



# King's Kidz SCHOOL

29 SOMERSET STREET BOX 263 FORT BEAUFORT TEL/FAX: 046 645 1272

## APPLICATION FORM 2020 - PRE-GRADE R

ATTACH  
PHOTO OF  
CHILD  
HERE

### FOR OFFICE USE ONLY

SURNAME:	INTERVIEW DATE:
NAME(S):	ACCEPTED:
SEX: MALE/FEMALE:	REJECTED/REASON:
:DATE OF BIRTH:	NOTIFICATION:
GRADE APPLYING FOR:	ADMISSION NUMBER

### DOCUMENTS WHICH MUST ACCOMPANY YOUR APPLICATION FORM ARE:

1. A copy of child's birth certificate
  2. A copy of child's clinic (immunization) card
  3. A copy of Mother/father/Guardian's I.D. documents
  4. Proof of residence
  5. 2 x Passport photos of child
  6. Copy of Medical Aid card (front and back)
  7. Work or Study Permit for non-South African parents
  8. Transfer letter (if applying from another school)
  9. Certificate of Conduct (if transferring from another school)
  10. Copy of most recent pay slip
- The closing date for all application forms is **Wednesday 31 JULY 2019.**
  - The application form must be submitted to school with a **non-refundable application fee of R150.00.**
  - Any forms submitted after the closing date will attract a **non-refundable late application fee of R200.00.** The applicant will be placed on a waiting list. There is no guarantee of admission!
  - The application form must be fully and honestly completed.
  - All applications received will be treated on a "first come first served" basis.
  - No application will be processed with incomplete documentation or payment.

**REGISTRATION REQUIREMENT:** Should your application be successful, you will be required to indicate your intention to take up the place offered to your child by doing the following:

- Arrange with your bank for a school fees debit order payment of the amount you have indicated for 11 months (January to November) to be paid into the school account monthly.
- Submit to the school proof of this arrangement from your bank immediately upon receipt of the acceptance letter.

If the above are not done, the offer of admission will become invalid and your child's spot will be given to another.

- Cancellation of a debit order without prior consent of the school is an offence which may result in expulsion of your child from the school.
- Fees are payable for eleven months (January to November only). Find below the hours and fee schedule for 2020. Please choose the one that best serves your needs and mark with an X.

**SCHOOL FEES STRUCTURE FOR 2020 (FOR PRE-GRADE SCHOOL ONLY)**

7am - 1:00pm	R920.00 _____	(FOR 11 MONTHS)
7am - 2:00pm	R940.00 _____	(FOR 11 MONTHS)
7am - 3:00pm	R960.00 _____	(FOR 11 MONTHS)
7am - 4:00pm	R970.00 _____	(FOR 11 MONTHS)
7am - 5:00pm	R980.00 _____	(FOR 11 MONTHS)

**I HEREBY AGREE TO PAY SCHOOL FEES IN THE AMOUNT I HAVE INDICATED ABOVE**

**Name of Parent/Guardian responsible for payment of fees:**

\_\_\_\_\_

**ID number** \_\_\_\_\_

**Cell number** \_\_\_\_\_

**Alternative number** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



# King's Kidz SCHOOL

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## APPLICATION FORM 2020 - FOUNDATION PHASE

ATTACH  
PHOTO OF  
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HERE

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SURNAME:	INTERVIEW DATE:
NAME(S):	ACCEPTED:
SEX: MALE/FEMALE:	REJECTED/REASON:
DATE OF BIRTH:	NOTIFICATION:
GRADE APPLYING FOR:	ADMISSION NUMBER

### DOCUMENTS WHICH MUST ACCOMPANY YOUR APPLICATION FORM ARE:

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  - The application form must be submitted to school with a **non-refundable application fee of R150.00.**
  - Any forms submitted after the closing date will attract a **non-refundable late application fee of R200.00.** The applicant will be placed on a waiting list. There is no guarantee of admission!
  - The application form must be fully and honestly completed.
  - All applications received will be processed on a "first come first served" basis.

