



TOKTOKKIE PREPRIMÊRE SKOOL/PRE PRIMARY SCHOOL

Posbus/P.O. Box 20307
 DURBAN-NOORD/DURBAN NORTH 4016
 H/v Pembroke- en Prospect Hallweg/Cnr. Pembroke and Prospect Hall Roads
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AANSOEK OM TOELATING / APPLICATION FOR ADMISSION

Datum ontvang (Kantoor) Date received (Office)

Moet voltooi word deur beide ouers/wettige voogde.
 To be completed by both parents/legal guardians

LEERDER SE NAAM & VAN / LEARNERS NAME & SURNAME	Klas/Class	JAAR/YEAR
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AKA (Learner)/ NOEMNAAM (Leerder): _____

1. Hierdie vorm moet deur aansoeker se ouers ingevul word. 2. Ouers beteken - a. Die ouer of wettige voog van leerder b. Die persoon wat onderneem om die verpligtinge van die persoon genoem in paragraaf (a) teenoor die leerder se opvoeding by die skool, na te kom. (S.A. Skolewet Nr. 84 van 1996). 3. 'n Gesertifiseerde afskrif van I.D. dokument of geboortesertifikaat moet hierdie aansoekvorm vergesel. Indien lg. nie binne 3 (drie) maande vanaf toelating tot die skool ingehandig is nie, kan dit lei tot uitsetting van die leerder. 4. Indien bogenoemde nie nagekom word nie kan dit lei tot die vertraging om aanvaarding van die leerder.	1. This form must be completed in full by the applicant's parents. 2. Parents mean - a. The parents or legal guardian of a learner b. The person who undertakes to fulfill the obligations of a person referred to in paragraph (a) towards the learner's education at school. S.A. Schools Act. No. 84 of 1996). 3. <u>A certified copy of I.D. document or birth certificate must be handed in with this application form. If this information is not submitted within 3 (three) months of entry into this school, the learner could be set out of school.</u> 4. Failure to comply with the above may result in a delay in the processing of the application.
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Slegs vir kantoorgebruik For office use only		
Datum van toelating Date of admission		
Toelatingsnommer Admission number		
Registrasiefooi Registration Fee	Ja/Yes	Nee/No
I.D. dokument I.D. document	Ja/Yes	Nee/No

Belangrike kontaknommers Important contact numbers	
Tuis/Home	
Moeder/Mother (w)	
Sel / Cel	
Vader/Father (w)	
Sel / Cel	
Faks / Fax	

Waarmee is u bereid om die skool tot hulp te wees? Bv. Herstelwerk, verversings, afrig, tuindienste, toesig met uitstappies ens.
 In what way are you prepared to assist the school? E.g. Maintenance, catering, coaching, garden services, excursions etc.

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Vorige Provinsie (Leerder) / Previous Province (Learner)

KZN	Kaap Cape	OVS OFS	Gauteng	Mpumalanga
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1. LEERLINGBESONDERHEDE / PARTICULARS OF LEARNER

Van/Surname:	_____		
Eerste name/First names:	_____		
Voorletters/Initials:	_____	Geslag/Sex :	M: _____ V/F _____
Geboortedatum Date of birth:	_____	Plek van geboorte: Place of birth :	_____
I.D. Nr:	_____	Geloof/Religion:	_____
Moedertaal: Mother tongue:	_____	Onderrigmedium Medium of instruction:	_____
Immigrante - Datum van aankoms in S.A.: Immigrants - Date of entry into S.A.:	_____	Race group/Rassegroep: (Requested by Department for statistical purposes) (Aangevra deur Departement vir statistiese opnames)	_____
Was leerder van 'n vorige skool toegang geweier? Has learner ever been refused to any school?	(Indien wel, gee besonderhede afsonderlik) (If yes, give details separately)	Ja/Yes: _____	Nee/No: _____
Broers/susters in die skool: Siblings in this school:	_____	Ouderdom: _____	_____
	_____	Ouderdom: _____	_____
	_____	Ouderdom: _____	_____
Vorige skool bygewoon / Previous school attended:	_____		
Adres/Address:	_____		
Tel. Nr:	_____	F. Nr.	_____

2. Enige besonderhede wat u onder ons aandag wil bring: Any information that you would like to bring to our attention:

3. Persoon verantwoordelik vir bring en afhaal van kind: Person responsible for bringing and collecting of child:

Kontaknommer/Contact number: _____

4. SKOOLFONDSBESONDERHEDE / SCHOOL FEE ACCOUNT DATA

**'n Skoolfondsrekening sal maandeliks aan onderstaande gestuur word:
A monthly school fee account will be rendered to person stated below:**

