HENDRIK LOUW
PRIMARY SCHOOL

Tel: (021) 853 1045
Email: admissions@hendriklouw.com
www.hendriklouw.com
Piet Retief Street, Strand, 7140

COLOUR PHOTO OF LEARNER

FOR OFFICE USE					
ADMISSION NUMBER			FULL APPLICATION	YES	NO
CEMIS NUMBER			PARENT/S SIGNATURE	YES	NO
PASTEL NUMBER			LANGUAGE OF LEARNING		
GRADE		CLASS			

PERSONAL INFORMATION

A: LEARNER

CURRENT GRADE		APPLICATION FOR GRADE	RR	R	1	2	3	4	5	6	7
APPLICATION DATE	D D M M Y Y Y Y	STARTING DATE	D D M M Y Y Y Y								
SURNAME											
FULL NAME(S)											
KNOWN AS		HOME LANGUAGE									
DATE OF BIRTH	D D M M Y Y Y Y	NATIONALITY									

ASSYLUM-PERMIT	YES	NO	STUDY PERMIT	YES	NO	GENDER	MALE / FEMALE
ID NUMBER							

NUMBER OF CHILDREN IN FAMILY		IS LEARNER 1ST, 2ND, 3RD, ETC. IN FAMILY?	

BROTHER(S) / SISTER(S) CURRENTLY IN HENDRIK LOUW (Name, surname, Grade)

NAME, ADDRESS & TELEPHONE NUMBER OF AFTERCARE / PERSON (IF APPLICABLE)

TELEPHONE NUMBER:

B. GENERAL

GENERAL PRACTIONER (DOCTOR)	
TELEPHONE NUMBER	

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

ILLNESS(ES) THAT LEARNER HAD

NB: All learners must, by law, be fully immunized.

- ☐ Measles
- ☐ German measles
- ☐ Whooping cough
- ☐ Chicken pox
- ☐ Mumps
- ☐ Scarlet fever
- ☐ Diphtheria
- ☐ Rheumatic fever

OTHER ILLNESSES:

CHRONIC MEDICATION	**MEDICATION TO BE TAKEN AT SCHOOL**

OPERATIONS THAT LEARNER HAD UNDERGONE: (please provide details and date)

SERIOUS DEFICIENCY THAT THE SCHOOL SHOULD BE AWARE OF

EMERGENCY TELEPHONE NUMBERS (Name & Surname – Person other than parents)

NAME OF LAST SCHOOL ATTENDED			
SCHOOL ADDRESS			
		POSTAL CODE	
SCHOOL TELEPHONE NUMBER		**CLASS**	
SCHOOL EMAIL ADDRESS		**TEACHER**	
DATE OF <u>LAST</u> SCHOOL DAY AT ABOVE MENTIONED SCHOOL	D D M M Y Y Y Y		
PERIOD ATTENDED (years)		**LAST GRADE PASSED**	
ANY PREVIOUS GRADE/S REPEATED			

ANY OTHER SCHOOL/S ATTENDED BY LEARNER (name of school, grade and year/s)

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

Are relevant reports available? YES / NO

ACHIEVEMNETS: LEADERSHIP, SPORT, ACADEMIC & C U L T U R E

C. PERMISSION

1. CODE OF CONDUCT & COMMUNICATION:

I/We acknowledge and understand the content of the school's **CODE OF CONDUCT** and declare myself/ourselves willing to fully submit my/our child to it. I undertake to download the ***d6 App*** for communication purposes and to inform myself/ourselves regarding communication sent by the school.

SIGNED (PARENT/S): _____

2. CONSENT AND DISCLAIMER:

I/We, the undersigned, herewith give my/our full consent that my/our child may participate in extra-curricular 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/we hereby confirm on behalf of myself/ourselves, my/our 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 School Governing Body, 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 my/our child.

SIGNED (PARENT/S): _____

I/We hereby also give permission for my/our 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 the school social media platforms, such as *Facebook and Instagram*.

YES / NO **SIGNED (PARENT/S):** _____

3. MISSION AND VISION STATEMENT:

I/We 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/S): _____

D. SCHOOL FEES 2027: R2 500 pm for eleven months - R27 500 per annum

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 School Governing Body for the duration of our/ my child's school career at Hendrik Louw Primary School.

Indicate your manner of payment by marking the appropriate block:

- ☐ Full year ahead in November / December of the previous year
- ☐ Monthly debit order: **full amount**
- ☐ Monthly EFT: **full amount**
- ☐ Monthly cash / credit or debit card payment: **full amount**
- ☐ Apply for reduced fees (subject to approval and not applicable for Grade RR)

  If approval is granted, what amount of school fees will you pay monthly?
  R_____

SIGNED: PARENT _____ **PARENT** _____

DATE: _____ _____

Chosen email for statements and notices (mandatory)		
If parents live separately/divorced, please indicate the name and address of the parent with whom the child lives:	If parents live separately/divorced, please indicate the name and address of the person who will make the payment on behalf of both parents:	If parents live separately/divorced, please indicate the name and address of one parent with whom the school can be in contact with:
NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:

E: PARENT / GUARDIAN INFORMATION

	PARENT / GUARDIAN	PARENT / GUARDIAN
TITLE FULL NAME/S SURNAME		
ID NUMBER		
MEDICAL AID MAIN MEMBER MEMBER NUMBER		
MARITAL STATUS		
RESIDENTIAL ADDRESS		
POSTAL ADDRESS (if different)		
TELEPHONE NUMBER CELL PHONE AND HOME	**Cell phone:**_____ **Home:** _____	**Cell phone:**_____ **Home:**_____
EMAIL ADDRESS (mandatory)		
OCCUPATION		
EMPLOYER		
WORK ADDRESS		
TELEPNONE NUMBER		

Hereby, I/we, _____and _____, parent(s) / guardian(s), declare that all information provided in this document is correct.

_____ _____

PARENT / GUARDIAN SIGNATURE & DATE **PARENT / GUARDIAN SIGNATURE & DATE**