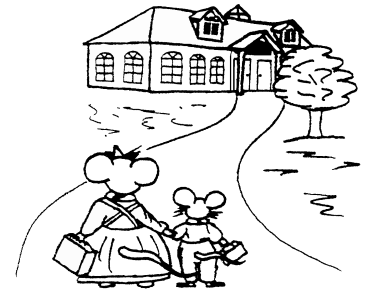


**APPLICATION FORM:**

NEW ENGLAND PRE-PRIMARY SCHOOL  
81 New England Road Scottsville,  
PIETERMARITZBURG 3201

Telephone: (033) 386 3442  
Facsimile: 086 509 5210  
E-mail: nepp@sai.co.za (General)  
bursarnepp@gmail.com (Accounts)



1. Thank you for applying at New England Pre-Primary School.
2. Kindly complete the Application Form and return it together with the following:
  - a) A certified copy of your child's **Unabridged Birth Certificate**
  - b) Certified copies of **both** parents Identity Documents
  - c) A copy of your child's Immunisation Card (please ensure that this is up to date)
  - d) 2 Recent I.D. photos of your child
  - e) Financial Clearance Certificate to be completed by previous Day Care or Pre-Primary School and faxed / e-mailed for the attention of the bursar, Mrs Lisa Naudé. (form attached)
  - f) In the case of a divorce, please attach a copy of the Final Order
  - g) General Indemnity and Consent Form - signed by **both** parents
  - h) R350 Application Fee
3. Completed application forms must be returned to the school with **all** the above documents and photos attached.
4. Return of the application forms does not guarantee acceptance.
5. Successful applicants will be contacted telephonically to arrange an appointment for a personal interview during the second or third term.

**PLEASE NOTE:** Incomplete forms, including those which have been faxed or e-mailed will not be accepted or considered.

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**APPLICATION FOR REGISTRATION OF ENROLMENT**

I request registration of my child on your waiting list for admission to your school in: \_\_\_\_\_

|  |                        |
|--|------------------------|
| <b>SURNAME OF CHILD:</b>                       | <b>FIRST NAMES:</b>    |
| DATE OF BIRTH:                                 | SEX: (MALE/FEMALE)     |
| HOME LANGUAGE:                                 | RELIGION:              |
| ALLERGIES:                                     |                        |
| <b>CHRISTIAN NAME &amp; SURNAME OF FATHER:</b> | <b>OCCUPATION:</b>     |
| I.D. NUMBER:                                   | MARITAL STATUS:        |
| HOME ADDRESS:                                  | PLACE OF WORK:         |
| HOME TELEPHONE NO: ( )                         | E-MAIL:                |
| CELL. NO:                                      | WORK TELEPHONE NO: ( ) |
| <b>CHRISTIAN NAME &amp; SURNAME OF MOTHER:</b> | <b>OCCUPATION:</b>     |
| I.D. NUMBER:                                   | MARITAL STATUS:        |
| HOME ADDRESS:                                  | PLACE OF WORK:         |
| HOME TELEPHONE NO: ( )                         | E-MAIL:                |
| CELL. NO:                                      | WORK TELEPHONE NO: ( ) |

Child lives with: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Has the child previously attended a daycare, playschool or registered Pre Primary School? Yes/No \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_ Name of School? \_\_\_\_\_

Have any members of the family attended NEW ENGLAND PRE-PRIMARY SCHOOL previously?  
 Yes/No \_\_\_\_\_ When? \_\_\_\_\_ Name of Child: \_\_\_\_\_

To which Primary School do you intend sending your child? \_\_\_\_\_

Other children in the family: (NAME AND DATE OF BIRTH)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

At which other Pre-Primary Schools have you placed your child's name on the waiting list: \_\_\_\_\_

