are you applying for a sister to Eunice High / Primary or Pre-Primary School:

YES	NO
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	NAME	GRADE	CURRENT SCHOOL
1.			
2.			
3.			
4.			
5.			

CONTACT PERSON IN THE EVENT OF AN EMERGENCY

Name and Surname:

Relationship :

Cell Number :

Email Address :

LEARNER'S HEALTH

Does the Learner suffer from any physical disabilities?

If so, please state:

State if there are any allergies / asthma / diabetes / hearing aids / spectacles etc:

If on any chronic (daily medication), please state:

Would you be willing to supply a Medical Certificate of good health?

Name and Telephone Number of Family Doctor:

Medical Aid:

Medical Aid Number:

Copy of Medical Aid Card attached:

YES

NO



PARENT INFORMATION

	FATHER	MOTHER
Title:		
Surname:		
First Name:		
ID Number:		
Cell Phone:		
Email Address:		
Residential Address:		
Occupation:		
Employer:		
Address of Employer:		
Employer Tel No:		
If either parent is self-employed, please supply Company Registration Documents and VAT Registration Documents.		

Information of estranged parents and/or affidavit stating inability to provide information is compulsory

Marital Status :

Married	Divorced	Single	Remarried	Widow	Widower
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If divorced, a certified copy of the Divorce Order, must be attached to the Application Form.



STEP-PARENT INFORMATION

	STEP-FATHER	STEP-MOTHER
Title:		
Surname:		
First Name:		
ID Number:		
Cell Phone Number:		
Email Address:		
Residential Address:		
Occupation:		
Employer:		
Address of Employer:		
Employer Tel No:		

If either parent is self-employed, please supply Company Registration Documents and VAT Registration Documents.

DIVORCED PARENTS MAINTENANCE ACT 99 OF 1998 - CHAPTER 4

A Maintenance Order is directed at the enforcement of the common law duty of the Child's parents to support the Child. The duty of supporting a Child is an obligation that the parents have incurred jointly and severally and therefore in the event of non-payment of School Fees, the School will sue both parents irrespective of maintenance and court orders, which may exist between the parties.



THIRD PARTY INFORMATION

Title:	
Surname:	
First Name:	
ID Number:	(attach certified copy of I.D. Document)
Residential Address:	
Cell Phone Number:	
Occupation:	
Employer:	
Address of Employer:	
Employer Tel No:	
If Third Party is self-employed, please supply Company Registration Documents and VAT Registration Documents.	

IMMIGRANT LEARNER STATUS

<p>This section is only to be completed by the parents of prospective <u>Immigrant Learners</u>:</p> <p>Please include a copy of Passport and Work/Study Permit and state date when entered into the South African schooling system:</p>		
Country of Origin:		
Date when Learner arrived or will arrive in South Africa:		
Have arrangements been made to obtain a Study Permit?	YES	NO
Residential Address outside of South Africa:		
Email Address:		
Contact Number / Cell Phone Number:		



PAYMENT OF SCHOOL FEES

Please note that Eunice Pre-Primary School is declared a **FEE-PAYING SCHOOL** in terms of the relevant legislation, and that by enrolling your daughter at the school, you are accepting an obligation to contribute financially towards the education she receives.

In terms of the South African Schools Act (No. 84 of 1996) both parents are responsible for the payment of school fees. Please indicate to whom the Account is to be sent:

Title:	
Surname:	
Full Name/s:	
Postal Address:	
E-mail address:	

Signatures: Father : _____

 Mother : _____

 Guardian: _____

Please note: Should your daughter be accepted into Eunice Pre-Primary School, a Loan Levy of R6 800-00 is payable within 30 days of your child's acceptance into the School. This levy will offset against the first Term's School Fees for 2021, for your daughter.



TERMS AND CONDITIONS

I / We _____ understand that in terms of a resolution adopted by the parents at the Annual General Meeting of parents, payment of School Fees is obligatory and that I/we as parents am/are liable for such School Fees, which liability may be enforced by due process of law in the event of non-payment.