- No application will be processed with incomplete documentation or incomplete payment.

### **REGISTRATION REQUIREMENT**

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- Submit to the school proof of this arrangement from your bank immediately upon receipt of the acceptance letter.

If the above are not done, the offer of admission will become invalid and your child's spot will be given to another.

- Cancellation of a debit order without prior consent of the school is an offence which may result in expulsion of your child from the school.
- Fees are payable for 11 (eleven months (January to November)). Find below the hours and fee schedule for 2019. Please choose the one that best serves your needs and mark with an X

### **SCHOOL FEES STRUCTURE FOR 2020** **GRADE R ONLY**

7am - 1:00pm	R950.00 _____
7am - 2:00pm	R970.00 _____
7am - 3:00pm	R980.00 _____
7am - 4:00pm	R990.00 _____
7am - 5:00pm	R1000.00 _____

**GRADE 1:** SCHOOL FEES FOR 2019 is R1350 per month for 11 months.

**GRADE 2:** SCHOOL FEES FOR 2019 is R1350 per month for 11 months.

**GRADE 3:** SCHOOL FEES FOR 2019 is R1350 per month for 11 months.

### **BOOK FEE 2020:**

**GRADE R:** A once off payment of R600 (Six hundred Rand)

**FOUNDATION PHASE (GRADES 1-3)** A once-off payment of R1200 (One thousand two hundred Rand)



# King's Kidz SCHOOL

29 SOMERSET STREET BOX 263 FORT BEAUFORT TEL/FAX: 046 645 1272

## APPLICATION FORM 2020 - INTERMEDIATE PHASE

ATTACH  
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CHILD  
HERE

### FOR OFFICE USE ONLY

SURNAME:	INTERVIEW DATE:
NAME(S):	ACCEPTED:
SEX: MALE/FEMALE:	REJECTED/REASON:
DATE OF BIRTH:	NOTIFICATION:
GRADE APPLYING FOR:	ADMISSION NUMBER

### DOCUMENTS WHICH MUST ACCOMPANY YOUR APPLICATION FORM ARE:

1. A copy of child's birth certificate
  2. A copy of child's clinic (immunization) card
  3. A copy of Mother/father/Guardian's I.D. documents
  4. Proof of residence
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  - The application form must be fully and honestly completed.
  - All applications received will be processed on a "first come first served" basis.
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## REGISTRATION REQUIREMENT

Should your application be successful, you will be required to indicate your intention to take up the place offered to your child by doing the following:

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- Submit to the school proof of this arrangement from your bank immediately upon receipt of the acceptance letter.

If the above are not done, the offer of admission will become invalid and your child's spot will be given to another.

- Cancellation of a debit order without prior consent of the school is an offence which may result in expulsion of your child from the school.
- Fees are payable for 11 (eleven months (January to November). Find below the hours and fee schedule for 2020. Please choose the one that best serves your needs and mark with an X

### SCHOOL FEES STRUCTURE FOR 2020

#### INTERMEDIATE PHASE (GRADES 4, 5, 6 & 7):

- **SCHOOL FEES FOR 2020 is R1600.00 per month for 11 months. (One thousand, six hundred Rand).**
- **BOOK FEES FOR 2020 is a once off amount of R1500 (One thousand five hundred)**
- Fees are payable for (11) eleven months (January to November). You may pay monthly, termly or annually. There is a 5% discount for annual payments.
- Siblings' package of 5% discount for a third sibling is also applicable. This package is strictly for children born of same parents. It does not apply to cousins.
- School fees are payable in advance. By the 7<sup>th</sup> of each month at the latest, fees of the current month should be paid.
- Payments should be made by debit order, using the learner's name and surname as reference.
- The school will not be liable for any cash payments not duly remitted to the office.