**SCHOOL FEES:** Fees are subject to change by the School Parent Committee. Fees are currently **R1733.00** per month over ten month's payable monthly in advance, February to November. **REGISTRATION/ADMISSION FEE:** A **R350.00** Registration/Admission Fee must accompany this application form in order to be placed on the waiting list. **This fee is not refundable or transferable.** Selections for the following school year are made during the 3rd Term. Parents will then be notified as to whether or not their children will be attending New England Pre-Primary School. We look at all the applicants and accept appropriate children. We interview the parent and inform them about our school. Parents then have one week after the interview date to accept the enrolment, and to pay the **R350 acceptance fee. This fee is not refundable or transferable.**

**GENERAL INDEMNITY AND CONSENT**

I, \_\_\_\_\_, the parent, guardian of  
(Print your name and surname)

\_\_\_\_\_ of the following address  
(Print child's name and surname)

\_\_\_\_\_  
Code: \_\_\_\_\_

apply for admission of the above child, subject to the attached conditions of entry and regulations, which I have read and accept without reserve.

I/we understand that the official school hours are 7.30 am to 12.30 pm daily. Should I need to bring my child to school at 7.15am I understand that they will be in the care of Mrs. Sarah Duma until 7.30 am each morning. Although due care will be taken to ensure the safety of my child, I hereby absolve the school from any liability, should my child be injured during this time.

I/we acknowledge that should I fetch my child after 12.35 pm, I/we will be liable for aftercare fees, based on the casual rate of R50.00, if they are not booked into aftercare.

Furthermore, I/we give the Principal (or Staff member in authority) of New England Pre-Primary School permission to act in "loco parentis" during the course of the school day, should the occasion arise that neither parent/guardian/emergency number is able to be contacted in an emergency. I/we accept the responsibility for all medical costs which may be deemed necessary.

**DURATION AND AMENDMENT:** This agreement shall come into effect upon the successful admission of the learner to the School and shall remain in force until the learner leaves the School and until all financial and other obligations have been met. The agreement may only be amended in writing and no verbal variations shall be of any force until reduced to writing and signed by the parties.

**FINANCIAL INFORMATION:** Please note that it is a condition of enrolment that both parents are responsible to the school in respect of payment of school fees. The school will, where possible, address the school account to a nominated parent but reserves the right to proceed against both parents in respect of payment of outstanding fees. **Please note that school fees are due in advance each month. No exceptions to this rule will be allowed.**

**CREDIT INDEMNITY:** I hereby provide my expressed consent to New England Pre-Primary School to process my personal information as defined in legislation for the purpose of providing financial services and to send my personal information to a third party in order to provide services to me.

**BURSAR'S OFFICE HOURS:** Please be advised that the bursar can be contacted via e-mail on a **Monday to Thursday morning between 9.00am and 1:00pm** or by phoning our secretary, Thea Field, to make an appointment with her.

**NON-ATTENDANCE:** The fees and expenses, as determined from time to time, shall be payable irrespective of whether the learner attends the School during the relevant period or not. No refund shall be given by the School for absence of the learner due to any cause whatsoever.

**COSTS:** Parents undertake to pay for all legal costs, including any collection commission charges and tracing costs, in the event of debt collectors being engaged to recover any amount due.

**LIABILITY:** Parents accept that their liability shall be joint and several, the one paying the other to be absolved, for the full amount at any time owing. In the event that the parents are separated or divorced then, by their signature hereto, they acknowledge their joint and several liability and confirm that any agreement between them regarding the payment of school fees is not binding upon the School.

**NOTICE OF WITHDRAWAL:** I/we agree that one full term's notice must be given in writing before withdrawing my/our child/children from the school. Such notice must reach the Principal on or before the first day of the last term of attendance at the school. If a terms notice is given, I/we shall still be liable for payment in full for the fees for the last term, whether the student attends or not.

