

Private Bag X805
Wartburg
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www.wartburg.co.za



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Email: school@wartburg.co.za

WARTBURG KIRCHDORF SCHOOL

EST 1881

APPLICATION FOR ADMISSION

The completed application form and all supporting documentation must be submitted by hand to the Admissions Office at the School OR by email to school@wartburg.co.za

Please note that submission of this application does not guarantee admission.

Please ensure that you make application to more than one school, as there is a limit to the number of learners that we are able to accommodate in the classrooms.

Please ensure that all supporting documentation accompanies your fully completed application form, as incomplete applications will not be considered for interviews.

Wartburg Kirchorf School is a **FEE PAYING SCHOOL** and successful applicants will be required to pay a non-refundable acceptance deposit of R2000-00, which will be credited to the school fees for the year. Such payment will confirm the child's admission into the School, following which the applicant will be informed of their commencement date.

Please ensure that the application form is completed in full with the following documentation attached:

- 1. A copy of the applicant's birth certificate.**
- 2. A copy of the Identity Document of both parents** – *Should either parent be deceased, a copy of the death certificate is required.*
- 3. The latest salary slips of both parents.**
 - If self-employed, Certificate of Registration, SARS Number and Statement of Income and Expenditure (**NOT bank statement**) of previous year.
- 4. Proof of residence** such as your latest rates and electricity accounts (Affidavits or lease agreements are not accepted). If these are not available, please submit your official Tax Assessment (less than one year old); valid television licence document or a bank statement

Banking details for Wartburg Kirchorf School

First National Bank: Dalton
Account No: 62007873963
Email: accounts@wartburg.co.za

Branch Code:
Account Name:
Reference:

220231
Wartburg Kirchorf School
Name and Surname of Applicant

(less than three months old). At least 2 of the above-mentioned documents need to be submitted.

5. **A copy of the applicant's Clinic Card** (as proof of vaccination).

6. **A passport size photo** (or any recent small photo) of the applicant.

7. **A non-refundable disbursement fee of R250.00 per application.** Payment to be made electronically into the School's banking account (see details below) **OR** at your nearest First National Bank.

The application process is as follows;

Submission of completed application forms and all supporting documentation.

Applicants (with full documentation) will be invited for an interview.

Please note that it is the responsibility of the applicant to ensure that the application form is fully completed, and that all supporting documentation is handed in.

Interviews must be attended by the child and both parents if possible. No adults, other than the parents, may attend the interview.

The application will then be reviewed by the Application's Committee.

The applicant will be notified of the outcome via email.



APPLICATION FOR ADMISSION



DATE OF APPLICATION

1. PERSONAL DETAILS OF CHILD

SURNAME: _____

FIRST NAME(S): _____
(As per Birth Certificate)

GENDER: MALE FEMALE

DATE OF BIRTH: _____ ID NUMBER: _____
(As per Birth Certificate)

NATIONALITY: _____ RELIGION: _____

HOME LANGUAGE: _____ RACE: _____
(Data required by the Department of Education)

GRADE FOR WHICH CHILD IS SEEKING ENTRY: _____

NAME AND GRADE OF BROTHER OR SISTER ALREADY AT WARTBURG:

IF PARENT OR SIBLING IS AN OLD SCHOLAR, WHICH SCHOOL HOUSE WAS HE/SHE IN?
 BLUE GREY

2. CURRENT SCHOOL

NAME OF SCHOOL: _____

TELEPHONE NO: _____ PRESENT GRADE: _____

Initials: *Father*..... *Mother*.....

3. DETAILS OF FATHER / GUARDIAN

- If the father is deceased, please provide a copy of the death certificate.
- If divorced, the biological father's details must be completed (NOT the stepfather's details).

TITLE (Prof, Dr, Mr): _____

SURNAME:

FIRST NAME(S):

IDENTITY NUMBER:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

HOME TEL NO:

CELLPHONE NO:

EMAIL (Please PRINT CLEARLY):

OCCUPATION:

BUSINESS / EMPLOYER:

BUSINESS TEL NO:

BUSINESS EMAIL (Please PRINT CLEARLY):

4. DETAILS OF MOTHER / GUARDIAN

- If the mother is deceased, please provide a copy of the death certificate.
- If divorced, the biological mother's details must be completed (NOT the stepmother's details).

TITLE (Prof, Dr, Mrs, Miss, Ms): _____

SURNAME:

FIRST NAME(S):

IDENTITY NUMBER:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

HOME TEL NO:

CELLPHONE NO:

EMAIL (Please PRINT CLEARLY):

OCCUPATION:

BUSINESS / EMPLOYER:

BUSINESS TEL NO:

BUSINESS EMAIL (Please PRINT CLEARLY):

PARENTS ARE: Married *Divorced *Separated *Unmarried *Widowed

* If the biological (birth) parents are not married, with whom does the child live? Father Mother

Other (e.g. Grandmother) _____

Initials: Father..... Mother.....

