



## CAMPS BAY PRIMARY SCHOOL

Dunkeld Road, Camps Bay, 8005 • PO Box 32477, Camps Bay, 8040  
Tel: 021 438 1503 • Fax: 021 438 5651 • Email: pa@campsbayprimary.co.za  
www.campsbayschools.co.za

# APPLICATION FOR ADMISSION

**NB: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

*(For Official Use Only)*

Learner's Name:  .....	Grade:  .....	Date admission required:  <b>20..</b>	Date issued:  Initial submission:  Final submission:
------------------------------	---------------------	---	--

*(For Official Use Only)*

**PLEASE NOTE:**

- **NO FAXED OR INCOMPLETE** application forms will be considered.
- **THE APPLICATION FORM MUST BE ACCOMPANIED BY THE DOCUMENTATION listed below.** (Originals or Certified copies)
- Once the completed Application Form is received, the School **may** arrange an interview which could lead to enrolment of the learner.
- Completion and submission of the Application for Admission does not constitute acceptance.
- On acceptance, a fee of R1000 is due (to be offset against school fees).

1. <b>BIRTH CERTIFICATE OF LEARNER – Original / Certified Copy</b>	<input style="width: 60px; height: 20px;" type="text"/>
2. <b>LEARNER'S RECENT REPORT – COPY REQUIRED</b>	Last three terms reports <input style="width: 60px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/>
3. <b>COPY OF ID of PARENT(S) / LEGAL GUARDIAN(S)</b>	<input style="width: 60px; height: 20px;" type="text"/>
4. <b>PROOF OF RESIDENCE – e.g. Rates or telephone account</b>	<input style="width: 60px; height: 20px;" type="text"/>
5. <b>STUDY PERMIT/IMMIGRANT STATUS – if applicable</b>	<input style="width: 60px; height: 20px;" type="text"/>
6. <b>CLINIC CARD</b> Underline illness(es) learner has been immunised against: Tuberculosis (BCG); Diphtheria; Whooping Cough; Tetanus; Measles; German Measles, Mumps; Poliomyelitis. N.B. Learners should have been immunised against ALL the above illnesses before school attendance. Immunisation against Poliomyelitis (BCG) is legally compulsory.	<input style="width: 60px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/>
7. <b>ATTACH A RECENT PHOTOGRAPH OF LEARNER</b>	<input style="width: 60px; height: 20px;" type="text"/>

*(For Official Use Only)*

Interview			Application		
Date	Time	Interviewer	Accepted	Rejected	Pending

Initial

**1. PERSONAL DETAILS OF LEARNER:**

Surname of learner: ..... First names: .....

Date of birth and I.D. No: ..... Home language: .....  
*(attach certified copy of birth certificate)*

Citizenship: ..... Country of origin: .....  
*(attach study permit if not S.A citizen)*

Gender: Male  Female  Which is the last grade passed?: .....

Name(s), Grade(s) and House of sibling(s) at Camps Bay Primary:

Name	Grade	House
.....	.....	.....
.....	.....	.....

Religious Affiliation of Learner: .....

Has the learner repeated any grade(s)?: 

YES	NO
-----	----

If YES, state which grade(s): .....

Present School: ..... Telephone No.: ..... Name of Principal: ..... Class Educator: .....

School email address: .....

**2. DETAILS OF PARENT(S) / GUARDIAN(S):**

	Father	Mother
Full Names & Surname:	.....	.....
Identity Number:	.....	.....
Postal Address:	.....	.....
Residential Address:	.....	.....
Telephone No.:	Home: .....	.....
	Work: .....	.....
	Cell: .....	.....
	Fax: .....	.....
Email Address:	.....	.....
Profession / Occupation:	.....	.....
Employer / Company:	.....	.....
Work address:	.....	.....

Marital Status:	Married	Divorced	Separated	Widowed	Single
Child resides with:	Both Parents	Mother	Father	Guardian	

Initial
---------

### 3. MEDICAL HISTORY:

Illnesses from which the learner suffers:

Diabetes       Epilepsy       Asthma       Blood pressure   
 Migraine       Other (specify) .....

Allergies (specify):  
 .....

Any other physical difficulties:  
 .....

Is the applicant on any medication? (e.g. Ritalin, insulin, anti-depressants etc.)

YES	NO
-----	----

If **YES**, state medication:  
 .....

Reason(s) for medication:  
 .....

Has your child received any ...	YES	NO	Reason(s)	Year
Psychological therapy?	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
Occupational therapy?	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
Remedial therapy?	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
Social worker assistance?	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....

***In the event of any emergency and, should neither of the parent(s) / guardian(s) be available, please supply the details of another person who may be contacted:***

Title: ..... Surname: ..... First names: .....

Relationship to learner: ..... Email: .....

Telephone: ..... (h) ..... (c) .....(w)

### 4. PAYMENT OF FEES:

4.1 I understand that the current (2019) school fee per child is R 35 250 for Gr 1 – 7; and R38 000 for Reception Grade per annum. (The fee structure for the new academic year is determined in mid November of each preceding year.)

4.2 Should my child be enrolled at Camps Bay Primary School, I should like to make use of the following method of payment (**please ✓ relevant box**):

- ☺ 10 monthly payments (by debit order or EFT)
- ☺ 1 annual payment, payable by 28 February (4% discount offered)

4.3 Accounts in arrears will be handed over to the School's debt collection agency.

4.4 By completing and signing this "Application for Admission" to Camps Bay Primary School, I declare that I am the person responsible for the payment of fees, subject to all the conditions as set out above and thereby accept this application as an Undertaking to Pay.

