

ID Photo

HERBERT HURD PRIMARY SCHOOL

Willet Street, Newton Park

Telephone: 041 3641051 Website: www.herberthurd.co.za

Email: info@herberthurd.co.za

APPLICATION FOR ADMISSION

I hereby apply for admission to Herbert Hebe bound by, and undertake to ensure that at this date or as may be amended from the interms of the relevant legislation and the contribute financially towards the educompulsory and undertake to pay school each year) or annually in advance (before payment of such school fees. Should my fellegal action be taken against me for the reand Own client, including collection commends.	the/she with the/she with the to the	nary School will conforme. Herber olling your ne/she reconthly over ruary). I/W n unpaid for fees, I win conclusio irmed. A t	I the parent responsible for paying the school fees: for the learner named above. I agree that he/she will into all the rules and regulations of the school in force as a Hurd Primary School is a declared FEE PAYING SCHOOL child at the school, you are accepting an obligation to eives. I/We understand that the payment of fees is an eleven month year (end January to end November e hereby accept personal responsibility for the punctual or a period of 60 days or longer I understand that should I be liable to pay all legal costs on the scale of Attorney of I/we hereby give permission according to the POPI Act erm's written notice of intention to transfer is needed. For three months' school fees.	
			xecutandi	
I undertake that, upon removing the abov Principal or in default thereof, to pay one			chool to give at least one (1) term's notice in writing to the f such notice.	е
Date: Signed			Father/Guardian	
Date:Signed				
•			Mother/Guardian Account Payer	
Signed			Mother/Guardian Account Payer	
Signed				
Signed(legally liable for payment of school fee	es — plea	se attach		_
Signed	es – plea Yes	se attach		_
Signed	es – plea Yes Yes	se attach No No		_
Signed	Yes Yes Yes Yes	No No No No		_
Signed	Yes Yes Yes Yes Yes Yes	No No No No No		_

PARENT INFORMATION A) PARENT(S) WITH WHOM LEARNER LIVES Father/ Guardian Surname Mother/ Guardian Surname Title Full Names **ID Number** Occupation Employer Home Language Please state whether married in / out of Community of Property. Single Divorced Seperated 2 b) Postal (if different from (a) Address a) Residential c) Accounts (if different from (a) Street Suburb City Code Work Address Father Mother Street Suburb City Code Tel Number 4 Phone numbers (Please give codes where applicable) Home: (Cell: Father Mother E-mail: Father Mother Credit References (where accounts are held) Address Telephone Name 5.1 5.2 5.3 B) SECOND BIOLOGICAL PARENT OR GUARDIAN: (If applicable) Please endeavour to let us have this information. If not applicable or available, kindly draw a line through this section Mr/Mrs Surname Initials Home Tel. Work Tel. ID No. Street: Address Suburb: City: Code:

LEARNER INFORMATION

Surname of Learner:						
First Names:	Initials:					
Preferred Name:	Gender: Date of Birth:					
Citizenship:	ID Number:					
Race: (required by Department of Education)	Religion:					
Home Language:	Present school:					
Present Grade:	Application for Grade:					
Dexterity of Learner: Medium of instruction at present school:						
Learner resides with: Both parents □ Father only □ Mother only □ Guardian □						
Any of the learner's parents deceased? (please underline which, if applicable) Father Mother						
Is learner registered to receive a Social Grant:						
Do you wish your child to participate in the School's Extra Mural Programme:						
If so, list below: (NOT APPLICABLE TO GR. 1)						
	Sport Cultural					
Summer:						
Winter:						
Is your son/daughter interested in taking Music Lessons? (NOT APPLICABLE TO GRADE 1)						
If so, which instrument:						
Older brother or sister presently attending Herbert Hurd:						
Name:	Room Number:					
Position in Family (No. of Children):						
School House (please underline): ALBURY CHAPMAN KENNERSLEY WEYMOUTH						
Parent an ex Herbert Hurd learner: Yes No Year:						

DECLARATION BY LEARNER'S PRESENT SCHOOL

I/We declare that all fees due in respect of								
Annual Fees		Paid in Full (Yes/No) for the year						
	Still Outstanding for the year	R						
Principal's Signature:		School stamp:						
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YOUR APPLICATION **WILL ONLY BE CONSIDERED** IF THE FOLLOWING ITEMS ACCOMPANY THE APPLICATION FORM

- 1. Copy of latest report. (Not applicable to Grade 1)
- 2. Certified copy of both parent's identity documents.
- 3. Certified copy of Birth Certificate.
- 4. One recently taken passport-size photograph.
- 5. Certified copy of Clinic Card.
- 6. <u>Certified</u> copy of proof of address.
- 7. Copy of Divorce Agreement (if applicable) regarding payments of school fees.
- 8. <u>Certified</u> copy of guardianship (if applicable).

We regret that no copies of documents will be made at the school.

