

Date Issued:  
\_\_\_\_\_  
Date Returned  
\_\_\_\_\_

**MULBARTON PRIMARY SCHOOL**

16 Archibald Ave, Mulbarton Ext 3, 2058 – PO Box 1209, Mulbarton 2059  
Telephone: (011) 432 3288 / 9 – Fax: (011) 432 2849 – E-mail: admissions@mulbartonprimary.co.za



**Grade 1**

**Additional Learner information / 2022 Admissions**

**Completion of this form does not guarantee acceptance into the school**

- **Application Period: 13 September 2021 to 08 October 2021**
- **A down payment of R1 500 is required as determined by the SGB. Non-payment of the required deposit will not dis-qualify the learner/s admission.**
- **Office hours between 08h00 – 13h00**
- **Late and incomplete submissions or applications that are not certified run the risk of such applications being declined.**

Comments / On-line  
\_\_\_\_\_  
Captured / On-line  
\_\_\_\_\_

**Note: Please apply to at least three different schools, ie; Closest to your Physical Address in the feeder zone / Work Address in the feeder zone / if there is a SIBLING (Learners who share the same Biological Parents) and living within 30km of the school. These choices will qualify you for the “A” waiting list. (This list does not guarantee you placement at a school)**

THIS FORM IS TO BE COMPLETED BY THE PARENTS/S OR LEGAL GUARDIAN/S OF THE CHILD IN **BLACK INK ONLY**. ALL SCHOOLING RECORDS MUST BE CORRECT. THE NEAT AND ACCURATE COMPLETION OF THIS FORM COULD MAKE A DIFFERENCE TO YOUR CHILD’S SAFETY IN AN EMERGENCY. PLEASE WRITE IN BLOCK CAPITAL LETTERS AND PROVIDE DETAILED FULL PARTICULARS.

PLEASE NOTE THAT APPLICATIONS, WHICH ARE NOT COMPLETED AND IN FULL AND WHICH DO NOT HAVE ALL DOCUMENTATION ATTACHED MIGHT NOT BE CONSIDERED. ONLY ONCE ALL INFORMATION RECEIVED HAS BEEN VERIFIED BY ALL MEANS NECESSARY, WILL YOU BE NOTIFIED OF THE OUTCOME OF YOUR APPLICATION.

THE COMPLETED FORMS MUST BE GIVEN **BY HAND** IN PERSON BY THE **PARENT/ LEGAL GUARDIAN** TO THE MAIN ADMINISTRATION OFFICE OF MULBARTON PRIMARY SCHOOL BETWEEN THE HOURS OF **08H00 – 13H00** MONDAY TO FRIDAY.

THE FOLLOWING **COPIED AND CERTIFIED** (NOT OLDER THAN 3 MONTHS) DOCUMENTS MUST BE ATTACHED:

1. LEARNER’S UNABRIDGED BIRTH CERTIFICATE.
2. BOTH PARENTS/LEGAL GUARDIAN’S IDENTITY DOCUMENTS.
3. LEARNER’S CLINIC CARD AS PROOF OF BEING IMMUNIZED – WITH THE LEARNERS NAME
4. PROOF OF RESIDENCE (POR). (PROPERTY OWNER – LATEST RATES AND TAXES ; RENTING / LEASING – VALID RENTAL AGREEMENT ; LIVING WITH 3<sup>RD</sup> PARTY – 3<sup>RD</sup> PARTY AFFDAVIT , ID, POR AND ANY DOCUMENT/PROOF IN THE PARENTS NAME GOING TO THE GIVEN ADDRESS)
5. IF APPLICABLE, ATTACH A COPY OF YOUR DIVORCE DECREE – ONLY IF ONE PARENT IS LIABLE TO PAY ALL THE SCHOOL FEES.
6. IF APPLICABLE, COPY/COPIES OF DEATH CERTIFICATE/S.
7. IF APPLICABLE, COPY OF LETTER OF GUARDIANSHIP GRANTED BY THE COURT
8. IF APPLICABLE, PROOF OF LEARNER’S STUDY PERMIT FOR 2021/2022 FROM HOME AFFAIRS, IF A FOREIGN NATIONAL.

**DETAILS OF LEARNER:**

**GRADE APPLYING FOR:.....**

First Name / s:.....

Nationality:.....

Surname:.....

Religious Denomination:.....  
(For Statistical purposes)

ID NUMER:.....

**OTHER SIBLINGS AT THIS SCHOOL YES/NO. IF YES, STATE NAME/S OF SIBLINGS**

Sports House of Sibling:

.....

