



NORTHERN PARK PRIMARY

25Allan Hirst DriveChase Valley, Pietermaritzburg 3201
Telephone 033 342 3222 Website: www.npps.co.za
Email: northernparkps@npps.co.za



REQUIREMENTS FOR ADMISSIONS TO NORTHERN PARK PRIMARY SCHOOL 2022

Thank you for applying to Northern Park Primary School and we trust that your application will meet with success. **The following documents should be submitted together with your application form; regrettably no application will be processed if any of the following are not submitted.**

a.	A duly completed Application for Enrolment.
b.	A duly completed Enrolment Agreement.
c.	Transfer Card from previous school (if this is not the first school the learner is attending). *Must include all marks for tasks completed if learner started the school year at another school.
d.	Original Unabridged Birth Certificate
e.	Proof of parents Residential or Work address. Please note a councillor letter as proof of address will not be accepted.
f.	Proof of last Grade attained (latest Report)
g.	Original Hospital / Clinic / Medical Card
h.	Two identity photographs of child (passport size)
i.	Certified copies of Parent/s ID Document/s
j.	Certified Copy of Death Certificate in the event of a parent/parents being deceased
k.	Certified Copy of Adoption/Foster Papers (if applicable)

The procedure for admission is as follows:

- Applications will be processed in the second or third term of the year preceding the child's admission to Northern Park Primary School.
- Parents will be invited to an interview regarding the admission criteria.
- Parents will be notified of acceptance by telephone after the interview.
- In the event of this application being successful one month's school fees is payable in advance by 31 October of the year preceding the child's admission. This serves as a commitment on the part of the applicant to uphold this application.

PLEASE NOTE: No child will be accepted into the school if the required forms are not received. If this application is successful, you are kindly requested to have your child undergo an eye test and a hearing test, and to submit proof of such upon your child entering the school.

Thank you.

APPLICATION FOR ADMISSION TO SCHOOL

NORTHERN PARK PRIMARY SCHOOL

25 Allan Hirst Drive
Pietermaritzburg
3201

Telephone: 033 - 3423222
E-mail: northernparkps@npps.co.za
Year: **2022**



Note: This form must be completed in full. All changes to be initialled or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied for: _____ Highest Grade Passed: _____ Year When Grade was passed: _____ Accession No: _____

Surname: _____

First Name: _____

Date of Birth: YYYY _____ MM _____ DD _____

Race: _____

Country of Residence: _____

If SA, indicate province of residence: _____

Physical Address: _____ Home Telephone: _____

_____ Emergency Telephone: _____

City/Suburb: _____ Learner Cell: _____

Code: _____ Learner Email Address: _____

Home Language: _____ Preferred Language of Instruction: _____

Boarder: Yes _____ No _____

Deceased Parent: Mother _____ Father _____ Both _____ Mode of transport: _____

Is the family unit complete? (state whether parents are together / separated / divorced / widowed) _____

For Grade 1 only: Indicate pre-primary education:

Religion: _____ None _____ Non Formal _____ Formal _____

Previous School Information

Name of Previous School: _____

Previous School Address: _____

Code: _____ Province: _____ Country: _____

Learner Medical Information

Medical Aid Number: _____ Medical Aid Name: _____

Medical Aid Main Member: _____ Doctor Name: _____

Doctor's Address: _____ Doctor Telephone Number: _____

Medical Condition: _____

NB. In case of an emergency, when the family doctor of our choice is not available, we undertake to accept the school's choice.

Please initial here: _____

Special problem requiring counselling: _____

Dexterity of learner: Right Hand _____ Left Hand _____ Ambidextrous _____

Please initial here → _____

Siblings

Number of other Children at NPPS currently: _____

Please supply full names below of children (brothers / sisters) currently enrolled at NPPS:

Name:	Grade:
_____	_____
_____	_____
_____	_____

School Sport's House of brothers / sisters / cousins at Northern Park Primary _____

Has your child ever been refused admission or been expelled from any school? Yes No

If so, give name(s) of the school(s): _____

Has your child any disability: Yes No If so, which: _____

Upon signature of this Application for Admission, I/We grant consent for the immunisation of My/Our aforementioned child against any disease/allergies for which immunisation is compulsory.

NB: Alternative Emergency name and telephone number in the event of parents/guardians being unavailable:

Name: _____ Tel Work: _____

Tel Home: _____ Cell No: _____

Relationship to learner: _____

I hereby declare that to the best of my/our knowledge, the information as supplied is accurate and correct.

Name of Father Parent/Guardian (Please Print): _____

Name of Mother Parent/Guardian (Please Print): _____

Date: ____/____/____
DD MM YYYY

This Application signed at _____ on ____/____/____
DD MM YYYY

FATHER / GUARDIAN

MOTHER / GUARDIAN

CONSENT TO PUBLISH PHOTOGRAPHS
(Please delete whichever one is not applicable)

We consent / do not to the use of photographs of my child /ward named herein, in school advertising publications, and/or the school website, and/or in the press and/or at the school discretion.