**Initial:** \_\_\_\_\_

FEE PAYMENT AGREEMENT

1. Fees are payable annually in advance by **EFT**, as cash deposits incur bank charges which are for your account and will be recovered from you, or via debit order over 10 months from January to October.
2. Any costs incurred by the school due to insufficient funds in your nominated bank account/s are for your account and will be recovered from you.
3. Should your debit order fee payment not be honoured two (2) times owing to insufficient funds, the balance outstanding will become payable immediately, and will be handed over for debt collection to

G.F. Services and all related costs will be for your account. **Your child will not be able to return to New England Pre-Primary.**

4. The Finance Committee meets on a monthly basis to determine how outstanding accounts are to be dealt with.

Father's/Guardian's contact details:

Mother's/Guardian's contact details:

Father's/ Guardian's name: \_\_\_\_\_

Mother's/ Guardian's name: \_\_\_\_\_

Surname: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential address: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Tel: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

ID No.: \_\_\_\_\_

ID No.: \_\_\_\_\_

I/we the undersigned select to make payments to New England Pre-Primary School as follows:

*(Kindly indicate your method of payment with a tick in the appropriate box.)*

1. Pay school fees in full for the year by the 7<sup>th</sup> February 2016.  
This payment is to be made by **EFT** as cash deposits will incur banking charges to your account.
2. 10 equal payments for school fees from February 2016 to November 2016 via debit order.  
***If you select this option a Debit Order Form must be completed upon acceptance.***

Should my child be accepted, I undertake to abide by the school rules.

Signed: (Mother) \_\_\_\_\_ Signed: (Father) \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signed : ( Principal) \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE THAT ACCEPTANCE OF THE CONDITIONS OF ENROLMENT SIGNED IN THE PARAGRAPHS ABOVE IS LEGALLY BINDING. KINDLY ENSURE THAT YOU FULLY UNDERSTAND THESE CONDITIONS**

## INFORMATION SHEET

### PERSONAL DETAILS:

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Language: \_\_\_\_\_ Sex: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact No: (\_\_\_\_\_) \_\_\_\_\_

Full Name of Mother: \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact No: (\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No: (\_\_\_\_\_) \_\_\_\_\_

In case of emergency, which parent should be contacted first? \_\_\_\_\_

Persons to contact in an emergency if parents/guardian cannot be reached and to who we are authorized to release your child. (At least 2)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone No.: (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Is the family unit complete? (If not, please state whether parents are separated, divorced, widowed or single parent) \_\_\_\_\_

Names of people who may **NOT** pick up your child: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_

### FAMILY HISTORY:

Number of children in family: \_\_\_\_\_ Position of child: \_\_\_\_\_

### PHYSICAL DEVELOPMENT AND HEALTH:

General Health? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Is your child currently being treated for any medical condition? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is your child on any regular medication? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has your child ever had a seizure? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child have any physical condition we should be aware of? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

EATING HABITS:

Appetite : \_\_\_\_\_ Does he/she drink milk? \_\_\_\_\_  
Any dislikes? \_\_\_\_\_ Food Allergies? \_\_\_\_\_

SLEEP HABITS:

Time he/she goes to bed? \_\_\_\_\_ Awakens? \_\_\_\_\_  
Nightmares? \_\_\_\_\_

TOILET TRAINING:

Completely controlled? \_\_\_\_\_ Independent? \_\_\_\_\_  
Wets bed - at night? \_\_\_\_\_ During nap? \_\_\_\_\_  
Terms used: Urination: \_\_\_\_\_ Elimination: \_\_\_\_\_

LANGUAGE DEVELOPMENT:

When did he/she start talking? \_\_\_\_\_  
Can he/she express himself/herself easily? \_\_\_\_\_

DISCIPLINE:

Who disciplines the child? \_\_\_\_\_ What form of discipline? \_\_\_\_\_  
How does the child react to discipline? \_\_\_\_\_

ANY FEARS?

Does he/she resist direction? \_\_\_\_\_ Stubborn? \_\_\_\_\_  
Is he/she jealous? \_\_\_\_\_ Of whom? \_\_\_\_\_  
Is he/she tense/excitable/placid/easy-going? \_\_\_\_\_  
Has he/she any imaginary playmates? \_\_\_\_\_  
Any frightening or unpleasant experiences? \_\_\_\_\_

Any other information (death, adoption, accidents, fears, likes, dislikes etc) about your child which you feel may be helpful to us in making his/her preschool experience positive.

\_\_\_\_\_  
\_\_\_\_\_

What do you hope for your child this year at New England \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_