



EUNICE PRE-PRIMARY SCHOOL GRADE R (BORN 2016) APPLICATION FORM FOR 2022

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.

Applications 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.

Incomplete Applications will **NOT** be considered. It is not the responsibility of the Admissions Officer to contact parents for incomplete application forms or outstanding supporting documentation.

APPLICATIONS OPEN FROM 05 APRIL - 30 JULY 2021

**COMPLETED APPLICATION FORMS & SUPPORTING DOCUMENTATION MUST BE
EMAILED IN PDF FORMAT TO: applications@euniceps.co.za**

PLEASE NOTE THAT ALL QUERIES MUST BE EMAILED, NO VISITORS ARE ALLOWED ON CAMPUS

LEARNER INFORMATION

| | |
|--|--|
| SURNAME: | |
| FULL NAME(S): (As on Birth Certificate) | |
| If your daughter is known by any other name, please state: | |
| Learner's ID Number: | |
| Name and address of current School: | |
| | |
| | |
| | |

| | |
|--------------------------------|----------|
| OFFICE USE ONLY | |
| APPLICATION FORM / 2022 | |
| 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 applicable) |
| | 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; if parents are divorced or separated - copy of each proof of Residence) |
| | 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 recent Pay Slip |
| | Copy of Clinic Card / Vaccination Chart (Tick 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: _____

Date: _____

CLEARLY STATE EMAIL ADDRESSES FOR CORRESPONDENCE:

| |
|--|
| |
| |
| |
| |



PARTICULARS OF LEARNER

| | | | | | | |
|--|--------------|--------|----------|--------|-------|-------|
| Learner's Full Name & Surname: (As per Birth Certificate) | | | | | | |
| Learner's Date of Birth: | | | | | | |
| Home Language: | | | | | | |
| Nationality: | | | | | | |
| With whom does the Learner live: | Both Parents | Mother | Father | Other | | |
| Deceased Parents: | None | Mother | Father | Both | | |
| Religion / Denomination: | | | | | | |
| Race (Required for Departmental Statistics): | Asian | Black | Coloured | Indian | White | Other |
| Is the learner relocating? | Yes | | | No | | |
| If yes, please indicate from where: | | | | | | |

MEDICAL INFORMATION RELATING TO LEARNER

| | | | | |
|--|----------|----------------------|----------------|------------|
| Name of Medical Aid: | | | | |
| Medical Aid Number: | | | | |
| Principal Member: | | | | |
| Does the learner suffer from any | Yes | | | No |
| If so, please state : | | | | |
| Does the Learner require or attend any of the following: | Remedial | Occupational Therapy | Speech Therapy | Psychology |
| State if there are any allergies (peanuts, bee's etc) / asthma / diabetes / hearing aids / spectacles etc: | | | | |
| Does your child require any special medical support or chronic (daily medication), please state: | | | | |
| Would you be willing to supply a Medical Certificate of good health? | | | | |
| Name and Telephone Number of Family Doctor: | | | | |
| Copy of Medical Aid Card attached: | YES | | | NO |



| SIBLING INFORMATION CURRENTLY AT EUNICE PRE-PRIMARY / PRIMARY OR HIGH SCHOOL | | |
|--|-------|---------------|
| NAME | GRADE | SPORT'S HOUSE |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

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 in Eunice Primary Hostel or High School Hostel:
 Eunice Account Number: _____

| | |
|-----|----|
| YES | NO |
|-----|----|

NOTE: A sibling is a sister, NOT a cousin or a niece.

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

| | |
|-----|----|
| YES | NO |
|-----|----|

| NAME | GRADE | CURRENT SCHOOL |
|------|-------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

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

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



PARENT INFORMATION

| | FATHER | MOTHER |
|----------------------|--|---|
| Title: | | |
| Surname: | | |
| First Name: | | |
| ID Number: | | |
| Marital Status: | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single | <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Re-Married |
| ID Number: | | |
| Cell Phone: | | |
| Email Address: | | |
| Residential Address: | | |
| | | |
| | | |
| | | |
| Occupation: | | |
| Employer: | | |
| Employer Address: | | |
| | | |
| | | |
| | | |
| 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.

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.



STEP-PARENT INFORMATION

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

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

CONTACT PERSON IN THE EVENT OF AN EMERGENCY

| | |
|-------------------|--|
| Name and Surname: | |
| Relationship: | |
| Cell Number: | |
| Email Address: | |

| | |
|-------------------|--|
| Name and Surname: | |
| Relationship: | |
| Cell Number: | |
| Email Address: | |



THIRD PARTY INFORMATION

(This is only applicable where school fees are paid for by a person other than the parents)

| | |
|----------------------|--|
| Title: | |
| Surname: | |
| First Name: | |
| ID Number: | (Attach certified copy of ID Document) |
| Cell Phone Number: | |
| Email Address: | |
| Residential Address: | (Proof of Residence to be attached) |
| | |
| | |
| | |
| Occupation: | |
| Employer: | (Proof of Employment to be attached) |
| Address of Employer: | |
| | |
| | |
| | |
| Employer Tel No: | |

IMMIGRANT LEARNER STATUS

| | |
|--|-----------------------------|
| This section is only to be completed by the parents of prospective <u>Immigrant Learners</u> : | |
| Please include a copy of Passport and Work/Study Permit and state date when entered into the South African schooling system: | |
| 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. 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 / Residential Address: | |
| | |
| | |
| | |
| E-mail address: | |
| | |

Signatures: Father : _____

 Mother : _____

 Guardian: _____

 Date : _____

Please note: Should your daughter be accepted into Eunice Pre-Primary School, an amount of R7 050-00 is payable within 30 days of your child's acceptance into the School. This amount offset against the first Term's School Fees for 2022, 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: 2021 - R4 959-00 per term / R19 836-00 per annum
- * **Primary School Fees: 2021 - R5 675-00 per term / R22 700-00 per annum**
- * **Hostel Fees: 2021 - R12 678-00 per term / R50 712-00 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;
 - * Take an interest in my/our daughter's School activities, academic and otherwise;
 - * Support Eunice's commitment to high standards of behaviour;
 - * Actively and enthusiastically support the School Staff in providing quality opportunities;
 - * Work closely with the Principal and Educators in addressing issues which affect my/our 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

Date: _____ day of _____

2021.