



# MONTAGU

LAERSKOOL • PRIMARY SCHOOL

LANGSTRAAT, MONTAGU, 6720 • POSBUS / P.O. BOX 10, MONTAGU, 6720  
TEL: (023) 614 1640 - FAKS / FAX: (023) 614 3963 • E-POS / E-MAIL: monties@telkomso.net

# Application Form



Geborg  
deur:

**OK** Foods  
Montagu  
023 614 1200

## APPLICATION FORM : MONTAGU PRIMARY SCHOOL

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS APPLICATION:

- Copy of birth certificate of learner
- Copy of ID documents of BOTH parents/guardian
- Transfer certificate
- Copy of Clinic card
- Copy of last report

For Office use:

|                      |  |  |  |
|----------------------|--|--|--|
| <b>Toelating No:</b> |  |  |  |
| <b>Cemis:</b>        |  |  |  |
|                      |  |  |  |

**A. PARTICULARS OF LEARNER**

SURNAME:.....

FULL FIRST NAME.....

RESIDENTIAL ADDRESS: .....

SEX: MALE..... FEMALE.....

HOME LANGUAGE: AFRIKAANS.....ENGLISH.....OTHER.....

DATE OF BIRTH.....

ID NUMBER: .....

RELIGION: .....

NAME OF LAST SCHOOL ATTENDED: .....

REASON FOR LEAVING: .....

HIGHEST GRADE PASSED:.....(Attach a copy of the latest examination results)

DOES THE LEARNER SUFFER FROM ANY ALLERGIES OR CHRONIC AILMENTS? YES/NO

IF "YES" SPECIFY .....

IS THE LEARNER RECEIVING ANY TREATMENT FOR THE ABOVE-MENTIONED ALLERGIES OR CHRONIC AILMENTS? YES/NO

IF "YES" SPECIFY: .....

HAS THE LEARNER UNDERGONE ANY OPERATION(S)? YES/NO

IF "YES" INDICATE DATE AND SPECIFY NATURE OF OPERATION(S):  
.....

ILLNESS(ES) THAT LEARNER HAS BEEN IMMUNISED AGAINST:

Tuberculosis(BCG.....Poliomyelitis.....Diphtheria.....Tetanus(DT).....Whooping cough(DFT).....

Haemophilus influenzae Type B(HIB).....

**NB PARTICULARS OF PARENT(S) OR GUARDIAN(S):**

(The information below must be supplied in respect of each parent or guardian)

**FATHER**

FULL NAMES AND SURNAME: .....

OCCUPATION: .....

ID NUMBER (IF RSA CITIZEN) .....

PASSPORT NUMBER (IF FOREIGNER) .....

RESIDENTIAL ADDRESS: .....

POSTAL ADDRESS: .....POSTAL CODE.....

TELEPHONE NUMBER (HOME) .....(WORK): .....

NAME AND ADDRESS OF EMPLOYER: .....

MEDICAL AID: NAME.....

MEMBERSHIP NUMBER: .....

**MOTHER**

FULL NAMES AND SURNAME: .....

OCCUPATION: .....

ID NUMBER (IF RSA CITIZEN) .....

PASSPORT NUMBER (IF FOREIGNER) .....

RESIDENTIAL ADDRESS: .....

POSTAL ADDRESS: .....POSTAL CODE: .....

TELEPHONE NUMBER (HOME) .....(WORK) .....

NAME AND ADDRESS OF EMPLOYER: .....

.....

MEDICAL AID: NAME: .....MEMBERSHIP NUMBER: .....

**GUARDIAN**

FULL NAMES AND SURNAME: .....

NATURE OF GUARDIANSHIP (e.g. foster parent, uncle, aunt, grandmother, etc.)

.....(In case of legal guardianship or foster care, documentary proof must be attached)

OCCUPATION: .....

ID NUMBER (IF RSA CITIZEN): .....

PASSPORT NUMBER (IF FOREIGNER) .....

RESIDENTIAL ADDRESS: .....

TELEPHONE NUMBER: (HOME) .....(WORK).....

NAME AND ADDRESS OF EMPLOYER: .....  
.....

MEDICAL AID: NAME: .....MEMBERSHIP NUMBER: .....

**WHO IS RESPONSIBLE FOR DIRECT SUPERVISION OVER THE LEARNER?**

Full name: .....

Telephone no. in case of an emergency: .....

**DECLARATION OF PARENT/GUARDIAN**

I, .....

the undersigned parent/guardian of .....  
(name of learner) hereby declare that the information furnished above is correct to the best of my knowledge.

SIGNED AT ..... on this  
..... day of ..... (month).....(year)

.....  
**SIGNATURE OF PARENT/GUARDIAN**

.....  
**NAME IN PRINT**

**C. PAYMENT OF SCHOOL FEES**

**Complete 1 and 2 below by making a cross (x) in the appropriate spaces.  
Payment will be made:**

- 1 by debit order..... by cheque.....in cash.....
- 2 Monthly (12 payments) .....
- Quarterly (4 payments) .....
- In full on .....

**PARTICULARS OF OTHER LEARNERS AT SCHOOL WHO ARE DEPENDENT ON THE SAME PERSON AS THE LEARNER MENTIONED UNDER "A" ABOVE:**

FIRST NAMES AND SURNAME  
GRADE

.....

.....

.....

I, .....

the undersigned, parent/ guardian of .....(name of learner) hereby declare that the information furnished above is correct to the best of my knowledge. Further, I commit myself to all undertakings mentioned in Section C above and I accept responsibility for payments that are due at any time in accordance with the agreement as set out above.

I give permission that my son/daughter may take part in all extra-mural activities that the school offers including: athletics, games, physical education, tours and outings whether it be by foot or by vehicle. I understand that all such activities will be undertaken at my son/daughter's own risk and I exempt the Western Cape Education Department, the Governing Body, the Headmaster and his staff of any responsibility for loss, physical harm or damage to property that may occur as a result of any such activity. This exemption is subject to reasonable care being taken by the school and it's agents. This exemption will remain in place for the duration of the learners enrollment at the school unless cancelled in writing.

SIGNED AT ..... on this  
..... day of .....(month) .....(year)

.....  
**SIGNATURE OF PARENT/GUARDIAN**

.....  
**NAME IN PRINT**