.....



## PARTIULARS OF LEARNER

BOY OR GIRL	RACE (FOR STATISTICAL PURPOSES)
IMMIGRANT (YES/NO)	
PREVIOUS SCHOOL	SPORT HOUSE (OFFICE USE)
METHOD OF TRANSPORT:	
PARENT	ADMISSION NO (OFFICE USE)
TAXI	
<u>DRIVER'S DETAILS</u>	
COMPANY NAME:	
CONTACT DETAILS:	
OTHER	

## PARTICULARS OF PARENT(S) / LEGAL GUARDIAN(S)

<u>FATHER</u>	<u>MOTHER</u>
FIRST NAME	FIRST NAME
SURNAME	SURNAME
ID NUMBER	ID NUMBER
MARITAL STATUS	MARITAL STATUS
HOME LANGUAGE	HOME LANGUAGE
RESIDENTIAL ADDRESS	RESIDENTIAL ADDRESS
POSTAL ADDRESS	POSTAL ADDRESS
HOME TEL. NO.	HOME TEL. NO.
WORK TEL. NO.	WORK TEL. NO.
MOBILE NO.	MOBILE NO.
OCCUPATION	OCCUPATION
EMPLOYER	EMPLOYER
EMAIL ADDRESS	EMAIL ADDRESS

.....  
**FATHER'S SIGNATURE (LEGAL GUARDIAN)**

.....  
**MOTHER'S SIGNATURE (LEGAL GUARDIAN)**

**STATEMENT BY PARENT/S OR LEGAL GUARDIAN/S OF LEARNER/S WHO ARE APPLYING FOR  
ADMISSION AT MULBARTON PRIMARY SCHOOL FOR THE 2022 SCHOOL YEAR**

I/WE (CAREGIVER/S) FIRST & SURNAME .....

IS/ARE CURRENTLY RESIDING AT.....

WHICH IS ALSO MY/OUR CHOSEN *DOMICILIUM CITANDI ET EXECUTANDI* – MY/OUR CHOSEN ADDRESS AT WHICH I/WE ARE CURRENTLY USING FOR THE PURPOSES OF RECEIVING ANY LEGAL DOCUMENTATION.

**I/WE HEREBY AGREE TO:**

1. NOTIFY THE SCHOOL WITHIN SEVEN (7) DAYS IF THIS ADDRESS SHOULD CHANGE.
2. THAT SHOULD THE SERVICES OF AN ATTORNEY/DEBT COLLECTOR BE REQUIRED IN ORDER TO COLLECT ANY OUTSTANDING MONEY OWED TO THE SCHOOL BY ME/US, I/WE AGREE THAT I/WE WILL BE RESPONSIBLE FOR THE PAYMENT OF ALL LEGAL FEES AND COLLECTION FEES THAT WERE INCURRED BY THE SCHOOL IN ORDER TO COLLECT ANY OUTSANDING MONEY OWED BY ME/US.
3. I/WE CONSENT TO THE SCHOOL GOVERNING BODY CONDUCTING CREDIT CHECKS ON ME/US.
4. I/WE AGREE THAT THE SGB MY VERIFY ANY INFORMATION PROVIDED.
5. I/WE CONSENT TO PAYING UPFRONT THE FIRST MONTH'S SCHOOL FEES, AS A DOWN PAYMENT WHICH WILL BE DEDUCTED FROM THE 2022 SCHOOL FEES (TICK THE APPROPRIATE ANSWER) (YES) (NO).
6. I/WE HEREBY SOLEMNLY DECLARE THAT I/WE CAN AFFORD TO PAY THE FULL ANTICIPATED SCHOOL FEES OF +/- R13 000 PER CHILD FOR THE 2022 SCHOOL YEAR (TICK THE APPROPRIATE ANSWER) (YES) (NO).
7. I/WE BELIEVE THAT I/WE WILL BE ABLE TO AFFORD THE ESTIMATED SCHOOL FEES OF R1 300 PER MONTH OVER A 10 MONTH PERIOD BY THE BEGINNING OF OCTOBER 2022 (TICK THE APPROPRIATE ANSWER) (YES) (NO).
8. I/WE BELIEVE THAT I/WE WILL BE APPLYING FOR PARTIAL EXEMPTION OF FEES (TICK THE APPROPRIATE ANSWER) (YES) (NO).
9. I/WE BELIEVE THAT I/WE WILL BE APPLYING FOR FULL EXEMPTION OF FEES (TICK THE APPROPRIATE ANSWER) (YES) (NO).
10. I/WE AGREE THAT THE SCHOOL MAY USE MY/OUR CHILD'S PHOTO ON SOCIAL MEDIA OR NEWSPAPER (YES) (NO)

I/WE/AM/ARE AWARE OF THE FACT THAT MULBARTON PRIMARY SCHOOL WAS BUILT TO LEGALLY ACCOMODATE A LEARNER NUMBER OF **740** LEARNERS.

