



# JOHN GRAHAM PRIMARY SCHOOL ADMISSION APPLICATION FORM

Milford Road Plumstead 7800  
Tel : 021 797 4243 - Fax : 021 797 1174  
Email : admissions@johngraham.co.za

Affix Student  
Photo Here

COPIES TO BE ATTACHED BY PARENTS	Learner's Birth Certificate		FOR OFFICE USE ONLY	Admission Number	
	Learner's Clinic Card			Admitted to Grade	
	Learner's Report			Acceptance Letter Sent	
	Father's I.D			Stationery List Sent	Y/N
	Mother's I.D			EFT or	
	Municipal Account			Cash Receipt Number	
	1 x Pupil's I.D Photo			Admission Date :	
	Annexure A: Yes/No Form			Yes/Do Form Signed	Y/N
	Annexure B: Confidential Report			Application Signed by both Parents:	Y/N

## PARTICULARS OF LEARNER :

Surname : \_\_\_\_\_ Name : \_\_\_\_\_  
I.D Number : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Gender : \_\_\_\_\_

### 1. PARTICULARS OF PARENTS : (Particulars of BOTH parents are required irrespective of marital status)

#### PARENT 1

Surname : \_\_\_\_\_  
First Names : \_\_\_\_\_  
I.D Number : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Employment Place : \_\_\_\_\_  
Employment Address : \_\_\_\_\_  
Contact Information - Work : \_\_\_\_\_  
Cell : \_\_\_\_\_  
Home : \_\_\_\_\_  
Email : \_\_\_\_\_

Home Address : \_\_\_\_\_  
Postal Code: \_\_\_\_\_

#### PARENT 2

Surname : \_\_\_\_\_  
First Names : \_\_\_\_\_  
I.D Number : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Employment Place : \_\_\_\_\_  
Employment Address : \_\_\_\_\_  
Contact Information - Work : \_\_\_\_\_  
Cell : \_\_\_\_\_

Home : \_\_\_\_\_  
Email : \_\_\_\_\_  
Home Address : \_\_\_\_\_  
Postal Code: \_\_\_\_\_

2. Who will drop off and collect the learner? \_\_\_\_\_

**Please note that both parents will receive correspondence regarding school fees.**

**3. PARTICULARS OF FAMILY :**

Home Language : \_\_\_\_\_  
Number of Children in Family : \_\_\_\_\_  
Position of Pupil : \_\_\_\_\_  
Names of present siblings who attend John Graham Primary School : \_\_\_\_\_  
Names of past siblings who attended John Graham Primary School : \_\_\_\_\_

**4. PRESENT SCHOOL :**

Name of School : \_\_\_\_\_  
Date of Leaving : \_\_\_\_\_  
Present Grade : \_\_\_\_\_  
Grades Failed : \_\_\_\_\_  
Other Schools Attended: \_\_\_\_\_

**5. MEDICAL INFORMATION :**

Illness Learner has had : \_\_\_\_\_  
Does the Learner suffer from any Medical Condition / Ailment? (If Yes – Please Specify)  
\_\_\_\_\_  
\_\_\_\_\_  
Is the Learner on Medication? (If Yes – Please Specify)  
\_\_\_\_\_  
\_\_\_\_\_  
Has the Learner been Immunised? Yes/No? : \_\_\_\_\_  
Family Doctor : \_\_\_\_\_ Telephone Number : \_\_\_\_\_

**6. INDIVIDUAL MUSIC TUITION :**

Do you wish for your child to have individual music tuition? : \_\_\_\_\_  
If yes, state previous tuition (Piano, Guitar, Recorder?) : \_\_\_\_\_

**N.B: PLEASE NOTE THAT THIS TUITION IS NOT PART OF SCHOOL FEES AND NEEDS TO BE PAID FOR IN ADVANCE**

**7. ACKNOWLEDGEMENT that the above information is correct :**

Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Child – (Mother/Father or Guardian) \_\_\_\_\_

**PLEASE NOTE:** Should someone other than the mother/father/legal guardian be responsible for the above then **court documentation must be provided**. Should mother/father be deceased, a **death certificate** must be provided.

