

# LAERSKOOL GILL PRIMARY



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## Application Form

### Grade R



College Road  
PO Box 78  
SOMERSET EAST  
5850

Tel: 042 243 2841  
Cell: 082 410 7985  
Fax: 042 243 1191  
[gillp@eastcape.net](mailto:gillp@eastcape.net)  
[www.gillprim.co.za](http://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.

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Please attach the following documents to your application form:

- ❖ Birth Certificate
- ❖ Clinic Card
- ❖ Copies of both parents / guardians ID's
- ❖ Proof of home address
- ❖ Proof of employment
- ❖ Death certificate of parent, if applicable

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**Enquiries : 042 243 2841**

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



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## Only applicable to parents who are refugees or asylum-seekers.

Please attach the following documents to your application form:

- ❖ Parent's asylum-seeker or refugee visa
- ❖ Learner's asylum-seeker or refugee visa
- ❖ Learner's birth certificate
- ❖ Proof of home address
- ❖ Proof of employment
- ❖ A refugee of long-term study visa

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**Only applicable to parents who are foreign nationals and hold permanent residence permits or temporary residence visas.**

Please attach the following documents to your application form:

- ❖ Child's foreign-issued birth certificate
- ❖ Child's passport
- ❖ Parent's passport
- ❖ A study visa or permanent residence permit issued to the learner
- ❖ Parent's temporary residence visas or permanent residence permits
- ❖ Proof of employment

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**Enquiries : 042 243 2841**

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## 1

## 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:																																																																	
<table border="1"> <tr> <td colspan="4">Surname:</td> <td colspan="2">Initials:</td> <td colspan="2">Nick Name:</td> </tr> <tr> <td colspan="4">First Name:</td> <td colspan="4">Other Names:</td> </tr> <tr> <td colspan="2">Date Of Birth: YYYY</td> <td>MM</td> <td>DD</td> <td colspan="4">Gender:</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td>Male:</td> <td></td> <td>Female:</td> <td></td> </tr> <tr> <td colspan="4">Race:</td> <td colspan="4">Identification or Passport No:</td> </tr> <tr> <td colspan="4"></td> <td colspan="4"></td> </tr> <tr> <td colspan="4">Country of Residence:</td> <td colspan="4">Citizenship:</td> </tr> <tr> <td colspan="4">If SA, indicate province of residence:</td> <td colspan="4"></td> </tr> </table>								Surname:				Initials:		Nick Name:		First Name:				Other Names:				Date Of Birth: YYYY		MM	DD	Gender:								Male:		Female:		Race:				Identification or Passport No:												Country of Residence:				Citizenship:				If SA, indicate province of residence:							
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Physical Address:					Home Telephone:			
City/Suburb					Emergency Telephone:			
					Learner Cell:			
Code:		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 |

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

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

<b>Correspondence Details</b>	
Title:	Surname:
Postal Address:	
	City/Suburb
	Code:

<b>Other Contact Details</b>	
Home Telephone	Work Telephone
Fax Number :	Cell Number :
Spouse Work Telephone Number:	Spouse Cell Number :
E-Mail Address:	Spouse E-Mail Address:

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: -----/-----/-----

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



## 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 – <b>nie later nie</b> ) / (Full settlement – settled before 28 Feb – <b>not later</b> )		
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:**

\_\_\_\_\_