

	WESTCOTT PRIMARY SCHOOL	PLACE ID PHOTO
	SUBJECT: GENERAL INFORMATION FORM YEAR 2023	X

SECTION A: PARTICULARS OF LEARNER – PLEASE COMPLETE NEATLY AND IN BLACK INK

Date completed application received [FOR OFFICE USE ONLY]	/ /	Application Number:																				
Application for Grade	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center; font-weight: bold;">R</td> <td style="width: 20px; text-align: center; font-weight: bold;">1</td> <td style="width: 20px; text-align: center; font-weight: bold;">2</td> <td style="width: 20px; text-align: center; font-weight: bold;">3</td> <td style="width: 20px; text-align: center; font-weight: bold;">4</td> <td style="width: 20px; text-align: center; font-weight: bold;">5</td> <td style="width: 20px; text-align: center; font-weight: bold;">6</td> <td style="width: 20px; text-align: center; font-weight: bold;">7</td> </tr> </table>	R	1	2	3	4	5	6	7													
R	1	2	3	4	5	6	7															
Learner's SURNAME																						
Learner's FULL NAMES																						
Gender of Learner	Religion																					
With whom does learner live?	Current School																					
Learner's Residential Address																						
Learner's D.O.B YEAR/MONTH/DAY	/ / ID or Passport no																					
Citizenship	Home Language																					
CEMIS Number [FOR OFFICE USE ONLY]	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>																					

SECTION B: DEPENDENTS/SIBLINGS DETAILS: Please provide details of other learners or siblings who are dependent on the same parents / guardians:

Name	Age	Name of School	Grade

SECTION C: PARTICULARS OF PARENTS / GUARDIANS

MOTHER / GUARDIAN DETAILS:					
Marital status of Mother	Single	Married	Widowed	Divorced	
Full Names and Surname					
Identity / Passport No. (Non-SA)					
Residential Address					
Contactable Telephone Number	Home:		Cell:		
E-mail Address					
Employer/ Business Name					
Occupation / Type of Business					
Employer Telephone Number	Number of years in this position:				
Medical Aid Name and number					
FATHER / GUARDIAN DETAILS:					
Marital status of Father	Single	Married	Separated	Widowed	Divorced
Full Names and Surname					
Identity/Passport No. (Non-SA)					
Residential Address					
Contactable Telephone	Home:		Cell:		

Number					
E-mail Address					
Employer / Business Name					
Occupation / Type of Business					
Employer Telephone Number			Number of years in this position:		
Medical Aid Name and Number					
SECTION D: MEDICAL HISTORY					
Does the learner suffer from any allergies or chronic ailments?			YES	NO	
If "YES" please specify:					
If "YES" please mention treatment of above-mentioned:					
Has the learner undergone any operations?			YES	NO	
If "YES" please specify nature of operation(s) and indicate date:					
Has the learner ever received remedial education or therapy e.g. OT or Speech therapy?			YES	NO	
If "YES" please specify nature of therapy:					
Has the learner previously experienced difficulties related to vision or hearing?			YES	NO	
If "YES" please specify which difficulties:					
Has the learner been vaccinated appropriately?			YES	NO	
NB Learners should have been immunised appropriately before school attendance.					
SECTION E: PAYMENT OF SCHOOL FEES					
PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES (SEE BELOW IF APPLICABLE) OR PARENTS DETAILS					
Marital status	Single	Married	Divorced	Separated	Widowed
Surname					
Full names					
Identity number					
Relationship to learner					
Residential address					
Contactable telephone number	Home:		Cell:		
E-mail address					
Occupation / Type of business					
Employer / Business name					
Employer telephone number	position	No of years in this			
SPOUSE:					
Full names and Surname					
Identity number					
Relationship to learner					
Residential address (if different)					
Contactable telephone number	Home:		Cell:		

E-mail address		
Occupation / Type of business		
Employer / Business name		
Employer telephone number	position	No of years in this
NB: IF THE PERSON RESPONSIBLE FOR SCHOOL FEES IS A SPONSOR, OTHER THAN THE PARENTS, PLEASE SUPPLY AN AFFIDAVIT AND IDENTITY DOCUMENT		

HOW DID YOU HEAR ABOUT US

CONDITIONS OF PAYMENT OF SCHOOL FEES

School fees for 2022: GRADE R: R20 112.00 per annum; GRADE 1 – 7: R18 412.00 per annum. The school fees for 2023 will be decided at a Budget Meeting in October 2022.

NB: Please note that admission to Westcott Primary School does not guarantee admission to our After School Centre. There is a separate application form on acceptance at Westcott Primary School and additional fees apply.