4.5 If financial assistance is required, an application on the official Financial Aid Application Form, obtainable from the Bursar, must be submitted in writing to the School.

### 5. MISSION STATEMENT:

We, the staff of the Camps Bay Primary School, wish to work together to create an environment of co-operation, tolerance, support and empathy amongst learners, parents and staff.

It is our intention to provide an education which will cater for academic, social, emotional, cultural and physical development of all our learners. We will endeavour to attain this through an integrated curriculum covering a broad spectrum of skills, concepts, attitudes and values, enabling them to cope with life.

In so doing, we aim to adapt to the needs of the changing community we serve.

Initial
---------

We believe that the emotional, physical, spiritual, intellectual and creative abilities of each child must be stimulated and nurtured as no one area can develop fully in isolation from the others.

Our school enjoys a reputation of being caring and progressive, where we:

- ~ Value one another.
- ~ Endeavour to develop a sense of inquiry and honesty.
- ~ Seek excellence.
- ~ Provide facilities and resources conducive to sound education.

School Motto: "Strive for the Highest"

## 6. ACKNOWLEDGEMENT OF DEBT:

6.1 Should this Application for Admission be successful, and should my/our child be enrolled as a learner at Camps Bay Primary School, I/we the undersigned Parent(s)/Guardian(s) of .....do hereby unconditionally undertake to make full and proper payment of all school fees due to Camps Bay Primary School on the following basis:

- 6.1.1 Parent/s must agree to pay the school fees as per the resolution adopted by a majority of parents attending the Annual General meetings in accordance with the Camps Bay Primary School Constitution. Both parents must indicate their agreement by signing the Application for Admission. In the case of divorced/separated parents, it is the **responsibility of the parent applying at the school** to obtain a signed copy of the Application for Admission form from their divorced/separated partner.
- 6.1.2 To make payment in full of the school fees by no later than 01 February in which event I/we shall be granted a rebate, applicable at the time of payment, on the annual school fees.
- 6.1.3 I/we acknowledge, that should I/we have exercised my/our right to effect a single payment by 01 February to obtain a rebate as set out in paragraph 1 hereof, and should the Governing Body deem it necessary at a later date to increase such fees for the year, I/we shall be liable for such increase in fees.
- 6.1.4 I/we undertake to adhere strictly to the chosen method of payment during all four terms of the school year and hereby bind myself/ourselves to do so.
- 6.1.5 I/we undertake that in the event that should I/we wish to change the method of payment either during the course of a particular term or at the end thereof, I/we shall notify the school in writing of my/our intention to do so, where after I/we shall sign an amended Acknowledgement of Payment form to which I/we shall then be bound.
- 6.1.6 Regardless of whichever method of payment I/we elect, I/we undertake to make full and proper payment of all fees due to the school by due date and the final payments by no later than the 30 November.
- 6.1.7 If at any time payment does not comply with the above stipulations, I/we acknowledge that the full amount outstanding will immediately become due and payable, without any further notice.
- 6.1.8 In the event of the outstanding account being handed over to the school's debt collectors for collection, I/we acknowledge that all client and attorney costs and collection commission be payable by myself/ ourselves.
- 6.1.9 I/we consider this Acknowledgement of Payment to be legally binding upon me/us, and failure to comply herewith can result in legal action being taken against me/us.
- 6.1.10 I/we acknowledge and confirm that the Governing Body reserves the right to effect such changes to the terms and conditions, as set out herein and as befit the School and that all such changes shall be binding on me/us.
- 6.1.11 I/we acknowledge that unless otherwise stated herein, the terms and conditions will become effective from the date of acceptance and shall remain in full force and effect for the duration of the learner's academic years at Camps Bay Primary School and also until such time as all fees, scholastic and/or legal, have been met in full.
- 6.1.12 I/we acknowledge and agree that I/we is/are required to submit, in writing, **at least one month in advance**, notification of my/our intent to withdraw my/our child/ren from Camps Bay Primary School. I/we furthermore acknowledge and agree to pay one month's fees in lieu of notice period, should I/we give less than one month's notice of intent.
- 6.1.13 I/we agree to the jurisdiction of the Cape Town Magistrates Court.
- 6.1.14 I/we choose the under-mentioned address/es to which all/any correspondence or documents may be forwarded to me/us should I/we breach any terms hereof.

**Father / Guardian**

**Mother / Guardian**

Signature: .....

Signature: .....

Name & surname: .....

Name & surname:.....

Address: .....

Address: .....

.....

.....

.....

.....

Code: .....

Code: .....

ID Number: .....

ID Number: .....

Date: .....

Date: .....

**7. GENERAL:**

- 7.1 Please initial each page of this Application for Admission.
- 7.2 All the above-mentioned information is accurate and correct, and should any details change, I undertake to notify the School immediately of all and any such changes.
- 7.3 By completing and signing this Application for Admission, I undertake to abide by and accept, without reservation, the School's Code of Conduct.
- 7.4 You will be notified in writing if your child has been accepted or not at Camps Bay Primary.
- 7.5 Thank you for making application at our school.

Signature of Father / Guardian:

Date: .....

.....

Signature of Mother / Guardian:

Date: .....

.....

