LAERSKOOL M.W. DE WET PRIMARY

Posbus / P O Box 57, Edenvale, 1610
15de Laan 23 / 23-15th Avenue, Edenvale
Posadres / E-Mail Address :
MWDSchool@mwdewetprimary.co.za/mwdewetprimary@gmail.com
Tel. (011) 453-0813/4

Application for Enrolment

FULL NAME & SURNAME OF LEARNER: _____

KNOWN AS: _____

ENROLMENT INTO GRADE: _____

HIGHEST GRADE PASSED: _____

YEAR: **2024**

FOR OFFICE USE ONLY

Approval :	Yes	No	Comments :	Signature :

1. PLEASE COMPLETE THE APPLICATION FORM **CORRECTLY.** ALL DOCUMENTS **MUST** BE SUBMITTED
2. SUCCESSFUL APPLICATION FORMS WILL BE USED AS AN ENROLMENT FORM.
3. THE LANGUAGE OF LEARNING & TEACHING OF THE SCHOOL IS ENGLISH & AFRIKAANS.
4. PARENTS & GUARDIANS OF LEARNERS HEREBY ACCEPT RESPONSIBILITY FOR THE PAYMENT OF SCHOOL FEES – AS SET OUT BY THE GOVERNING BODY.
5. PARENTS, GUARDIANS & LEARNERS **MUST** SUBMIT TO THE RULES & REGULATIONS OF THE SCHOOL.
6. PLACEMENT WILL BE SUBJECT TO THE FOLLOWING CRITERIA.
   - ✓ PARENTS LIVING WITHIN THE FEEDER AREA.
   - ✓ SIBLINGS PROVIDED THAT THE OLDEST SIBLING WILL BE IN THE SCHOOL ON 2024.
   - ✓ PARENTS WORKING IN THE AREA.
7. INCOMPLETE FORMS **WILL** BE DECLINED.
8. THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS FORM:

REQUIRED DOCUMENTATION	ATTACH
CERTIFIED COPY OF LEARNERS BIRTH CERTIFICATE	
CERTIFIED COPY OF PARENT / GUARDIANS ID	
PROOF THAT THE LEARNER HAS BEEN IMMUNIZED – CLINIC CARD	
TWO PASSPORT IDENTIFICATION PHOTOS OF LEARNER	
PROOF OF RESIDENCE – ➢ WATER & ELECTRICITY ACCOUNT OR LEASE AGREEMENT ➢ IF NAME IS NOT ON PROPERTY, A CONFIRMATION LETTER FROM THE LANDLORD MUST BE ATTACHED, ALONG WITH THE ID & CONTACT DETAILS OF LANDLORD	
PROOF OF UNEMPLOYMENT ➢ DOCUMENTATION FROM UIF	
SINGLE PARENTS MUST ATTACH THE FOLLOWING: ➢ DIVORCE AGREEMENT, IF APPLICABLE ➢ DEATH CERTIFICATE, IF APPLICABLE	
LEGAL GUARDIANS MUST ATTACH THE FOLLLOWING: ➢ LETTER FROM CHILD WELFARE ➢ COURT ORDER ➢ AFFIDAVIT	
DOMESTIC WORKERS ➢ LETTER FROM EMPLOYER TO CONFIRM PROOF OF RESIDENCE ➢ PROOF OF PAYMENT TO UIF	

SCHOOL FEES:

1. LAERSKOOL MW DE WET PRIMARY IS A FEE-PAYING SCHOOL IN TERMS OF SECTION 39 OF THE SA SCHOOLS ACT.

2. THE ADMINISTRTATION FEE FOR 2024 IS **R 650.00. PLEASE NOTE THAT THE ADMINISTRATION FEE IS NON-REFUNDABLE.**

3. THE ADMINISTRATION FEE – AS WELL AS THE FIRST MONTHS SCHOOL FEES MUST BE PAID UPON ACCEPTANCE. PROOF OF PAYMENT **MUST** BE SUBMITTED BEFORE THE LEARNERS FIRST DAY.

4. SCHOOL FEES FOR 2024 WILL BE DETERMINED AT THE ANNUAL GENERAL MEETING TO BE HELD IN NOVEMBER 2023,

5. FEES PAID IN FULL BEFORE **29 FEBRUARY 2024** WILL EARN A 1-MONTH DISCOUNT.

   PLEASE INDICATE HOW YOU WILL BE PAYING SCHOOL FEES:

OPTION	PLEASE CROSS (X)
IN FULL BEFORE 28 FEBRUARY 2024	
MONTHLY	
EFT	
DEBIT ORDER	

6. IF PARENTS ARE IN ARREAR WITH ONE INSTALMENT, THEN THE FULL AMOUNT BECOMES DUE AND PAYABLE IMMEDIATELY.
7. IN TERMS OF SECTION 40 AND 41 OF THE SOUTH AFRICAN SCHOOL ACT, THE SCHOOL MAY ENFORCE THE PAYMENT OF THESE COMPULSORY FEES.
8. I/WE HAVE BEEN INFORMED THAT IF WE ARE UNABLE TO PAY THE SCHOOL FEES I/WE MAY APPLY FOR EXEMPTION OF THESE FEES.
9. PARENTS / GUARDIANS WILL BE RESPONSIBLE FOR THE PURCHASING OF ALL STATIONARY, CONSUMABLES, SCHOOL CLOTHING, BUS FEES FOR SPORTING AND CULTURAL EVENTS AND ANY OTHER AD-HOC EXPENSES. THIS WILL ALSO INCLUDE EXPENSES WITH REGARDS TO INDIVIDUAL EXPENSES FOR OLYMPIADS, EISTEDDFORDS, MAJOR PRODUCTIONS, AND ANY OTHER NON-CURRICULA EVENTS. LOST TEXTBOOKS MAY BE REPLACED AT A COST OF R 150.00.

10. THE SCHOOL MAY COMMUNICATE IN PERSON VIA EMAIL, WRITTEN NOTIFICATION & SMS.

11. IT IS THE RESPONSIBILITY OF THE PARENT TO NOTIFY THE SCHOOL OF ANY CHANGE OF DETAILS, IE. CHANGE OF CONTACT DETAILS, CHANGE OF ADDRESS.

12. THE SCHOOL MAY HOLD OR PROCESS, ELECTRONICALLY, OR OTHERWISE, ANY INFORMATION OBTAINED ABOUT PARENTS / GUARDIANS AS A RESULT OF THEIR LIABILITY FOR THE PAYMENT OF SCHOOL FEES. LEGAL ACTION AND LISTING AGAINST CREDIT BUREAUS TO BE INSTITUTED AGAINST PARENTS WHO FAIL TO HONOUR THEIR OBLIGATION. COSTS RELATING TO LEGAL ACTION WILL BE COVERED BY THE PARENTS.

13. THE SCHOOL MAY SHARE PARENT CONTACT DETAILS WITH SERVICE PROVIDERS APPROVED BY THE SCHOOL GOVERNING BODY.

14. I/WE UNDERTAKE TO GIVE NOTICE IN WRITING OF ANY INTENTION TO REMOVE MY/OUR CHILD FROM THE SCHOOL AND FURTHERMORE TO RETURN ANY BOOKS AND/OR EQUIPMENT BELONGING TO THE SCHOOL WHICH OUR CHILD MAY HAVE. A MINIMUM OF ONE (1) WEEKS NOTICE MUST BE PROVIDED TO THE SCHOOL.
15. THE SIGNATORY HERETO HEREBY CHOOSES DOMICILLIUM CITANDI ET EXECUTANDI AS INDICTED BELOW. IN THE EVENT OF A CHANGE OF ADDRESS, PARENTS ARE TO NOTIFY THE SCHOOL IN WRITING.

ADDRESS: THE SIGNATORY HERETO HEREBY CHOOSES DOMICILLIUM CITANDI ET EXECUTANDI (OFFICIAL ADDRESS) AS: _____

16. THE ABOVE IS VALID FROM THE DAY ON WHICH IT IS SIGNED BY THE PARENT / GUARDIAN TO THE DAY ON WHICH THE LEARNER OFFICIALLY LEAVES THE SCHOOL.

BANKING DETAILS FOR LAERSKOOL MW DE WET PRIMARY:

- BANK - FIRST NATIONAL BANK
- NAME - LAERSKOOL MW DE WET PRIMARY
- BRANCH - GREENSTONE
- BRANCH CODE - 201510
- ACCOUNT NUMBER - 625 0457 3800
- REFERENCE - FULL NAME & SURNAME OF LEARNER

(DO NOT USE ANY LEARNERS FIRST NAME AS A REFERENCE)

I/WE _____
UNDERTAKE TO PAY SCHOOL FEES DETERMINED BY THE SCHOOL GOVERNING BODY OF THE SCHOOL. IN TERMS OF FAMILY LAW, PARENTS ARE JOINTLY AND SEVERALLY LIABLE FOR THE PAYMENT OF SCHOOL FEES – IRRESPECTIVE OF THEIR MARITAL STATUS. WE AGREE TO PAY FULL ATTORNEY AND OWN CLIENT COSTS IN THE EVENT THAT IT BECOMES NECESSARY FOR THE GOVERNING BODY OF THE SCHOOL TO SUE US FOR NON-PAYMENT OF THE FEES INCLUDED IN THE DEVELOPMENT CONTRIBUTION.