1. School fees are due and payable in advance by the 7th of each month.
2. Parents are required to pay the full year’s fees in a single payment by the end of February in that given year. A discount of R890.00 will be granted if full payment is received by 28 February 2023.
3. Parents who are unable to pay the annual fees in a single payment may apply for permission to pay as follows: 10 equal monthly payments due by the end of the month. A period of 7 days’ grace will be allowed.
4. Should any of the above payment options fall into arrears, the full outstanding amount becomes payable immediately. A claim for the full year’s fees plus any added costs will be made via the School’s attorneys.
5. School fees are reviewed annually and are subject to alteration by the Governing Body in accordance with the South African Schools’ Act.
6. The School reserves the right to institute legal action against parents who fail to pay school fees.
7. Parents are required to give a month’s notice in writing before withdrawing learners from the School.
8. Parents who are unable to pay school fees may apply for exemption of these fees or part thereof. This only applies to learners from Grade 1 – 7 (There is no exemption of fees granted in Grade R)

ANNUAL BUILDING FUND DONATION The parents of Westcott Primary School present at the budget meeting passed a resolution as below:

- A minimum donation of R300.00 per child to be invoiced separately on your school fee account.
- This equates to R30.00 per month over 10 (ten) months.
- At the end of the year you will be issued with a section 18A tax receipt – in order to claim back with your tax submission.
- **The Building Fund donations for 2023 will go towards the building costs of an enclosed outside waiting area for the children. The Building Fund donations for 2023 will be decided at the 2022 budget meeting.**

We thank you for your understanding and co-operation in this regard.

I / We hereby confirm that I/we have read the above and accept the conditions and are fully aware of my/our legal responsibilities in this regard. I / We acknowledge that legal action could be instituted against me/us for unpaid and /or arrear fees and accept full liability for all costs incurred (legal or otherwise) for the recovery of such fees.

These terms and conditions are in accordance with the South African Schools Act.

Signed: Father _____ Date: _____

Signed: Mother _____ Date: _____

SECTION E: UNDERTAKING, CONSENT AND INDEMNITY

I hereby accept the uniform dress code and Code of Conduct prescribed by the school and undertake to ensure that the child’s attire will at all times be in accordance with school policy. I also undertake to co-operate with the school in a

positive spirit and to follow through with any recommendations which may be made by therapists, etc, in the interests of my child.

The parents/guardians of _____ (learner's name) hereby give consent for our son/daughter to take part in the extra-mural activities of the School, including sport, outings, educational tours and country excursions.

I/We fully understand and accept that all tours and excursions will be undertaken at my/our son's/daughter's own risk and undertake on behalf of myself, my/our executors, my wife/husband and my/our child aforesaid to indemnify, hold harmless and absolve the Education Department, the Principal and his/her staff against all claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of my child aforesaid in the course of any such tour or excursion, in the knowledge that the Principal and his/her staff will, nevertheless, take all reasonable precautions for the safety and welfare of my/our child.

Mother's name: _____ Signature: _____ Date: _____

Father's name: _____ Signature: _____ Date: _____

SECTION F: CHECKLIST

NB: IF THE APPLICATION FORM HAS <u>NOT</u> BEEN SIGNED BY BOTH BIOLOGICAL PARENTS, IT WILL BE DEEMED INCOMPLETE AND WILL NOT BE PROCESSED UNLESS AN AFFIDAVIT (SIGNED BY THE PERSON RESPONSIBLE FOR THE LEARNER) OR PROOF OF GUARDIANSHIP IS SUBMITTED WITH YOUR APPLICATION. PLEASE ATTACH ANY LEGAL/IMPORTANT DOCUMENTATION TO SUPPORT YOUR APPLICATION.	v
1. COMPLETED (SECTION A TO E)?	
2. HAVE BOTH PARENTS AND GUARDIANS SIGNED THE FORMS?	
3. CERTIFIED COPY OF THE LEARNER'S MOST RECENT SCHOOL/CRECHE/NURSERY REPORT.	
4. CERTIFIED COPY OF THE LEARNER'S STUDY PERMIT (FOR NON SOUTH AFRICANS).	
5. CERTIFIED COPY OF THE UNABRIDGED BIRTH CERTIFICATE. IF NOT AVAILABLE, PLEASE APPLY AT HOME AFFAIRS AND ATTACH A COPY OF THE RECEIPT.	
6. CERTIFIED COPY OF BOTH PARENTS' IDENTITY DOCUMENTS.	
7. CERTIFIED COPY OF THE LEARNER'S ROAD TO HEALTH CHART.	
8. CERTIFIED COPIES OF PROOF OF ADDRESS: <u>NOT OLDER THAN 3 MONTHS [NO RETAIL, TELKOM ACCOUNTS OR BANK STATEMENTS/MAIL].</u> <ul style="list-style-type: none"> • MUNICIPAL/UTILITY BILL (IF YOU OWN THE PROPERTY) OR • RENTAL AGREEMENT (IF YOU ARE THE TENANT) OR • IF YOU LIVE WITH FAMILY, PLEASE PROVIDE A CERTIFIED COPY OF THEIR MUNICIPAL BILL, • THEIR I.D. DOCUMENT/S AND AN AFFIDAVIT SIGNED BY THE OWNER OF THE PROPERTY TO • DECLARE THAT YOU AND YOUR FAMILY LIVE WITH THEM. 	
9. PLEASE ATTACH AN I.D. PHOTOGRAPH OF LEARNER TO THE TOP, RIGHT CORNER OF PAGE 1 (FRONT PAGE).	

APPLICATIONS FOR 2023 – GRADE R TO GRADE 7

- Our school admissions period opens on 14 MARCH 2022 and closes on 15 APRIL 2022. (As per WCED)
- Grade 2 – 7 applicants will be notified in the fourth term for placement into the next academic year.
- Incomplete forms or forms without all the necessary required documents on the above checklist will NOT be processed.

- **Submission of the application form does not guarantee that an interview will be held.**

THANK YOU.