

Application for Grade: _____ for year: _____

Richmond Avenue
Pinelands 7405
Tel: 021 531 3414

- Complete ALL fields of this form and hand-deliver to the school – an **incomplete form will render this application invalid.**
- Please attach a letter of motivation stating why you believe Pinelands North Primary School is the best school for your family.
- Handing in a completed application form does not guarantee enrolment.
- Completion of the WCED Online system is **compulsory**. Opening date for this system is 13 March and closes 14 April 2023. Link: <https://admissions.westerncape.gov.za/>
- Please note that if your child is offered a space at our school, aftercare is not automatically guaranteed.

E-mail: admin@pnps.co.za
Website: www.pnps.co.za

Office use:

DETAILS OF CHILD		Admin:
Surname:		House:
First names:		Class:
Preferred name:		
Date of birth:	year: month: date:	
	Include <i>certified</i> unabridged copy of birth certificate	
Child's Identity number:		
Home Language:		
Gender:		
Address at which child will be living, while enrolled at PNPS: Who will child live with at this address? (e.g. both parents, mother, father)		
<u>If applying for Gr R – 1</u> Name of Gr R school: Address: Phone number	Include latest school report	
<u>If applying for Gr 2 - 7</u> Name of current school: Address: Phone number: Current grade:	Include latest school report	
First time registration in Western Cape?		Yes / No
Is your child a South African citizen? (If no, then study permit is required)		Yes / No

Pinelands North Primary School

A) Has your child ever had an educational or psychological assessment?

YES / NO

If yes, please supply details (use a separate page if necessary)

B) Has your child ever required:

☐ Speech therapy ☐ Occupational Therapy ☐ Learning Support

☐ Physiotherapy ☐ Play Therapy

Tick the illnesses your child has had:

☐ Measles ☐ Scarlet fever ☐ Mumps

☐ Whooping Cough ☐ Diphtheria ☐ Rheumatic Fever

Tick the immunisations your child has had:

☐ Poliomyelitis (compulsory for admission to school) ☐ Whooping cough

☐ Diphtheria ☐ Tetanus

☐ Measles / Mumps / Rubella

Medication

Is your child on medication?

YES / NO

Type of medication:

Medical Aid Details

Name of Medical Aid:

Plan:

Membership number:

Main member:

Other important information about your child

Do you have any concerns about your child or anything you feel would help us understand your child better?

Association with PNPS

Do you have previous / current connections with Pinelands North Primary School?

YES / NO

Details: _____

If so, state house choice: Wells (yellow) / Gardener (red) / Clear (white)

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Personal Information

If legal guardian, please supply certified copy of court order which indicates guardianship
Proof of residence – please supply certified copies of recent municipal rates account or
current lease agreement

Parent 1 Indicate: <input type="checkbox"/> Biological / Adoptive Father <input type="checkbox"/> Biological / Adoptive Mother <input type="checkbox"/> Legal Guardian		Parent 2 Indicate: <input type="checkbox"/> Biological / Adoptive Father <input type="checkbox"/> Biological / Adoptive Mother <input type="checkbox"/> Legal Guardian	
Title		Title	
Surname		Surname	
Name		Name	
ID number		ID number	
Contact Information			
Residential Address (Domicillium citandi et executandi)		Residential Address (Domicillium citandi et executandi)	
	Postal Code:		
Landline		Landline	
Mobile		Mobile	
Email		Email	
Postal address		Postal address	
	Postal Code:		
Details of employment			
Occupation		Occupation	
Name of employer		Name of employer	
Employer's physical address		Employer's physical address	
	Postal Code:		
Employer's landline no.		Employer's landline no.	
Number of children in your family: _____ Is this pupil 1 st , 2 nd , 3 rd etc in the family: _____			

Pinelands North Primary School

Does the child play or participate in any sport?

- | | | |
|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Does not participate | <input type="checkbox"/> Chess | <input type="checkbox"/> Cricket |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Softball | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Hockey | <input type="checkbox"/> Netball |

Does the child play or participate in any cultural programmes?

- | | | |
|---|----------------------------------|------------------------------|
| <input type="checkbox"/> Does not participate | <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Art |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Music | |

Has the child held any leadership position at a previous school?

- | | | |
|---|--|------------------------------|
| <input type="checkbox"/> No leadership position | <input type="checkbox"/> Team Captain | <input type="checkbox"/> RCL |
| <input type="checkbox"/> Class Monitor | <input type="checkbox"/> Grade Monitor | |

DECLARATION AND AGREEMENT

1. I declare that all of the above information is, to the best of my knowledge, true and correct and understand that should any false information be supplied, the application will be rendered invalid.
2. On acceptance of my child as a pupil, I undertake to abide by the Code of Conduct as displayed on the school website.
3. I am aware that the payment of school fees is compulsory. I understand that interest will be charged on fees that are overdue at a rate of 15.5% per annum and that should it be necessary for PNPS to recover outstanding fees, I will be liable for all costs incurred in such recovery on an attorney and own client scale as well as collection commission thereon. I understand that both parents are jointly and severally liable for school fees.
4. Should my child leave PNPS prior to the end of grade 7, I commit to giving the school a term's notice. Should this not happen, I undertake to pay 3 months' school fees in lieu of the notice period.

5. Parent 1 / legal guardian: I confirm that my chosen domicilium et executandi is as follows:

.....

Signature of biological father/legal guardian _____ Date _____

6. Parent 2 / legal guardian: I confirm that my chosen domicilium et executandi is as follows:

.....

Signature of biological mother/ legal guardian _____ Date _____

Emergency Contact

Alternate contacts in the event that parents/guardians are not contactable in case of emergency.

Contact 1		Contact 2	
Name		Name	
Surname		Surname	
Contact		Contact	
Relationship		Relationship	

THE FOLLOWING DOCUMENTS **MUST** ACCOMPANY YOUR APPLICATION:

(Kindly ensure that you have made and certified your copies **prior** to bringing this form to us)

Certified copy of the pupil's unabridged birth certificate		
Certified copy of clinic card showing inoculations		
Certified copy of the latest school report		
Certified copy of ID/passport of father/legal guardian		
Certified copy of ID/passport of mother/legal guardian		
Legal guardianship documentation (where necessary)		
Letter of Motivation		
Proof of residential address (certified copy of both pages of municipal rates account / current lease agreement or affidavit) from home-owner confirming that child lives at address provided		
Study visa, if applicable (for non-South African citizens) or proof of application to the Department of Home Affairs		

**PLEASE NOTE: Handing in a completed application form does not guarantee enrolment.
You are advised to apply to more than one school.**