



ONZE RUST

PRIMÊRE SKOOL / PRIMARY SCHOOL

14 Genl Hattingstraat/street Posbus/PO Box 34075

Uitsig

Faunasig

9301

9325

Date received:
Captured on Excel:

051 522-6901

086 587 3883

admin@onze-rust.co.za

Pre-Primary School		Primary School		Admission No.	
Gr & Year		Grade	Year	Finance No.	
Half day	Full day	Which grade was repeated?		Subject Input	

DOCUMENTS REQUIRED	Copy of ID of Father	Disciplinary letter – previous school	Proof of home street address (Mangaung statement)
	Copy of ID of Mother	Provisional Transfer letter	
	Copy of ID of Legal Guardian	Copy of Salary Slip Father	Medical Aid card
	Proof of Guardianship	Copy of Salary Slip Mother	SASSA proof
	Copy of Child's Birth Certificate	Copy of Salary Slip–Legal Guardian	All copies – certified. No copies will be made by the school. No Emailed applications will be accepted.
	Copy of Clinic Card (pages of immunisation dates and 3 graphs)	If parent is self-employed – 1 month bank statement is required	
	Copy of Last School Report	Proof of school fees payments for the year to date (current school)	

FOR OFFICE USE	Principal Signature		Approved		Waiting list	
	Payment		Receipt/Pmt No.		Date paid	
	School Fees 1 st month					
	Gr 1 package					

LEARNER DETAILS	Surname				Full names (on ID)				
	Initials	Name to be written on Books/Diplomas							
	Previous Surname						Gender	Male	Female
	Birth date	YYYY	MM	DD	Race: African/Black; Asian; Indian; Coloured; White; Other				
	ID No.								
	Citizenship	SA	Immigrant		Religion: Eg. Christian, Hindu, etc.				
	Home language						Transport to school		
	Child lives with	Mother		Father		Guardian			
	Parents Cell No.	Mother		Father		Guardian			
	Parents Deceased	Mother	Father	Both	None				

HOME ADDRESS		Residential Address	Postal Address
	Building name		
	Street Name & No.		
	Suburb		
	Town/City		
	Postal Code		

PREVIOUS SCHOOL	Name of School			
	Street Name & No.		Tel No.:	
	Suburb		Fax No.:	
	Town/City		Postal code	
	Province			

CHILDREN IN THE FAMILY	(Not cousins)	Name	Surname	Brother / Sister	Age	Gr	School

MEDICAL AID	Medical Aid Name		Medical Aid No.	
	Main Member		Doctor Name	
	Doctor Address		Doctor Tel No.	
	Health Status		Special problems	
	Medication - specify		Writing Hand	LEFT RIGHT

SASSA / WELFARE	Registration		Receiving		Grant No.
	Child Support		Child Support		
	Maintenance		Maintenance		
	Foster Child		Foster Child		
	Care Dependency		Care Dependency		

FATHER/ Guardian Details	Surname					Initials					Mr	Dr	Prof			
	Full names (on ID)					Nickname										
	Previous Surname					Race : African/Black; Asian; Indian; Coloured; White; Other										
	Birth date	YYYY	MM	DD	Citizenship	SA				Immigrant						
	ID No.															
	Your home address															
	Occupation															
	Company & address															
	Relationship to learner															
	Marital Status	Single			Married			Divorced			Widow			Traditional		
	Email address (Print)															
	Cell No.															

Emergency Person Name, Surname & relationship		Cell No.											
---	--	----------	--	--	--	--	--	--	--	--	--	--	--

MOTHER/ Guardian Details	Surname					Initials					Mr	Dr	Prof			
	Full names (on ID)					Nickname										
	Previous Surname					Race : African/Black; Asian; Indian; Coloured; White; Other										
	Birth date	YYYY	MM	DD	Citizenship	SA				Immigrant						
	ID No.															
	Your home address															
	Occupation															
	Company & address															
	Relationship to learner															
	Marital Status	Single			Married			Divorced			Widow			Traditional		
	Email address (Print)															
	Cell No.															

Emergency Person Name, Surname & relationship		Cell No.											
---	--	----------	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT PAYER	
Father	
Mother	
Guardian	

WHATSAPP No. – to receive information and messages									
E-mail Address for Communication:									

- ✓ I hereby acknowledge and declare that the above information is accurate and correct and that ALL required documents are attached.
- ✓ I hereby commit to paying the whole year's school fees (monthly/annually – before 28 Feb) according to the SA School Law, Article 39+40 as published in the Government Gazette 28864, Part D, 24(v).
- ✓ I hereby acknowledge that should my child's school fees not be up to date/outstanding, my school fee's account will be handed over to the Debt Collectors and I will be responsible for their fees as well.
- ✓ I hereby acknowledge that should my child's school fees not be up to date/outstanding, my child will not be allowed to go on any outing/excursions the school may have.
- 🌈 All successful applications will be contacted within one month after the closing date. Should you not receive an email, a month after the closing date, your application was unsuccessful and will be placed on our waiting list.
- 🌈 Once the application has been approved the school fees for January is immediately payable at the bank.
- 🌈 An information booklet containing the bank details, rules, necessities, uniform, etc., will be given/emailed to you.

SIGNATURE Parent/Guardian : _____ **Date :** _____