I/WE AM/ARE AWARE OF THE FACT THAT APPLICATION WILL BE DEALT WITH ON A FIRST COME, FIRST SERVE BASIS WITH PREFERENCE ALWAYS BEING GIVEN TO LEARNERS WHO ARE RESIDING IN THE SCHOOL ZONING AREA, WORK IN THE FEEDER ZONE OR WHO HAVE SIBLINGS IN THE SCHOOL.

I/WE AM/ARE AWARE OF THE FACT THAT THE SCHOOL IS CLASSIFIED AS A **SECTION 21 FEE-PAYING SCHOOL**.

I/WE AM/ARE AWARE OF THE FACT THAT BOTH PARENT/S LEGAL GUARDIAN/S ARE JOINTLY AND SEVERALLY LIABLE TO PAY SCHOOL FEES UNLESS A COMPETENT COURT HAS RULED OTHERWISE.

I/WE AM/ARE AWARE OF THE FACT THAT THE SCHOOL GOVERNING BODY REQUIRES THAT THE FIRST MONTH'S SCHOOL FEES OF R1 500 ARE PAID BEFORE 30 OCTOBER 2020 IN ORDER TO SIGN AND RENEW THE CONTRACTS OF THE 18 SGB EDUCATORS/STAFF CURRENTLY EMPLOYED FOR THE 2022 SCHOOL YEAR.

I/WE, HEREY DECLARE THAT THE INFORMATION SUPPLIED IN THIS FORM IS TRUE AND JUST AND THAT I, BY WAY OF MY/OUR SIGNATURE HEREUNDER, AUTHORISE THE CHAIRPERSON OF THE SCHOOL GOVERNING BODY OR HIS/HER REPRESENTATIVE TO CONTROL AND CONFIRM ANY OF THE DETAILS SUPPLIED. I AM AWARE THAT SHOULD ANY INFORMATION SUPPLIED BE FOUND NOT TO BE TRUE, I/WE MAY BE LIABLE TO A CRIMINAL OFFENCE.

**I/WE KNOW AND UNDERSTAND THE CONTENTS OF THE ABOVE STATEMENT.**

**I/WE HAVE NO OBJECTION TO TAKING THE PRESCRIBED OATH.**

**I/WE CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY/OUR CONSCIENCE/S.**

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
FATHER'S SIGNATURE/LEGAL GUARDIAN

\_\_\_\_\_  
MOTHER'S SIGNATURE/LEGAL GUARDIAN

**INDEMNITY FORM FOR THE 2022 SCHOOL YEAR**

Letter granting permission for a learner to participate in activities/events at school as well as permission to travel while participating in sport or other extra-curricular activities/educational tour/excursions for the school year.

**I/We (first & surname)** \_\_\_\_\_

**Parent/ Legal Guardian of (child's first & Surname)** \_\_\_\_\_

Hereby give permission for him/her to go on tours and excursions that are necessary for the year and to participate in all such activities.

I/We cede my/our powers as parent/s / guardian/s to the Principal of the school or his/her representative, should medical treatment/surgery be deemed necessary for my child. As far as I know he/she is physically capable of participating in the above mentioned activities and that he/she is in good health.

However, the person responsible should note the following: **Please state aspects that the teaching staff should be made aware of e.g. allergies; epilepsy, vision/eye problems and tendency towards bleeding. Academic difficulties, like reading, writing or maths.**

.....  
.....

**The following information is essential in case of medical treatment or hospitalization:**

Doctor's name & number .....

Name & number of employer .....

Name & number of Medical Aid .....

.....

Name of main member.....

Residential address of parent/s guardian/s.....

.....

Next of Kin / Grandparent / Relative name & number:

1. Name:..... Number:.....

Relation to the learner.....

2. Name:..... Number:.....

Relation to the learner.....

.....  
**FATHER'S SIGNATURE/LEGAL GUARDIAN**

.....  
**MOTHER'S SIGNATURE/LEGAL GUARDIAN**