



ADMISSION FORM LAERSKOOL MEYERSPARK - 2019

**INCOMPLETE FORMS WILL NOT BE ACCEPTED
ALL DOCUMENTS MUST ACCOMPANY THIS FORM**

Date form issued:	Date completed form received:
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ORIGINAL documents for VERIFICATION must be submitted.

1.	Certified unabridged birth certificate / study visa / refugee status / passport	
2.	Recent I.D. size photograph of the child.	
3.	Most recent school report	
4.	Clinic card with relevant immunisations.	
5.	Proof of residence parent/sponsor– rates, water, electricity account or other – not a P.O. Box number.	
6.	Copy of medical aid membership card (if applicable).	
7.	Identity Documents of both parents/guardians/sponsors.	
8.	In the case of deceased parent(s) – a Death Certificate is required.	
9.	In the case of Legal Guardianship/Adoption – copies of legal documents produced by the Courts are required.	

SECTION A: Particulars of Learner

Surname:		Full First Name(s):	
Date of Birth:		Known As:	
Identity №:		Gender:	Male / Female
Population Group:		Dexterity:	
Home Language:		Religion:	
Learner's Current Residential Address:			
Name of Present School & Contact Number:			
Province:		Present Grade:	
Country of Birth:		Date of Immigration:	
Citizenship:		If NOT a South African, please provide info below:	
Permanent Residence Permit №:		Temporary Residence Permit №:	
Sibling Name/s:		Sibling/s School:	
Sibling/s Grade:		Learner Lives With:	

SECTION B: Particulars of Learner Transport**How does your child/ward get to school?**

MODE OF TRANSPORT:	DISTANCE TRAVELLED	AREA COMING FROM	COST PER MONTH/DAY
On foot:			
By van / bakkie:			
By buses / taxis:			
By bicycle:			
Other:			
TRANSPORT OWNER INFORMATION			
Surname and Initials:			
Identity №:			
Physical address:			
Contact №:			
Association:	Yes		No
Type of Bakkie / Taxi / Car:			Model:
Registration №:			
№ of seats in vehicle:		№ of learners being transported:	

It is the parent's responsibility to supply correct information and to notify the school should transport information be changed.

MEDICAL DETAILS OF LEARNER
EMERGENCY CONTACT (other than parents):
Tel. no:
Cell no:

MEDICAL HISTORY OF LEARNER
Allergies:
Routine Medication:
Recent Injuries:
Previous Operations:
Existing Medical Problems:
Please indicate any appropriate information below. Failure to do so may result in your application being withdrawn:
Learning disabilities:
Social disabilities:

MEDICAL AID DETAILS			
Member's Name:		Medical Aid: eg Fedhealth	
Membership no:		Specific Plan: eg Maxima	

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

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

DETAILS OF BIOLOGICAL FATHER						
SURNAME:					Title:	
FIRST NAMES:						
Identity no:			e-mail:			
Marital status:	Married:		Divorced:			
	Single parent:		Re-married:			
If re-married, complete stepmother's details on page 5						
Home phone no:			Cell no:			
Business number:			Fax no:			
Physical address:					Postal code:	
Postal address: If different to above:						
Name of Employer:	(If parent is a teacher, please state the name of the school)					
Occupation:						

DETAILS OF BIOLOGICAL MOTHER						
SURNAME:					Title:	
FIRST NAMES:						
Identity no:			e-mail:			
Marital status:	Married:		Divorced:			
	Single parent:		Re-married:			
If re-married, complete stepfather's details on page 5						
Home phone no:			Cell no:			
Business number:			Fax no:			
Physical address:					Postal code:	
Postal address: If different to above:						
Name of Employer:	(If parent is a teacher, please state the name of the school)					
Occupation:						

HOW MARRIED?				
Ante-Nuptial Contract	Community of Property	Customary	Hindu/Moslem	Other

DETAILS OF STEPFATHER/STEPMOTHER				
SURNAME:				Title:
FIRST NAMES:				
Identity no:		e-mail:		
Home phone no:		Cell no:		
Business number:		Fax no:		
Physical address:				Postal code:
Postal address: If different to above:				
Name of Employer:	(If stepparent is a teacher, please state the name of the school)			
Occupation:				

DETAILS OF GUARDIAN/SPONSOR				
SURNAME:				
FIRST NAMES:				
Identity no:		e-mail:		
Marital status:	Married:		Divorced:	
	Single parent:		Re-married:	
Home phone no:		Cell no:		
Business number:		Fax no:		
Physical address:				Postal code:
Postal address: If different to above:				
Name of Employer:	(If guardian/sponsor is a teacher, please state the name of the school)			
Occupation:				

RELATIONSHIP TO LEARNER:			
Guardian	Grandparent	Foster Parent	Other:



UNDERTAKING TO PAY STATUTORY OBLIGATION

1. I /We hereby apply to have the child whose name appears on this form as a learner at Laerskool Meyerspark.
2. I/We hereby certify that I/we are the biological/adoptive parents and that I/we have legal custody and/ or legal guardianship in respect of the above named learner.
3. We take note and understand the following:
 - a. Compulsory annual school fees for 2018/2019 is R8500 as adopted by the majority of parents at a general meeting.
 - b. School fees are payable in advance and are due on the first day of school.
 - c. The payment options are as follows:.

	TICK
Fees can be paid in full	
Fees can be paid off in 10 monthly equal instalments	
Debit order can be completed at school	

- d. If school fees are paid in full on or before the 28th of February 2018 then a 10% discount will be deducted from your annual school fees. For the second child school fees must be paid before the 31st of March 2018 for a 10% discount.
- e. If parents are in arrear with one instalment then the full amount becomes due and payable immediately.
- f. A sum of R850 is to accompany this admission form. This amount will be deducted from the R8500 compulsory annual fees. Should the learner not attend the school, this fee will be refunded to the parent upon a written request from the parent providing us with banking details for a refund.
- g. Biological/adoptive parents are jointly and severally liable for the payment of the school fees irrespective of their marital status.
- h. In the event of non payment of school fees the school will institute legal action against both parents irrespective of maintenance and court orders which may exist between the parties.

SIGNATURE: PARENT 1: _____

ID NUMBER: _____

SIGNATURE: PARENT 2: _____

ID NUMBER: _____