LAERSKOOL GILL PRIMARY

Application Form

Grade 1 – 7

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
- Learner Transfer Card
- Clinic Card
- Latest School Report
- Copies of both parents / guardians ID's
- Proof of home address
- Proof of employment
- Confidential report

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

Enquiries : 042 243 2841

APPLICATION FOR ADMISSION TO SCHOOL

LAERSKOOL GILL PRIMARY SCHOOL

KOLLEGEWEG / COLLEGE ROAD
SOMERSET - OOS / EAST
5850

Telephone: 042 - 2432841
Fax: 042 - 2431191

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:	

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:			

Physical Address:		Home Telephone:	
		Emergency Telephone:	
City/Suburb		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

APPLICATION FOR ADMISSION TO SCHOOL

Siblings

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:

Parent / Guardian Information 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:

Correspondence Details

Title: | Surname:

Postal Address:

City/Suburb | Code:

Other Contact Details

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

Office use only:

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:	

LAERSKOOL GILL PRIMARY

Somerset–Oos/East

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 — Datum / Date
Signed : Parent / Guardian

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 — Datum / Date
Signed : Parent / Guardian

……
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____

LAERSKOOL GILL PRIMARY

Kollegeweg
Posbus 78
SOMERSET-OOS
5850

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

Skoolhoof: Mnr LJ Nel

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

CONFIDENTIAL REPORT TO BE COMPLETED BY THE PRINCIPAL OF LEARNER'S PREVIOUS SCHOOL

SURNAME	
FIRST NAME	
PRESENT SCHOOL	
DATE OF BIRTH	

Please assist us by giving this learner the grading A, B, C or D in each of the following categories. Additional comments will be appreciated.

GRADE AS FOLLOW	
A	EXCELLENT
B	GOOD
C	AVERAGE
D	POOR

ACADEMIC ACCOMPLISHMENT: ☐

_____

_____

_____

BEHAVIOUR / DISIPLINE: ☐

_____

_____

_____

PARENT INVOLVEMENT: ☐

_____

_____

_____

CO-CURRICULAR PARTICIPATION: ☐
(Please name them)

_____

_____

_____

What are your current school fees? R_____ Were the learner's fees paid in full? _____

Comment: _____

THANK YOU FOR COMPLETING THIS FORM

PRINCIPAL SCHOOL STAMP

_____
Signature

LAERSKOOL GILL PRIMARY

Somerset–Oos/East

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 Kindiers 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: _____