Moet ingevul word
Must be completed

Naam/Name: _____ I.D.Nr. _____

Posadres/Postal address: _____

Kode/Code: _____

Tel. Nr: _____ Verwantskap/Relationship: _____

Bevestiging (geteken)
Acknowledgement (signed) _____ Datum/Date: _____

**5. PERSOONLIKE BESONDERHEDE VAN OUERS / WETTIGE VOOGDE
PERSONAL DETAILS OF PARENTS / LEGAL GUARDIANS**

MOTHER/MOEDER

Verwantskap/Relationship: Biologiese Moeder Wettige voog Stiefmoeder
Biological Mother Legal guardian Stepmother

Van/Surname _____ Voorletters/Initials: _____

Titel/Title _____ I.D. Nr. _____

Woonadres/Residential address: _____

_____ Poskode/Postal Code: _____

Telefoon/Telephone no. _____

Posadres/Postal address: _____

_____ Poskode/Postal Code: _____

Beroep/Occupation : _____

Besigheidsnaam & adres:
Name of Business & address

Telefoon/Telephone Nr.: _____

E-pos/E-mail: _____

VADER/FATHER:

Verwantskap/Relationship: Biologiese Vader Wettige voog Stiefpa
Biological Father Legal guardian Stepfather

Van/Surname : _____ Voorletters/Initials: _____

Titel/Title: _____ I.D. Nr : _____

Woonadres/Residential address: _____

_____ Poskode/Postal Code: _____

Posadres/Postal address: _____

_____ Poskode/Postal Code: _____

Telefoon/Telephone Nr.: _____

Beroep/Occupation : _____

Besigheidsnaam & adres
Name of Business & address:

Telefoon/Telephone Nr.: _____

E-pos/E-mail: _____

6. VERKLARING MOET DEUR OUERS/WETTIGE VOOGDE ONDERTEKEN WORD

- 6.1 Ons verklaar dat ons bewus is van die skool se Gedragskode en dat ons sal toesien dat ons seun/dogter die reëls daarin uiteengesit, sal nakom indien hierdie aansoek aanvaar word.
Ons onderneem:
- a. om toe te sien dat my kind/pleegkind gereeld skool sal bywoon en dat , indien vir enige rede hy/sy afwesig is van skool, ek die hoof in kennis sal stel, verkieslik skriftelik
 - b. om ons kind/pleegkind deel te laat neem aan liggaamlike opvoedingsklasse, buite-muurse aktiwiteite en buite-muurse uitstappies
 - c. om die skool in kennis te stel van enige verandering van persoonlike besonderhede
 - d. om die skool in kennis te stel indien die leerder met enige aansteeklike siekte in aanraking was
- 6.2 Dat die hoof, sy/haar gemagtigde beamptes in loco parentis mag optree in die geval van beserings of ongeluk waarby my kind/pleegkind betrokke mag wees.
- 6.3 Gereeld skoolgelde sal betaal.
- 6.4 Ons verklaar dat alle inligting in hierdie vorm die waarheid is.
- 6.5 Om skadevergoeding te betaal vir enige skade of verlies aan skoleiendom, en toerusting wat deur my kind/pleegkind aangerig is.

HANDTEKENING VAN OUERS/WETTIGE VOOG: _____

DATUM: _____

6 UNDERTAKING - TO BE SIGNED BY PARENTS/LEGAL GUARDIANS.

- 6.1 We declare that we are aware of the Code of Conduct of the School and we undertake to ensure that our son/daughter subscribes to this should his/her application be successful.
We hereby undertake:
- a. to ensure that our son/daughter attends school regularly
 - b. to allow our child/ward to participate in physical education classes, extra-mural activities and educational excursions
 - c. to inform the school of any change of address or telephone particulars
 - d. to inform the school of any case of infectious illness in the child's household
- 6.2 We agree that the Principal or his designates may act in loco parents in the event of any injury or accident in which our child/ward may be involved.
- 6.3 To pay school fees promptly.
- 6.4 We declare that the information submitted in this application form is the truth.
- 6.5 To pay all costs incurred for damage done or losses caused by my child/ward to school property and equipment.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

DATE: _____

MEDIESE BESONDERHEDE VAN LEERDER / MEDICAL DETAILS OF LEARNER

<i>Leerder is ingeënt teen (merk met X).</i> <i>Learner has been immunised against (mark with X)</i>											
Witseerkeel Diphtheria		Masels Measels		Klem in die Kaak/Tetanus		Tering Tuberculosis		Poliomyelitis		Hepatitis B	
Dokter/Doctor						Dr Tel. No:					
Naam van Mediese Fonds/ Name of Medical Aid:						Mediese Fonds Nr./Medical Aid No.:					
Enige allergie/Allergies:											
Na watter hospitaal indien nodig: To which hospital if necessary :											
Mag medikasie toegedien word: May medication be administered:				Parasetemol (Panado) / Valoid / Colics / Immodium Onderstreep/Underline							
Ja / Yes		Nee / No									