5. DETAILS OF GRANDPARENTS / STEPPARENTS (FOR EMERGENCY PURPOSES)

GRANDFATHER / STEPFATHER

TITLE (Prof, Dr, Mr): _____

SURNAME: _____

FIRST NAME(S): _____

IDENTITY NUMBER: _____

CELLPHONE NO: _____

EMAIL (Please PRINT CLEARLY): _____

GRANDMOTHER / STEPMOTHER

TITLE (Prof, Dr, Mrs, Miss, Ms): _____

SURNAME: _____

FIRST NAME(S): _____

IDENTITY NUMBER: _____

CELLPHONE NO: _____

EMAIL (Please PRINT CLEARLY): _____

6. MEDICAL PARTICULARS OF CHILD

DOES YOUR CHILD SUFFER FROM ANY ILLNESS OR DISEASE? YES NO

IF YES, EXPLAIN: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO

IF YES, EXPLAIN: _____

IF APPLICABLE, WHAT MEDICATION IS YOUR CHILD USING AND HOW FREQUENTLY IS THE MEDICATION BEING ADMINISTERED?

DOES YOUR CHILD HAVE ANY DISABILITY: YES NO

IF YES, EXPLAIN: (e.g. impaired vision / hearing etc) _____

IS YOUR CHILD ANXIOUS OR FEARFUL? YES NO

IF YES, EXPLAIN: _____

IS YOUR CHILD COVERED BY MEMBERSHIP OF A MEDICAL AID? YES NO

NAME OF MEDICAL AID: _____

MEMBERSHIP NO: _____

DETAILS OF MEDICAL PRACTITIONER:

NAME: _____ TELEPHONE NO: _____

PLEASE NOTE:

No medication will be administered to the learner by a member of staff unless a special arrangement has been made between the School and the parent.

Initials: Father..... Mother.....

7. BIRTH AND DEVELOPMENT

Were there any complications during your pregnancy or your child's birth? If so, please specify.

At what age did your child:

sit up alone: _____ crawl: _____

walk: _____ talk: _____

Is your child independent while:

using the toilet: yes/no eating: yes/no dressing: yes/no bathing: yes/no

Has your child ever had one of the following tests done or seen any of the following specialists?
If so, please provide details.

hearing test: eye test: Speech Therapist:

Occupational Therapist: Psychologist: other:

Details: _____

Is your child adopted / fostered? YES NO

8. PRE-PRIMARY SCHOOL DAYS

Please tick the appropriate box for the number of days a week your child will be attending the Pre-primary School.

Grade RRR

3 day week: Wednesday, Thursday and Friday

5 day week: Monday – Friday

Grade RR

4 day week: Tuesday, Wednesday, Thursday and Friday

5 day week: Monday – Friday

Grade R

5 day week: Monday – Friday

9. PHOTO-PERMISSION AND MEDIA-RELEASE

I hereby give /do not give permission for my child's photo, image or video to be used by the school for marketing and other purposes that the school deems fit, on any platform approved by the school.

Initials: *Father*..... *Mother*.....

10. SCHOOL FEE ACCOUNTS

TO BE COMPLETED BY THE PERSON(S) RESPONSIBLE FOR THE SCHOOL FEE ACCOUNTS:

TITLE (Prof, Dr, Mr, Mrs, Miss, Ms): _____ TITLE (Prof, Dr, Mr, Mrs, Miss, Ms): _____

SURNAME: _____ SURNAME: _____

INITIALS: _____ INITIALS: _____

IDENTITY NUMBER: _____ IDENTITY NUMBER: _____

POSTAL ADDRESS: _____ POSTAL ADDRESS: _____

CELLPHONE NO: _____ CELLPHONE NO: _____

EMAIL (Please PRINT CLEARLY): _____ EMAIL (Please PRINT CLEARLY): _____

RELATIONSHIP TO CHILD: _____ RELATIONSHIP TO CHILD: _____

I/We confirm that the above information is true and correct and that I/we have read and fully understand the contents of "Section 2 School Fees" and accept that it is binding on me/us.

SIGNATURE

SIGNATURE

DATE

DATE

11. DECLARATION & UNDERTAKING BY PARENTS / GUARDIANS

Parents choose as their respective *domicilium citandi et executandi* for all purposes under this agreement:

(Please note that this must be a physical address in South Africa – a Post Office Box or similar postal address is unacceptable.)

Physical Address – Father/Guardian: _____

AND even if same as the Father,

Physical Address – Mother/Guardian: _____

I/We confirm that the information and particulars referred to in my/our Application for the admission of my/our child as a learner to the School are true and correct and that I/we have read and fully understand the contents of this Declaration and Undertaking referred to hereunder and accept that it is binding on me/us.

Initials: Father..... Mother.....

1. UNDERTAKING

I/We undertake to:

- 1.1 immediately inform the School telephonically and in writing of any change to my/our contact and personal details;
- 1.2 immediately inform the School telephonically and in writing of any cases of infectious disease or illness within my/our household; and
- 1.3 ensure that my/our child attends School as prescribed by the South African Schools Act (Act No. 84 of 1996) and complies with the School Rules and Regulations presently applicable or as amended from time to time.