I/WE _____ UNDERTAKE TO PAY SCHOOL FEES IN EQUAL MONTHLY INSTALMENTS FROM JANUARY THROUGH TO AND INCLUDING NOVEMBER OF EACH ACADEMIC YEAR.

MOTHER:		FATHER:	
SIGNATURE	_____	SIGNATURE	_____
DATE	_____	DATE	_____
WITNESS	_____	WITNESS	_____

LEARNER DETAILS:

Learners details:	
Surname	
First Name	
Nick Name	
Date of birth (yy mm dd)	
Sex (Male /Female)	
Home Language	
Language of teaching	
Learners identification number	
Race	White / Black / Coloured / Indian / Asian / Other
Religion	

Residential address:

Status of family where learner is currently residing:			
Both parents		Guardian	
Stepfather		Divorce: Stay with father	
Stepmother		Divorce: Stay with mother	
Deceased Parent (Specify)			
Other : *Specify*			

Name of Previous School
Address of Previous School

Dexterity of Learner	Right-Handed	
	Left-Handed	
	Ambidextrous	

Details of learners already in this school	
Name of learner	Grade

PARENT DETAILS:

Father's details	
Indicate if you are the parent or the guardian	
Surname:	
Full Names:	
Title:	
ID Number:	
Occupation:	
Company:	
Work Address:	
Residential address:	
Telephone – Work:	
Cellphone Number:	
Email Address:	

Mother's details	
Indicate if you are the parent or the guradian	
Surname:	
Full Names:	
Title:	
ID Number:	
Occupation:	
Company:	
Work Address:	
Residential address:	
Telephone – Work:	
Cellphone Number:	
Email Address:	

Emergency Contact Numbers:	(Only if parent/guardian is not available)
Name and Surname:	
Relationship:	
Telephone Number:	

Emergency Contact Numbers:	(Only if parent/guardian is not available)
Name and Surname:	
Relationship:	
Telephone Number:	

DECLARATION

I _____ HEREBY DECLARE THAT THE INFORMATION WHICH I HAVE RECORDED IN THIS FORM IS TRUE AND CORRECT AND BY MY SIGNATURE BELOW, I GIVE THE CHAIRMAN OF THE SCHOOL GOVERNING BODY OR HIS DESIGNATE, PERMISSION TO CHECK AND CONFIRM ANY DETAILS OR DOCUMENTS GIVEN BY ME. I UNDERSTAND THAT SHOULD ANY OF THE INFORMATION SUPPLIED BY ME IS FOUND TO BE FALSE, ACTION MAY BE TAKEN AGAINST ME.

SIGNED _____ ON THIS _____ DAY OF _____ 20____

_____
SIGNATURE OF FATHER

_____
IDENTIFICATION NUMBER OF FATHER

_____
SIGNATURE OF MOTHER

_____
IDENTIFICATION NUMBER OF MOTHER

ANNEXURE G
(CHECKLIST FORM)
(MARK WITH A CROSS IN THE APPLICABLE BOX)

SOUTH AFRICAN SCHOOLS ACT, NO. 84 OF 1996
REGULATION FOR THE EXEMPTION OF PARENTS FROM PAYMENT OF SCHOOL FEES

NAME OF ELDEST/ONLY LEARNER : _____ **GR:** _____

NAME OF SCHOOL : **LAERSKOOL M.W. DE WET PRIMARY**

EMIS NUMBER : **700160978**

DISTRICT : **EKURHULENI NORTH DISTRICT**

1.	Has the principal informed you about the amount of the annual? school fees to be paid?	YES	NO
2.	Has the principal informed you that you are liable for the payment of school fees unless you are totally exempted from paying school fees?	YES	**NO**
3.	Has the principal informed you about your right to apply for exemption from paying school fees?	YES	NO
4.	Do you wish to apply for such exemption? ***(This is not an application form for exemption, collect forms personally at school, as from 1 February 2024)***	YES	NO
5.	Do you wish to be assisted in making such an application?	YES	NO
6.	Has the principal informed you where you can obtain the forms to apply for exemption?	YES	NO

MR. LJ. KGOMOESWANA

NAME OF <u>FATHER</u> / GUARDIAN

_____

SIGNATURE OF <u>FATHER</u> / GUARDIAN

_____

DATE _____

GAUTENG DEPARTEMENT VAN ONDERWYS
LAERSKOOL
M.W. DE WET PRIMARY
31 -08- 2023
TEL: 011 453 0813
FAKS/FAX: 011 453 3476
POSBUS/P.O. BOX 37, EDENVALE, 1610
School stamp

NAME OF <u>MOTHER</u> / GUARDIAN

_____

SIGNATURE OF <u>MOTHER</u> / GUARDIAN

_____

DATE _____