I / We declare that I/we am/are in a financial position to pay the School Fees as adopted and that:

- * payment is to be effected by one of the methods stipulated by the School Governing Body contained in its policy of fees structure;
- * both parents are jointly and severally liable for payment of such School Fees; that in the event of the School being obliged to hand over for collection through its attorneys any outstanding School Fees, I/we shall be liable for the legal costs incurred by the School for the collection of such outstanding fees on a scale as between Attorney and client, including such collection commission which the School may be obliged to pay its attorneys;
- * If I fail to pay the School Fees as agreed, I consent to: Judgement against me/us in terms of Section 58 of Act 32, 1994 for the sum of the outstanding debt plus costs in terms of this Declaration, together with the costs of an Application to Judgement.
- * An Order for payment of my indebtedness in accordance with the Declaration, in instalments or otherwise.
- * The issuing of a Garnishee Order and payment of any commission deducted by my / our employer/s.
- * All payments made will be allocated firstly towards costs, thereafter interest and lastly the capital amount claimed.
- * A certificate signed by the Principal will be sufficient proof of my indebtedness to the School.
- * **Pre-Primary School Fees: 2020 - R4 815-00 per term / R19 260-00 per annum**
- * **Primary School Fees: 2020 - R5 510-00 per term / R22 040-00 per annum**
- * **Hostel Fees: 2020 - R12 190-00 per term / R48 760-00 per annum**
- * I/We accept that the School and Staff are NOT responsible for any loss of property, accident, sickness or injury on condition that all reasonable precautions are observed.
- * I/We hereby waive any claim which I/we may have as a result of injuries sustained by **FULL NAME OF LEARNER** _____ as a result of her conveyance by the Eunice Pre-Primary School by teachers and/or employees and/or parents of learners of Eunice Pre-Primary School, to School functions or like activities.
- * I/We agree to abide by the School uniform requirements.
- * I/We hereby grant full authority to the Principal of Eunice Primary School to act on my behalf in case of an emergency.
- * **Any forms containing false information or any forms that have been incorrectly or incompletely completed, will automatically be rejected.**
- * I/We confirm that the full content of this APPLICATION Form has been read and understood.
- * I/We understand that **ALL CORRESPONDENCE** from the School will be via e-mail.

E-Mail Address: applications@euniceps.co.za



DECLARATION

- * I /We declare that all particulars furnished by me/us on this form are true and correct
- * In my/our personal capacity and on behalf of the applicant in my/our capacity as parent/guardian I/we hereby agree to:
 - * Undertake to return all books and other property belonging to the School annually;
 - * Ensure that my/our daughter attends School regularly and, should my/our daughter be absent from School for any reason, inform the School of that in writing;
 - * Pay all costs incurred for damage done or losses caused by my/our daughter to School property;
 - * To take an interest in your daughter's School activities, academic and otherwise;
 - * To support Eunice's commitment to high standards of behaviour;
 - * To actively and enthusiastically support the School Staff in providing quality opportunities;
 - * To work closely with the Principal and Educators in addressing issues which affect your daughter;
 - * To express your concerns openly within the School's structures in a loyal, supportive, constructive and forthright manner;
- * I/We will take responsibility for ensuring that my/our daughter is adequately insured against any personal injury or related risks. I/We will also ensure that her personal belongings are adequately insured against loss. I/We understand and agree that the School Staff, Assistants or Helpers can not be responsible for any losses, injury or damage incurred howsoever or from whatsoever cause arising. I/We indemnify and hold harmless the School and Staff against any claims whatsoever related to my/our daughter.
- * Whilst my/our daughter is involved in School activities, I/we authorise the Principal (or appointed Staff member) to act *in loco parentis*, including granting consent for medical treatment in the case of an emergency, once all reasonable efforts to contact the Learner's parents have been made.
- * I/We undertake to discuss the Eunice Code of Conduct with my/our daughter and to support the School in maintaining an orderly learning and teaching environment.
- * I/We undertake to uphold the Hostel Policy stating that:
 - * Fees are strictly payable in advance;
 - * School and Hostel fees must be paid in full for each Term to facilitate access to Margaret Style Hostel on the first day of each new Term;
 - * Electronic payments and/or deposits must reflect on the Eunice Bank Account on the Friday prior to the start of a new Term;
 - * Transfers from other banks must therefore be done in advance;
- * I undertake to inform the School in writing if individual images of my/our daughter may not be published in the School newsletters and/or other School media.

 Mother / Guardian

 Father / Guardian

 Step-Mother

 Step-Father