

LAERSKOOL GILL PRIMARY



Application Form

Grade R

Ons is KLEIN, maar ons droom GROOT! We are SMALL, but we dream BIG!



College Road
PO Box 78
SOMERSET EAST
5850

Tel: 042 243 2841
Cell: 082 410 7985
Fax: 042 243 1191
gillp@eastcape.net
www.gillprim.co.za

Principal: Mr LJ Nel

Welcome to Gill Primary School

Gill Primary strives to educate each individual Gill-learner in a happy, disciplined and secure environment, where the dignity of the individual is upheld, to develop his/her full potential in mind, body and spirit. This educational ideal requires Christian, educationally-justifiable, parallel medium education in English and Afrikaans and a common value system which includes respect, trustworthiness, compassion, responsibility, fairness and citizenship.

Please attach the following documents with your application form:

- ❖ Birth Certificate
- ❖ Clinic Card
- ❖ Copies of both parents / guardians ID's
- ❖ Proof of home address
- ❖ Proof of employment

**Should the learner be accepted, a school fee deposit will be required.

Enquiries : 042 243 2841

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LAERSKOOL GILL PRIMARY SCHOOL

KOLLEGEWEG / COLLEGE ROAD

Telephone: 042 - 2432841

SOMERSET - OOS / EAST

Fax: 042 - 2431191

5850

Year: _____

Note: This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied For:	Highest Grade Passed	Year When Grade was passed:	Accession No:
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Surname:	Initials:	Nick Name:
First Name:	Other Names:	
Date Of Birth: YYYY	MM	DD
Race:	Gender: Male: Female:	
Country of Residence:	Identification or Passport No:	
If SA, indicate province of residence:	Citizenship:	

Physical Address:	Home Telephone:
City/Suburb	Emergency Telephone:
Code:	Learner Cell:
Learner Email Address:	
Home Language:	Preferred Language of Instruction
Boarder Yes No	
Deceased Parent Mother Father Both	Mode of transport:
Religion:	For Grade 1 only: Indicate pre-primary education: None Non Formal Formal

Previous School Information

Name of Previous School:
Previous School Address:
Code: Province: Country:

Learner Medical Information

Medical Aid Number:	Medical Aid Name:
Medical Aid Main Member:	Doctor Name:
Doctor's Address:	Doctor Telephone Number:
Medical Condition:	
Special Problems Requiring Counseling:	
Dexterity of Learner: Right Handed Left Handed Ambidextrous	Reg. Social Grant YES NO
	Rec. Social Grant YES NO

If the learner is accepted, the following documents must be submitted to the school:

1. Copy of Immunisation Records.
2. Copy of Birth Certificate
3. Progress Report from Previous School
4. Transfer Letter from Previous School

Siblings			
Number of other Children at this school:	<input type="text"/>	Position in the family (e.g first):	<input type="text"/>
Please supply full names below:			
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>
Name:	<input type="text"/>	Grade:	<input type="text"/>

Parent / Guardian Information			
Complete a SEPARATE parent form for each parent living at a different physical address			
Title:	<input type="text"/>	Initials:	<input type="text"/>
Surname:		<input type="text"/>	
First Name:	<input type="text"/>	Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Home Language:	<input type="text"/>	Race:	<input type="text"/>
Identification Number:	<input type="text"/>	Or Passport number	<input type="text"/>
Account Payer:		Yes	No
Residential Street Address:			
<input type="text"/>		City/Suburb	<input type="text"/>
<input type="text"/>		Code:	
Occupation:	<input type="text"/>	Employer:	<input type="text"/>
Surname of Spouse:	<input type="text"/>	First Name:	<input type="text"/>
Occupation of Spouse:	<input type="text"/>	Learner resides with this parent/s	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse ID Number:	<input type="text"/>	Relationship to Learner:	<input type="text"/>
Marital status of parent:			

Correspondence Details			
Title:	<input type="text"/>	Surname:	<input type="text"/>
Postal Address:			
<input type="text"/>		City/Suburb	<input type="text"/>
<input type="text"/>		Code:	

Other Contact Details			
Home Telephone	<input type="text"/>	Work Telephone	<input type="text"/>
Fax Number :	<input type="text"/>	Cell Number :	<input type="text"/>
Spouse Work Telephone Number:	<input type="text"/>	Spouse Cell Number :	<input type="text"/>
E-Mail Address:	<input type="text"/>	Spouse E-Mail Address:	<input type="text"/>