2. SCHOOL FEES

I/We acknowledge that:

- 2.1 Wartburg Kirchdorf School is a **fee paying School**, the payment of which is compulsory;
- 2.2 the annual School Fees, as determined by the School's Governing Body and approved at a meeting of the parents, are compulsory and binding on me/us;
- 2.3 I/We are liable for the payment of the School Fees, unless I/we qualify for partial or full exemption (application forms available from the School). Parents seeking exemption shall apply annually, by completing and submitting the prescribed form to the School on or before 31 January of every year, or within 60 days of admission in the event of admission of a learner after 31 January of a year.

2.4 **I/We undertake to pay the annual School Fees due as follows: (Please tick appropriate block)**

- *A single payment on or before end February each year with a **discount of 5%***
- *A single payment on or before end March each year with a **discount of 3%***
- *Two (2) equal payments on or before 28th February and 31st July each year;*
- *Ten (10) equal payments from February to November each year*

Failure to adhere to the above will result in the account being handed over.

- 2.5 I/We acknowledge that in the event of my/our **failure to pay the School Fees** before a period of 30 days of due date, the School will issue a Section 41 letter, allowing me/us three months to bring my/our account up to date. After this three month period and without further notice, the account (if not at a nil balance) will be handed over to the School's Attorneys for collection. All legal costs will be for the parent's account and at this point the parent will be black listed on Credit Bureau records.
- 2.6 I/We acknowledge that in the event that I/we would need to remove our child from the School, that a terms notice be given in writing and that the full outstanding School fees will be settled before my/our departure date.

3. JOINT AND SEVERAL LIABILITY

- 3.1 We acknowledge that our liability shall be joint and several, the one paying the other to be absolved, for the full amount owing. In the event that we are separated or divorced then, by our signature hereto, we acknowledge our joint and several liability and confirm that any agreement between us regarding the payment of School fees is not binding upon the School.

4. INCIDENTAL EXPENSES

- 4.1 I/We understand and accept that in addition to the School fees, the child may incur further charges which are payable and that such charges may include (but are not limited to) the cost of leadership courses, tours and lost textbooks (i.e. textbooks issued by the School).

5. BOOK DEPOSITS

- 5.1 A refundable textbook deposit must be paid for each learner in the School. When books are not returned at the end of an academic year the value of the book will be deducted from the deposit. If this is depleted a further deposit must be paid. The deposit, or balance thereof, will be returned when the learner leaves the School permanently.

Initials: Father..... Mother.....

6. PARTICIPATION IN SCHOOL ACTIVITIES AND CONVEYANCE

- 6.1 I/We consent to my/our child taking part in all activities, whether conducted on the School premises or extramurally, including but not limited to, games, athletics, tours, and excursions of general or vocational, educational, historical and scientific interest.
- 6.2 I/We fully understand and accept that all such activities shall be undertaken at my/our child's own risk, and I/we undertake on behalf of myself/ourselves, my spouse, my/our executors and my/our aforesaid child to indemnify, hold harmless and absolve the Department, the Principal, his Staff and any delegated authority against and from any or all claims whatsoever which may arise in connection with any loss or damage to the person or property of my/our child in the course of such activities.
- 6.3 I/We hereby give consent for my/our child to be conveyed by the School's transport or by private transport if required by the School, to such activities of the School and in which my/our child is participating or is required to participate.
- 6.4 I/We fully understand and accept that any conveyance in terms hereof shall be undertaken at my/our child's own risk and on behalf of myself/ourselves, my/our executors, my spouse and my/our child.
- 6.5 I/We indemnify and keep indemnified the School, the Principal, Staff members and any other designated authority, against any actions, proceedings, claims, liabilities, damages, costs and/or expenses of whatsoever nature that may arise in connection with any loss of or damage to the property or injury to my/our child which may occur in the course of such conveyance.
- 6.6 I/We further understand that the vehicle used in the conveyance of my/our child shall or may be driven by a member of the School staff, parent or other person subject to being lawfully authorized thereto and this indemnity therefore extends to such driver of the vehicle.
- 6.7 I/We consent to photographs of my/our child/children being used for internal and external School purposes, i.e. Wartburg Newsletter, the Wartburg website, School notice-boards, newspapers, external publications, etc.

7. LOCO PARENTIS

- 7.1 I/We agree that the Principal of the School or his designate, act in *loco parentis* in the event of any injury/accident involving my/our child.

8. CONDITIONS OF ACCEPTANCE

- 8.1 Notwithstanding my/our signature hereto, the acceptance and admission of my/our child to attend the School is subject to the approval in writing by the Principal.

9. UNDERSTANDING

I/We fully understand and accept the contents of this Application Form.

Signed at _____ on _____.

Father / Guardian

Mother / Guardian

FOR OFFICIAL USE

The admission of the aforesaid learner into the School is hereby:

APPROVED:

DECLINED:

PRINCIPAL

DATE

Initials: Father..... Mother.....