**I HEREBY AGREE TO PAY SCHOOL FEES IN THE AMOUNT INDICATED ABOVE**

**Name of Parent/Guardian responsible for payment of fees:**

\_\_\_\_\_

**ID number** \_\_\_\_\_

**Cell numbers** \_\_\_\_\_

**Alternative number** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## CONSENT AND INDEMNITY CLAUSES

- During the school year learners may be involved in learning experiences which take them out of the school. These excursions will be curricular or educational activities, where learners will be under the supervision of staff. To allow your child to participate you are asked to give your consent by signing below.
- Learners may on occasion have to travel in private cars driven by parents/staff. In the event of an accident your son/daughter may receive emergency/surgical/dental treatment as considered necessary by the medical authorities present. Parents/guardians will be informed as appropriate.
- In case of an emergency or in the event of serious ill health of my child I hereby authorize King's Kidz School to consult a medical practitioner/institution and obtain the necessary medical attention, on behalf of my child.
- I hereby consent to my child participating in any trips or outings organized by King's Kidz School.
- I hereby indemnify King's Kidz School against any claims which may arise as a result of injury to person or loss of personal belongings.
- I accept that school fees are payable in full, regardless of number of days attended.
- I understand that school fees are payable in advance
- I realize and accept that while my child is registered at the school, I am liable to pay the agreed upon fees. Should I wish to deregister my child from the school, I am obliged to give one month's notice or pay one month's fees in lieu of such notice.
- I hereby agree that should I fail to pay all relevant fees, my account will be handed over to the school's attorneys and I remain liable to pay the amount owing, including all interests accrued on the account and all charges incurred in the process of such debt recovery.
- I hereby agree to participate in all fund-raising activities organized by the school.

Name & Surname of Parent/Guardian: \_\_\_\_\_

ID number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## DECLARATION BY PARENT/GUARDIAN:

1. I/We declare that all particulars furnished by me/us on and attached to this form are true and correct.
2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the abovementioned child.
3. I/We hereby agree to:
  - accept the ethos of the School;
  - abide by the Code of Conduct set out in the School Rules and all the rules, regulations and policies of King's Kidz School as may be amended from time to time;
  - acknowledge the authority of the Principal, the teachers and staff
  - accept responsibility for my child's transport to and from the School;
  - ensure that my child's personal belongings are adequately marked and accept that while every reasonable effort will be made to prevent losses or damage to their belongings, the School cannot be held liable for such;
  - reimburse the School for any damage to school property that may be caused by my child;
  - jointly and severally undertake to pay the stipulated school fees and I/we fully understand the following:
    - In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory school fees.
    - In terms of Section 40 of the South African Schools Act, the School may enforce the payment of these compulsory fees. The parties to this application undertake to pay all legal costs, including attorney/client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees.
    - Fees are due and payable in 11 equal monthly installments by the first day of each month from January to November.
    - If payment is not received by the 7th day of the month following due date for payment, the school reserves the right to charge interest on all overdue amounts at the rate of 25% p.a.
    - Notify the Principal, in writing at least one month in advance, in the event of my child leaving the school.
    - In addition, I/we undertake to ensure that my child attends school regularly and, should my child be absent from school for any reason, inform the school of such absence.;
    - Whilst involved in school activities, I/we authorize the Principal (or appointed staff member) to act in loco parentis, including granting consent for medical treatment in the case of an emergency, once all reasonable efforts to contact the child's parents have been made;

- I/We understand that the School reserves the right to verify all information supplied herein and to take appropriate legal steps in the event of misinformation;
- I/We undertake to support and abide by the School's constitution, codes, rules and policies, as defined and implemented by the School Governing Body;
- This commitment in its entirety will be valid from the day on which it is signed by the parents or guardian to the day on which the child officially leaves the School.
- I/We declare that I/we am/are entitled to sign this document, fully understand its contents and shall be bound hereto both as parent/guardian, and in my/our personal capacity

Signed at ..... this .....day of .....20.....

SIGNATURE OF PARENT/GUARDIAN: .....

# APPLICATION FOR ADMISSION TO SCHOOL

## KING'S KIDZ SCHOOL

29 Somerset Street

Fort Beaufort

Telephone: 046 - 645 1272

Fax: 046 - 645 1272

Year: \_\_\_\_\_



**Note:** This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied For:	Highest Grade Passed	Year When Grade was passed:	Accession No:
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Surname:	Initials:	Nick Name:
First Name:	Other Names:	
Date Of Birth: YYYY	MM	DD
Race:	Gender:	Male: Female:
Country of Residence:	Identification or Passport No:	
If SA, indicate province of residence:	Citizenship:	

Physical Address:	Home Telephone:
City/Suburb:	Emergency Telephone:
Code:	Learner Email Address:
	Learner Cell:

Home Language:	Preferred Language of Instruction:			
Boarder	Yes	No		
Deceased Parent	Mother	Father	Both	Mode of transport:
Religion:	For Grade 1 only: indicate pre-primary education	None	Non Formal	Formal

### Previous School Information

Name of Previous School:		
Previous School Address:		
Code:	Province:	Country:

### Learner Medical Information

Medical Aid Number:	Medical Aid Name:					
Medical Aid Main Member:	Doctor Name:					
Doctor's Address:	Doctor Telephone Number:					
Medical Condition:						
Special Problems Requiring Counseling:						
Dexterity of Learner:	Right Handed	Left Handed	Ambidextrous	Reg. Social Grant	YES	NO:
				Rec. Social Grant	YES	NO:

If the learner is accepted, the following documents must be submitted to the school:

1. Copy of Immunisation Records.
2. Copy of Birth Certificate
3. Progress Report from Previous School
4. Transfer Letter from Previous School

**APPLICATION FOR ADMISSION TO SCHOOL**

<b>Siblings</b>	
Number of other Children at this school: <input type="text"/>	Position in the family (e.g first): <input type="text"/>
Please supply full names below:	
Name: <input type="text"/>	Grade: <input type="text"/>
Name: <input type="text"/>	Grade: <input type="text"/>
Name: <input type="text"/>	Grade: <input type="text"/>

**Parent / Guardian information** Complete a SEPARATE parent form for each parent living at a different physical address

Title: <input type="text"/>	Initials: <input type="text"/>	Surname: <input type="text"/>
First Name: <input type="text"/>	Gender: <input type="text"/>	Male: <input type="text"/>
Home Language: <input type="text"/>	Race: <input type="text"/>	Female: <input type="text"/>
Identification Number: <input type="text"/>	Or Passport number	Account Payer: Yes <input type="text"/>
		No <input type="text"/>
Residential Street Address: <input type="text"/>		
<input type="text"/>	City/Suburb: <input type="text"/>	Code: <input type="text"/>
Occupation: <input type="text"/>	Employer: <input type="text"/>	
Surname of Spouse: <input type="text"/>	First Name: <input type="text"/>	
Occupation of Spouse: <input type="text"/>	Learner resides with this parent/s	Yes <input type="text"/>
Spouse ID Number: <input type="text"/>	Relationship to Learner: <input type="text"/>	No <input type="text"/>
	Marital status of parent: <input type="text"/>	

**Correspondence Details**

Title: <input type="text"/>	Surname: <input type="text"/>
Postal Address: <input type="text"/>	
<input type="text"/>	City/Suburb: <input type="text"/>
	Code: <input type="text"/>

**Other Contact Details**

Home Telephone: <input type="text"/>	Work Telephone: <input type="text"/>
Fax Number: <input type="text"/>	Cell Number: <input type="text"/>
Spouse Work Telephone Number: <input type="text"/>	Spouse Cell Number: <input type="text"/>
E-Mail Address: <input type="text"/>	Spouse E-Mail Address: <input type="text"/>

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print): \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<b>Office use only:</b>		
1. Date: <input type="text"/>	2. Accepted: <input type="text"/>	3. Accession Number: <input type="text"/>
4. Rejected: <input type="text"/>	5. Reason for Rejection: <input type="text"/>	
5. Documentation Received: <input type="text"/>	5a Immunisation Record: <input type="text"/>	5b. Birth Certificate: <input type="text"/>
5c. Progress Report from Previous School: <input type="text"/>	5d. Transfer Letter from Previous School: <input type="text"/>	