**8. THE FOLLOWING DOCUMENTS NEED TO BE ATTACHED TO THIS APPLICATION :**

- A. I.D Documents of Learner / Father & Mother
- B. Last School Report
- C. Municipal Account
- D. Learner Photographs x 1 (I.D Photos)
- E. Learner's Clinic Card
- F. Court Documents or Death Certificates (if applicable)
- G. Proof of Refugee Status
- H. Foreigners – to provide a study permit

**JOHN GRAHAM PRIMARY SCHOOL**

**Definitions:**

“School” means a public school or an independent school which enrolls learners in one or more grades from grades from Grade R (Reception) to grade twelve.

“Parent” means; (a) the parent or guardian of a learner; (b) the person legally entitled to custody of a learner; or (c) the person who undertakes to fulfil the obligations of a person referred to in paragraphs (a) and (b) towards the learner's education at school.

**AGREEMENT  
(Incorporating Consent & Indemnity)  
BETWEEN**

The Governing Body of “The School” and \_\_\_\_\_ (full Name of Parent)

“The Parent”, of \_\_\_\_\_ (Learner's Full Name). The Parent has applied for the child to be admitted to the school. Should the child be admitted, the parent/s and the Governing Body will agree as set out herein.

**A. THE SCHOOL :**

- 1. Shall provide the child an education in accordance with the requirements of the Western Cape Education Department.
- 2. Shall create and maintain, within its financial capacity, such physical facilities as are necessary to support point 1. above.
- 3. Shall provide the parent with a written financial report on request.
- 4. Shall endeavour to ensure that the quality of work and example set by teachers will be an inspiration to the learners.
- 5. Shall assist, encourage and motivate the learners to work diligently and to acquire skills necessary to cope with life.
- 6. Shall ensure that the learner's best interest and well-being are upheld at all times.

**B. THE PARENT:**

- 1. Shall adhere to pay:
  - (1.1) School Fees are determined by the Governing Body at the Annual Budget meeting.
  - (1.2) Incidentals that may occur from time to time.
- 2. Shall be responsible for providing the child with all the prescribed exercise books as well as other stationery necessary for the learner's instruction.
- 3. Shall ensure that the learner attends school regularly.
- 4. Shall ensure that the learner will obey the school rules.
- 5. Shall support the learner and the school by signing the homework book regularly and ensure that the necessary consideration and time be devoted to homework and preparations for tests.
- 6. Shall ensure that all furniture, equipment and books, being the property of the school, teachers or other learners, will be treated with care and respect.

7. Shall ensure the learner will take part in one summer and one winter sport.
8. Shall not interfere in any manner in the administration of the school.
9. Shall ensure that the learner, whether in school uniform or not, will behave in a manner befitting a learner of John Graham Primary School.
10. Accepts that all disciplinary matters pertaining to the education of the learner shall vest in the Principal or person authorised by the Principal.
11. Understands that control, expulsion and discipline shall be in accordance with the SA Schools Act (Act 84/1996) and the regulations promulgated.
12. The address quoted below or such other address as may be notified to the school in writing from time to time by the parent, shall be used by the school for the purposes of all notices or legal process in terms of or arising out of this contract (domicilium).

**C. SCHOOL FEES:**

In terms of Section 39 of the South African Schools Act school fees are compulsory. Fees are due and payable in full and at the start of the academic year. **HOWEVER**, the school allows for the following concessionary arrangement:

- 10 equal monthly payments per learner which must be paid by the end of each month (January – October).
  1. In the event of any payment not being made timeously and in full, the full balance of the annual fee will be due and payable immediately.
  2. The school reserves the right to institute legal and/or other proceedings to recover the full amount outstanding together with interest and/or legal costs.
  3. In the event of the school instructing its attorneys to recover any amount outstanding, due and payable to the school. The parent/s of the enrolled learner/s accept liability for all legal costs on an attorney client scale, including tracing costs and collection commissions, that may be incurred by the school in recovering or endeavouring to recover from the parent/s the whole or any portion of the indebtedness to the school.

In accordance with the South African Schools Act No. 84 of 1996 any parent who feels that he/she is eligible for an exemption of the school fees may apply to the school for the necessary application forms. A copy of the regulations relating to the exemption of parents from payment of school fees is available at the school.

**We acknowledge and accept the above agreement.**

SIGNATURE: \_\_\_\_\_ (Father / Guardian)

SIGNATURE: \_\_\_\_\_ (Mother / Guardian)

**D. CONSENT AND INDEMNITY:**

As a parent, I hereby give consent for my child to participate in all curricular activities of the school. This includes inter alia various sports and excursions be they of a sporting or educational nature and the transportation of my child to and from a particular venue.