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print) : _____

Signature of Parent / Guardian _____

Date: -----/-----/-----

Office use only:			
1. Date:	<input type="text"/>	2. Accepted:	<input type="text"/>
3. Accession Number:		<input type="text"/>	
4. Rejected:	<input type="text"/>	5. Reason for Rejection:	
6. Documentation Received:		6a Immunisation Record:	<input type="text"/>
6b. Birth Certificate:		<input type="text"/>	
6c. Progress Report from Previous School:		6d. Transfer Letter from Previous School:	



LAERSKOO L G I L L P R I M A R Y

S o m e r s e t - O o s / E a s t



Verklaring / Declaration

Deur die ondertekening en indiening van die aansoekvorm aanvaar die ouer/voog volle verantwoordelikheid vir die volgende:

By signing and submitting this application form the parent/guardian accepts full responsibility for the following:

1. Ek / Ons, Mnr / Me
I / We, Mr / Mrs / Miss

Ouers / Voog van
Parents / Guardian of
In Graad / In Grade

Onderwerp ons en ons kind/ers aan die gedrags- en dissiplinêre kode van die skool / koshuis.
Submit ourselves and our child/ren to the behavioral- and disciplinary code of the school / hostel.

2. Hiermee aanvaar en verstaan ek/ons dat Laerskool Gill 'n "Quintile 5" skool is en dat skoolgeld maandeliks betaalbaar is. Hiermee ondeneem ek/ons om teen 31 Oktober die volle bedrag te betaal.

I / We hereby accept and understand that Gill Primary School is a Quintile 5 school with the school fees due monthly. I / We hereby agree to pay all school fees by 31 October.

.....
Geteken : Ouer / Voog
Signed : Parent / Guardian

.....
Datum / Date

3. Ek / Ons onderneem om die balans van die skool / pre-prim /koshuisgelde soos volg te betaal:
I / We undertake to pay the school / pre-prim / hostel monies as follows:

BETAALPLAN / PAYMENT PLAN	SKOOL / SCHOOL (min 5% indien ten volle betaal voor 28 Feb) / (min 5% if settled before 28 Feb)	KOSHUIS / HOSTEL (min 5% indien ten volle betaal binne eerste 2 weke van nuwe jaar) / (min 5% if settled in full within first 2 weeks of new year)
1. Eenmalig / Full settlement (Eenmalig – ten volle betaal voor 28 Feb – nie later nie) / (Full settlement – settled before 28 Feb – not later)		
2. Maandeliks / Monthly x 10 maande / x 10 months		

(Kies waar van toepassing / Chose were applicable)

Ek verklaar dat bogemelde inligting korrek is en aanvaar die vereistes en verwagtinge soos bo genoem.
I declare that the above information is correct, and I accept the conditions and requirements recorded above.

.....
Geteken : Ouer / Voog
Signed : Parent / Guardian

.....
Datum / Date

.....
ID Nr. van persoon verantwoordelik vir die betaling van gelde
ID Nr of responsible person for paying fees



DECLARATION OF RESPONSIBILITY

In cases where the biological parents sign off the responsibility to the guardian or family member.

I / We _____ ID _____

the biological parent/s of _____

in grade/s _____ in 20____ hereby give permission to _____

_____ ID _____

Relationship _____ to take full responsibility for my child(ren)

Whilst he/she/they is/are a learner/s at Gill Primary School.

Address of guardian / family member :

Tel / Cell : _____

Fax : _____

E-mail : _____

Signed at Gill School on the _____ day of _____ 20____

Signature : Parent : _____

Guardian : _____

Court order attached : Yes____ No____



Leerderprofiel / Learner Profile

Van / Surname: _____

Voornaam / First Names: _____

ID Nommer / ID Number: _____

Geboortedatum / Date of Birth: _____

Adres / Home Address: _____

Geslag / Gender: _____

Huistaal / Home Language: _____

Tel Nr Tuis / Home Tel: _____

Aantal Kinders in Gesin

/ Number of Children in Family: _____

Hoeveelste Kind /

Position in Family (eg, first, second, third) : _____

Naam van Vader / Voog /

Name of Father/ Guardian (_____): _____

ID Nommer / ID Number: _____

Beroep / Occupation: _____

Tel Nr Werk / Work Tel: _____

Sel Nommer / Cellphone Number: _____

Adres / Home Address: _____

_____ Same as Learner

Tel Nr Tuis / Home Tel: _____ Same as Learner

Naam van Moeder / Voog /

Name of Mother/ Guardian (_____): _____

ID Nommer / ID Number: _____

Beroep / Occupation: _____

Tel Nr Werk / Work Tel: _____

Sel Nommer / Cellphone Number: _____

Adres / Home Address: _____

_____ Same as Learner

Tel Nr Tuis / Home Tel: _____ Same as Learner

Huwelikstaat / Marital Status:

Geloof / Religion:

Werkplek / Place of Employment:

Vader / Father:

Moeder / Mother:
