



## Laerskool OUTENIQUA Primary

CATHEDRALSTRAAT/STREET, P.O. BOX/POSBUS 1086, GEORGE 6530  
TEL 044-8732292 • FAX 044-8734743  
E-MAIL [outeniquaprim@gmail.com](mailto:outeniquaprim@gmail.com) • [www.outeniquaprim.co.za](http://www.outeniquaprim.co.za)

### APPLICATION FOR ADMISSION TO SCHOOL

For office use:

Admission date	Admission no	Grade

Important information regarding application:

- Applications must be signed.
- All documents must be attached. (You are responsible for the making of copies of the documents.)
- Please ensure the correct contact details are provided.
- Transfer form from previous school must be handed in on the first day of attending Outeniqua Primary School.
- Complete one form per child and attach copies of the following:

DOCUMENT	ATTACHED
Copy of birth certificate	
Copy of immunisation certificate	
Copy of learner's last report from previous school	

**Please note that without the above, the application is invalid and will NOT BE CONSIDERED.**

### Particulars regarding the learner:

Surname:	
Christian names:	
Gender:	
Date of birth	Day:            Month:            Year:
Previous school attended:	
Name and address of previous school	
Date of leaving the above mentioned school	
Grade passed	Grade:            Year:
Any other school(s) attended by the learner	

## Declaration by parent/guardian:

On behalf of my child and myself I agree to:

- \* Accept and honour the logo and mission of the school.
- \* Accept and honour the school rules and code of conduct as prescribed in the prospectus.
- \* Accept the authority of the principal, the teachers and the prefects.
- \* Pay the prescribed school fees determined annually by the Governing body. Alternatively, I shall inform the Governing Body of circumstances which may prevent this and make alternative arrangements for payment.
- \* Encourage and support my child's involvement in all school activities and extra-mural programmes.
- \* Inform the principal in the event of my child leaving the school and return all text books, modules, library books and other items obtained from the school on loan.

## Bible Education

Have you, the parent or guardian of the abovementioned learner, any conscientious objection to his/her being present when instruction in Bible Education is given:

YES

NO

## General indemnity/renouncement

I, the undersigned, parent/guardian of \_\_\_\_\_ (full names and surname of child) renounce any claim which I, any spouse or dependent of mine may have against Outeniqua Primary School, the Governing Body of Outeniqua Primary School or relevant Education Department for any damage or injury of whatever nature which I, my spouse or dependent may suffer resulting from any accident or happening which may occur during any educational excursion or as a result of my child participating in any sporting activity and such excursion or activity will be at the sole risk of me, my spouse or child. I grant the above Indemnity/Renouncement on the basis that all excursions and organised sporting activities will take place under the supervision of a teacher or other responsible person approved by Outeniqua Primary School and that such teacher or person will do everything reasonably possible to ensure the safety of my aforesaid son/daughter

THUS DONE AND SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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

DATE : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## REGISTRATION DETAILS

### Learner details

Surname:	Date of admission:
Nick name:	Previous school:
Christian names:	Brothers and sisters in this school:
Gender:	Medical aid (name and number) :
Date fo birth:	House doctor
ID:	Doctor telephone:
Grade:	Allergies:
Religious Denomination:	
Home Language:	
Afr	
Eng	
IsiXhosa	
IsiZulu	
Other	
Race: African	
Coloured	
Indian/Asian	
White	
Other	

SA Citizen  Yes  No

### Parent/Guardian Information

	Parent / Guardian 1	Parent / Guardian 2
Relationship:		
Marital Status:		
Title:		
Surname:		
Name:		
ID:		
Occupaton:		
Employer:		
Home telephone:		
Work telephone:		
Cell phone no:		
Physical Address:		
Postal address:		
E-mail address:		