



ONZE RUST

PRIMÈRE SKOOL / PRIMARY SCHOOL
14 Genl Hattingstraat/street Posbus/PO Box 34075

Uitsig
9301

Faunasig
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	All copies – certified. No copies will be made by the school. No Emailed applications will be accepted.
	Copy of ID of Mother	Provisional Transfer letter	
	Copy of ID of Legal Guardian	Copy of Salary Slip Father	
	Proof of Guardianship	Copy of Salary Slip Mother	
	Copy of Child's Birth Certificate	Copy of Salary Slip–Legal Guardian	
	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
	Birth date	YYYY	MM	DD
	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

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/mailed to you.

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