Furthermore, I fully understand and accept that all activities shall be undertaken at my child's own risk. I undertake on behalf of myself, my executors, my wife / husband and child to indemnify, hold harmless and absolve the Western Cape Education Department, Governing Body, the Principal and Staff against any or all claims whatsoever that may arise.

**E. Unless you at any time instruct the School expressly and in writing to the contrary, your consent is given for the school:**

- i. collect, store and process information about you and any Third party or divorce or separated Parent responsible for payment of any or all amounts owing in school fees.
- ii. collect, store and process names, contact details and information relating to yourself and your child, and to such information being made available to other parents/guardians, staff or responsible persons engaged or authorised by the School for School- related purposes to the extent required for the purpose of managing relationships between School, parents/guardians and current learners as well as providing references and communicating with the body of former learners;
- iii. include photographs, with or without name, of your Child in School publications, or in press releases to celebrate the Schools or your Childs activities, achievements or success;

F. This consent and indemnity is signed in the knowledge that the Principal and Staff will take all responsible precautions for the safety and welfare of my child.

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**Declaration: Parent 1 /Guardian**

I \_\_\_\_\_ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairperson of the School Governing body or his designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me be found to be false, action may be taken against me.

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

\_\_\_\_\_  
Signature

**Declaration: Parent 2 /Guardian**

I \_\_\_\_\_ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairperson of the School Governing body or his designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied by me be found to be false, action may be taken against me.

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

\_\_\_\_\_  
Signature

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Learner Name Surname.....

Grade.....

**ANNEXURE A SOUTH AFRICAN SCHOOLS ACT, NO. 84 OF 1996**

**REGULATIONS FOR THE EXEMPTION OF PARENTS FROM PAYMENT OF SCHOOL FEES**

**CHECKLIST FORM \***

(Mark with a cross in applicable box.)

1. Has the principal informed you about the amount of the annual school fees to be paid?

YES	NO
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2. Has the principal informed you that you are liable for the payment of school fees unless you are totally exempted from paying school fees?

YES	NO
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3. Has the principal informed you about your right to apply for exemption from paying school fees?

YES	NO
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4. Do you wish to apply for such exemption?  
(Please apply and collect at the office.)

YES	NO
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5. Do you wish to be assisted in making such application?

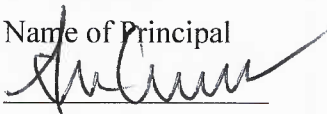
YES	NO
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6. Has the principal provided you with the form (Annexure B) for application for exemption?

YES	NO
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**Mr A W Engel**

Name of Principal



Signature of Principal

Date: 01/01/2021

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature of Parent

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





# JOHN GRAHAM PRIMARY SCHOOL

## ANNEXURE B

## CONFIDENTIAL REPORT 2021

Dear Sir/Madam,

The following learner has applied for admission to John Graham Primary School. Kindly complete the form below as soon as possible. **PLEASE FAX OR E-MAIL THIS FORM BACK TO OUR SCHOOL AT [admissions@johngraham.co.za](mailto:admissions@johngraham.co.za) AND DO NOT SEND IT VIA THE PARENT IN ORDER TO ENSURE CONFIDENTIALITY.**

Name of learner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Grade applying to: \_\_\_\_\_ Contact numbers of current school: (Tel) \_\_\_\_\_

(Fax): \_\_\_\_\_ (Email): \_\_\_\_\_

**BEHAVIOUR AND SOCIAL SKILLS:** (Please rate) 5 = Excellent 4 = Good 3 = Average 2 = Weak 1 = No

Reliable		Behaviour		Frequently late	
Honest		Punctual		Well groomed	

**Does the pupil have any behavioural or social problems?** *Please be specific.*

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PARENT INVOLVEMENT:

Never seen	Involved sometimes	Active
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**IS THERE ANYTHING ELSE YOU FEEL WE NEED TO KNOW ABOUT THIS LEARNER?**

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**PLEASE FAX OR E-MAIL DIRECTLY TO JOHN GRAHAM PRIMARY TO ENSURE CONFIDENTIALITY**

E-mail: [admissions@johngraham.co.za](mailto:admissions@johngraham.co.za)

PRINCIPAL'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SCHOOL STAMP AND DATE: