



**APPLICATION FOR ADMISSION TO LA ROCHELLE GIRLS' PRIMARY SCHOOL**

**For Office Use Only:**

CEMIS No:		Waiting List	
Admitted to Grade:		Year:	
Admission Language: English		Afrikaans	

Decision On Admission Of A Learner

This is to certify that \_\_\_\_\_ (name of learner) conforms to the minimum age requirements for admission to a public school and that her most recent report has been verified as authentic.

Her admission to grade \_\_\_\_\_ is approved / not approved.

First day of attendance at the school: \_\_\_\_\_

Interview date: \_\_\_\_\_

Attendance: Mother

Father

Daughter

Indicate with a cross x in the appropriate space where applicable.

**A. Particulars of Learner**

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

Full first names: \_\_\_\_\_

	Y	Y	Y	Y	M	M	D	D	Birth Certificate Attached	<input type="checkbox"/>
Date of Birth										
ID Number										

Home Language	Afrikaans		English		Xhosa		Other	
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If other, specify: \_\_\_\_\_ Religion: \_\_\_\_\_

Postal address: \_\_\_\_\_ Residential address: \_\_\_\_\_

Code: \_\_\_\_\_

Telephone number (home): ( ) \_\_\_\_\_

Name of last school attended: \_\_\_\_\_ Tel No \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Highest grade passed: \_\_\_\_\_ Copy attached of the latest report:

## Who Is Responsible For Direct Supervision Over The Learner?

Full name: \_\_\_\_\_

Telephone number to be called in case of an emergency: (    ) \_\_\_\_\_

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### B. Medical Information

Doctor: \_\_\_\_\_ Telephone no: \_\_\_\_\_

Does the learner suffer form any allergies or chronic ailments?

Yes

No

If "yes", specify: \_\_\_\_\_

Has the learner had any illnesses / accidents /operation(s)? \_\_\_\_\_

If "yes", specify nature and approximate date: \_\_\_\_\_

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Were there any problems during pregnancy / birth? \_\_\_\_\_

If "yes", specify nature: \_\_\_\_\_

Eyesight?    Good        I do not know   

If any problems please specify: \_\_\_\_\_

Hearing?    Good        I do not know   

If any problems please specify: \_\_\_\_\_

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### C. Financial Information

Is the learner registered for a social grant?    Yes     No

Does the learner receive a social grant?    Yes     No

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### The following documents must accompany your application:

1. A certified copy of the child's birth certificate
2. A certified copy of the Identity Documents for both parents
3. Clinic Immunisation Card
4. The most recent school report

**Declaration of Parents/ Guardians**

I \_\_\_\_\_ the undersigned, parent / guardian of \_\_\_\_\_ (name of learner) hereby declare that the information furnished above is correct to the best of my knowledge. Further, I commit myself to all undertakings concerning the payment of school fees and I accept responsibility for monies that are due at any time in accordance the agreement as set out in the attached documents. We, the undersigned, give consent to La Rochelle Girls' Primary School to perform a credit check on both parents as listed on the application form. The results of these checks will remain confidential.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

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

\_\_\_\_\_  
Name in Print

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

\_\_\_\_\_  
Name in Print

**To Be Completed by The Learner:**

I \_\_\_\_\_ (full name of learner), declare that

1. I was a learner in grade \_\_\_\_\_ at \_\_\_\_\_ (name of school)
2. I attained my present grade fairly and honestly.
3. The report card showing that I passed my previous grade is an accurate and correct one.

Received and signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature of learner

**Educational  
Excellence**



**Opvoeding by  
Uitnemendheid**

**INDEMNITY FORM**

I the undersigned parent / guardian hereby give my permission that my daughter,

..... in  
Grade .....

may partake in the following school activities:

1. the various kinds of sport, cultural associations and other social or educational activities in which the above-mentioned learner is involved;
2. the attending of or partaking in meetings, excursions and matches held in the evenings in connection with the above-mentioned activities under the supervision of an educator;
3. week-end or holiday excursions and tours organised by and under the supervision of an educator;
4. swimming in the Paarl municipal swimming pool or other swimming pools for galas;
5. available transport used for the above-mentioned excursions and matches organised by an educator.

Furthermore, we undertake never to hold the Department of Education, Governing Body, the Principal or staff responsible for any damage or injuries suffered by the above-mentioned learner in connection with the above-mentioned activities. No claims of any kind, whatsoever will be made by us from the mentioned bodies or persons. We accept the fact that the educators are sincerely interested in the welfare and safety of the above-mentioned learner.

Signature of parent / guardian: ..... Date:  
.....

Address:  
.....  
.....

Telephone number:  
(w) ..... (h)  
.....  
(Cell) .....

# La Rochelle

Girls' Primary School



## Address Form

### Pupil Information

Surname \_\_\_\_\_ Grade \_\_\_\_\_

Full name \_\_\_\_\_

Date of birth \_\_\_\_\_ ID Number \_\_\_\_\_

### Parent Information

(Copies of both parents' / guardians' identity documents must be attached)

Parent /Guardian

Parent / Guardian

Title & Initials \_\_\_\_\_

First name \_\_\_\_\_

Surname \_\_\_\_\_

ID Number \_\_\_\_\_

Address \_\_\_\_\_

Postal code \_\_\_\_\_

Tel home \_\_\_\_\_

office \_\_\_\_\_

cell phone \_\_\_\_\_

e-mail address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address of employer \_\_\_\_\_

Medical doctor \_\_\_\_\_ Tel no \_\_\_\_\_  
(in case of emergency)

The domicilium (address) as given on this form will be the accepted one. Should you change your address, telephone number etc. the onus will be on the parent to notify the school immediately. It is of utmost importance that we are kept up to date at all times in case of an emergency.