WAITING LIST, NO: _____ **GRADE:** _____

Date Issued:

_____

Date Returned

_____

MULBARTON PRIMARY SCHOOL

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

Grade 1

Additional Learner information / 2027 Admissions

Completion of this form does not guarantee acceptance into the school

Application Period: 05 August 2026, 08h00 to 04 September 2026, 00h00

Comments / On-line

_____

Captured / On-line

_____

- **A down payment of R1 800 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.**

Note: Please apply to at least three different schools, ie; Closest to your Physical Address, Sibling or Work address or 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.** (ID / VALID PASSPORT WITH WORK VISA / VALID REFUGE PERMIT)
3. **LEARNER'S CLINIC CARD AS PROOF OF BEING IMMUNIZED – WITH THE LEARNERS NAME** (Birth to 12 years old)
4. **PROOF OF RESIDENCE (POR). PROPERTY OWNER –** LATEST RATES AND TAXES; **RENTING / LEASING –** Valid rental agreement with Landlord's Rates and Taxes, 3 months POP and a Retail Account in the parent's name going to the given address; **LIVING WITH 3RD PARTY** – 3RD Party Affidavit, ID and POR and a Retail Account in the parent's name going to the given address. **NB!! NO BANK STATEMENTS**
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 LEGAL GUARDIANSHIP GRANTED BY THE COURT**
8. **IF APPLICABLE, PROOF OF LEARNER'S STUDY PERMIT FOR 2026/2027 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:

....

WHITE

PARTIULARS OF LEARNER

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

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

FATHER	MOTHER
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.
WhatsApp No. (If different to mobile number)	WhatsApp No. (If different to mobile number)
EMAIL ADDRESS	EMAIL ADDRESS
EMPLOYER	EMPLOYER
OCCUPATION	OCCUPATION

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

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

INDEMNITY FORM FOR THE 2027 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.
Please note that the school will NOT be held liable for any injury, accident or loss of property of the learner while participating in sport, or other extra-curricular activities/educational/tour/excursions for the school year; whether this is during school contact time or after school hours, or at another venue away from the school.
This indemnity also applies to the time while the learner is waiting after school to be fetched.
This indemnity also applies to serious/chronic illnesses e.g. diabetes or to any medical assistance that may be required.
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.

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.....

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

Doctor's name & number .....

Name & number of employers .....

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: .....

   ID number.....Relation to the learner.....

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

   ID number..... Relation to the learner.....

.....
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 2027 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 2027 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 +/- R18 000 PER CHILD FOR THE 2027 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 800 PER MONTH OVER A 10 MONTH PERIOD BY THE BEGINNING OF OCTOBER 2026 (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). This is subject to your exemption application approval
9. I/WE BELIEVE THAT I/WE WILL BE APPLYING FOR FULL EXEMPTION OF FEES (TICK THE APPROPRIATE ANSWER) (YES) (NO). This is subject to your exemption application approval
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 ACCOMMODATE 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 800 ARE PAID BEFORE 30 OCTOBER 2026 IN ORDER TO SIGN AND RENEW THE CONTRACTS OF THE 17 SGB EDUCATORS/STAFF CURRENTLY EMPLOYED FOR THE 2027 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**