



# HENDRIK LOUW PRIMARY SCHOOL

COLOUR  
PHOTO  
OF  
LEARNER  
(mandatory)

Tel: (021) 853 1045 | E-mail: admissions@hendriklouw.com | Web: www.hendriklouw.com  
 Address: Piet Retief Street, Strand, 7140 | P.O. box 94, Strand, 7139

**FOR OFFICE USE:**

ADMISSION NUMBER: \_\_\_\_\_  
 CEMIS NUMBER: \_\_\_\_\_  
 PASTEL NUMBER: \_\_\_\_\_  
 GRADE: \_\_\_\_\_ CLASS: \_\_\_\_\_

Application completed	YES	NO
Parent Signature		
Language of instruction		

**PERSONAL INFORMATION**

**A: LEARNER**

Current grade	<input type="text"/>	Grade applied for	<input type="text"/>			
Date of application	<input type="text"/>	Starting date	<input type="text"/>			
SURNAME	<input type="text"/>					
FIRST NAME	<input type="text"/>					
NICKNAME	<input type="text"/>					
DATE OF BIRTH	<input type="text"/>	HOME LANGUAGE	<input type="text"/>			
NATIONALITY	<input type="text"/>					
ASIEL PERMIT	YES	NO	STUDY PERMIT	YES	NO	
ID NUMBER	<input type="text"/>			GENDER	MALE	FEMALE
NUMBER OF CHILDREN IN FAMILY	<input type="text"/>	IS LEARNER 1ST, 2ND, 3RD ETC. CHILD IN FAMILY	<input type="text"/>			
BROTHER(S) / SISTER(S) CURRENTLY IN HENDRIK LOUW (Name, Surname, Grade)						<input type="text"/>
NAME, ADDRESS & TEL. OF AFTERCARE CENTRE / PERSON (IF APPLICABLE)						<input type="text"/>
TELEPHONE:						<input type="text"/>

## B: GENERAL

GENERAL PRACTITIONER

TELEPHONE

IMPORTANT DISEASES OF WHICH LEARNER SUFFERS (e.g. asthma, epilepsy etc.) / ALLERGIES?

ILLNESS(ES) THAT LEARNER HAD (MARK ✓):

N.B. All learners must be fully immunized, according to the law.

- Measles       Mumps  
 German measles     Scarlet fever  
 Whooping cough     Diphtheria  
 Chickenpox       Rheumatic fever

OTHER:

CHRONIC MEDICATION

MEDICATION TO BE TAKEN AT SCHOOL

OPERATIONS THAT LEARNERS HAD: (Please indicate type and date)

ANY SERIOUS DEFICIENCY / S OF WHICH THE SCHOOL MUST BE AWARE OF

EMERGENCY TEL. NUMBERS (Name/Surname - Person other than parents)

NAME OF LAST SCHOOL ATTENDED

SCHOOL'S ADDRESS

POST CODE

SCHOOL TEL.

CLASS / GRADE

SCHOOL E-MAIL

EDUCATOR NAME

DATE OF LAST SCHOOL DAY AT THE ABOVE-MENTIONED SCHOOL

D D M M Y Y Y Y

PERIOD ATTENDED (number of years)

LAST GRADE PASSED

ANY PREVIOUS GRADE / GRADES REPEATED

ANY OTHER SCHOOL / SCHOOLS ATTENDED BY LEARNER (Name/Grade/Year)

ANY ASSISTANCE ALREADY RECEIVED BY LEARNER (eg occupational, speech or physiotherapy, remediation, psychological help)

Are relevant reports available? YES / NO

LEADERSHIP, SPORTS, ACADEMIC & CULTURAL ACHIEVEMENTS

## C: PERMISSION

### A. CODE OF CONDUCT & COMMUNICATION:

I acknowledge and understand the content of the school's CODE OF CONDUCT, and declare myself willing to fully design my child to it. I undertake to download the D6+ App for communication purposes.

**SIGNED (PARENT):** \_\_\_\_\_

### B. CONSENT AND DISCLAIMER:

I, the undersigned, \_\_\_\_\_ (full names), the parent/ guardian of \_\_\_\_\_ (learner), give herewith my full consent that my child may participate in extracurricular activities of the school, including educational tours, excursions, cultural and sporting activities, while he/ she is attached to this school as an enrolled learner.

I hereby confirm on behalf of myself, my executors, my spouse and the above-mentioned learner to, in the case of injuries sustained, loss of or damage to personal property with regards to the above-mentioned learner during tours/ excursions or extra-mural activities and where a formal complaint may arise in such a case, to fully indemnify the Western Cape Education Department, the Governing Body of the school, the principal, the staff or any third party against prosecution. This indemnity is granted with the knowledge that the principal, staff and any assigned competent third party will take all reasonable precautions to ensure the well-being of the child.

I hereby also give permission for my child's name and/ or photo to appear on the school's website at any time, as well as on the TV screen in the school foyer and on other school media platforms, e.g. Facebook.

**SIGNED (PARENT):** \_\_\_\_\_

### C. MISSION AND VISION STATEMENT:

I acknowledge and accept the mission and vision statements of the school and the acceptable value-driven principles that form the basis of approach in everyday school life.

**SIGNED (PARENT):** \_\_\_\_\_

### D. SCHOOL FEE:

We undertake that both parents, father and mother and/ or guardian, will be jointly and separately liable for the school fees, as determined annually by statutory regulation and that school fees will be paid as determined by the Governing Body for the duration of our/ my child's school career at Hendrik Louw Primary School.

**SIGNED:**      **FATHER:** \_\_\_\_\_      **MOTHER:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_      **NAME:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_      **DATE:** \_\_\_\_\_

**LEARNER'S NAME & SURNAME:** \_\_\_\_\_  
**APPLICATION FOR GRADE:** \_\_\_\_\_

**Please indicate: How school fees will be paid (mark ✓ a block):**

- Full year ahead in Nov/ Dec. (previous year)
- Monthly debit order
- Monthly EFT (internet banking)
- Monthly cash / credit card
- Apply for reduced fees (subject to approval)

## D: PARENT INFORMATION

	FATHER or GUARDIAN	MOTHER or GUARDIAN
<b>TITLE, FULL NAMES AND SURNAME</b>		
<b>I.D. NUMBER</b>		
<b>MEDICAL AID &amp; MEMBER NUMBER</b> (Indicate main member)		
<b>MARRIAGE STATUS</b>		
<b>POSTAL ADDRESS</b>		
<b>HOME ADDRESS</b> (domicilium citandi et executandi)		
<b>HOME PHONE</b>		
<b>CELL. NUMBER</b>		
<b>E-MAIL (mandatory)</b>		
<b>PROFESSION</b>		
<b>EMPLOYER</b>		
<b>WORK ADDRESS</b>		
<b>TELEPHONE</b>		

Chosen email for statements and notices (mandatory)

<p>If parents live separately/ divorced, please indicate the name and address of the parent with whom the child lives:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>	<p>If parents live separately/ divorced, please indicate the name and address of the person who will make the payment on behalf of both parents:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>	<p>If parents live separately/ divorced, please indicate the name and address of one parent with whom the school can be in contact with:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>
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With this I declare, \_\_\_\_\_ (full names) as parent/ guardian that all information provided in this document is correct.

FATHER / GUARDIAN'S SIGNATURE | DATE

MOTHER / GUARDIAN'S SIGNATURE | DATE