FATHER / GUARDIAN (Signature)

MOTHER / GUARDIAN (Signature)

PARENT/GUARDIAN INFORMATION:

FATHER/GUARDIAN

Surname: _____

First Names: _____

I.D. Number: _____

Copy of picture page of ID book (to be attached)

Marital Status: _____

Married in or out of Community of Property IN OUT
Married by customary union? Yes No

Residential address (not postal): _____

Code: _____

Tel no (H): _____

Cell no: _____

Postal Address (for all accounts/reports/letters)

Code: _____

OCCUPATION DETAILS

Profession: _____

Name & Address of Employer: _____

Employee /Clock / Persal No: _____

If self-employed, name of business: _____

Nature of business: _____

Address (postal): _____

Address (physical): _____

Tel no: _____

E-mail: _____

MOTHER/GUARDIAN

Surname: _____

First Names: _____

I.D. Number: _____

Copy of picture page of ID book (to be attached)

Marital Status: _____

Married in or out of Community of Property IN OUT
Married by customary union? Yes No

Residential address (not postal): _____

Code: _____

Tel no(H): _____

Cell no: _____

Postal Address (for all accounts/reports/letters)

Code: _____

Profession: _____

Name & Address of Employer: _____

Employee / Clock / Persal/ No: _____

If self-employed, name of business: _____

Nature of business: _____

Address (postal): _____

Address (physical): _____

Tel no: _____

E-mail: _____

NORTHERN'S PARK PRIMARY POLICY, REQUIREMENTS AND QUARANTINE PERIODS REGARDING ILLNESS AND CHILDHOOD DISEASES.

Contagious Diseases

Children with contagious diseases will not be re-admitted without a medical certificate. Quarantine periods and periods infectivity are set out below.

- Chicken Pox From 2 days before rash until last scab has disappeared.
- Cold sores and / or Impetigo treatment has been completed Until the sore has healed, or 48 hours of
- Conjunctivitis (Pink Eye) Until eyes are no longer red or discharging.
- Diphtheria Until 6 daily throat swabs test negative.
- Hepatitis – infectious Until complete recovery. Minimum period of exclusion – 7 days.
- Scabies Until the sore have healed, or 48 hours of treatment has been completed.
- Lice After completed cleansing and freeing of head, body and clothing from lice and nits
- Measles 7 days after first appearance of rash
- Measles (German) For 1 week after rash appears.
- Mumps From the time that the symptoms start until the swelling has disappeared.
- Ringworm Return to school immediately if under appropriate treatment and affected area covered
- Scarlet fever and strep throat If no sore throat, no discharge from ears or nose, no recently enlarged glands or discharging sores and on production of medical certificate. Minimum periods of exclusion – 14 days after commencement of treatment.
- Whooping Cough For 6 week after onset.

DECLARATION & UNDERTAKING BY PARENTS

I/We the undersigned:

Father/Guardian: _____

ID Number: _____

and

Mother/Guardian: _____

ID Number: _____

being the Parents/Guardians of: _____

ID Number: _____

Date of Birth: _____

hereby declare that I/We have read and fully understand the contents of this document and accept My/Our responsibilities as laid out herein. I/We confirm that all the particulars in this Application are true and correct.

I/We undertake to:

- Immediately inform the School in writing of any change to My/Our personal details.
- Immediately inform the School in writing of any cases of infectious disease/s or illness within My/Our household.
I acknowledge receipt of the Requirements and Quarantine periods for illnesses and childhood diseases.
- Ensure that My/Our child regularly attends School.
- Ensure that My/Our child fully complies with all current School Rules and Regulations, or as amended from time to time.
- I/We acknowledge receipt of a copy of the School's Code of Conduct for Learners and have acquainted Myself/Ourselves with its contents. I/We understand that in terms of the South African Schools' Act (No. 84 of 1996), I am/We are fully responsible for My/Our child's behaviour and conduct while he/she is at school, on route to or from school, or while on a School Excursion. I/We undertake to ensure that My/Our child has and wears all the prescribed school uniforms and I/We undertake to ensure that My/Our child's School Uniforms are neat and well maintained at all times.
- I/We agree to co-operate fully with the School Authorities should it be brought to My/Our attention that My/Our child's behaviour/conduct is in conflict with the School Rules and/or Regulations.
- I/We acknowledge that in terms of the South African Schools Act (No.84 of 1996), the payment of the School's annual fees which are determined by the School's Governing Body and duly approved by the parents, is compulsory. (Unless an application for a partial/full exemption has been successful.)
- In accordance with the provisions of the South African Schools' Act (No. 84 of 1996), I/We undertake to pay the annual school fees as follows (please tick appropriate block):

A once-off instalment before 28 February;

Ten (10) equal instalments from before 31 January to before 31 October and before the end of each month in between:

- I/We undertake to make payment of My/Our child's school fees directly into the school's banking account, being

Northern Park Primary School**Nedbank****Branch Code – Taj Centre – 198765****Account number – 1130582779**

NB: Please ensure that you put your account code/s which will be supplied to you by the school on the deposit slip as a reference to your account.

I/We acknowledge that in the event of there being any outstanding school fees I/We undertake and/or hold Myself/Ourselves bound to:

- 1.1 the payment of all legal costs incurred by the School's attorneys, which shall be on the attorney and client scale, any value added tax (VAT) at the standard rate, together with any stamp or other duties payable under the circumstances;
- 1.2 the signing of an "Acknowledgement of Debt" form and/or a "Section 58 Consent to Judgment" form, should the school or its attorneys require this;
- 1.3 the payment of any costs incurred by My/Our child in respect to any damages, or to the loss of any property owned by, or in the custody of the School.

Furthermore:

2. I/We acknowledge that upon My/Our failure to pay any amount by a due date, the **full and total balance** due to the school becomes due and payable by the end of the month after I/We have defaulted.
3. I/We undertake to give the school a calendar months' notice, in writing, should it become necessary to withdraw My/Our child/children from the school, alternatively, one month's school fees shall be paid if notice is not given as stated.
4. I/We understand that I am/We are jointly and severally liable for the payment of all amounts owed to the School, or which may become due in respect of My/Our child's education and/or otherwise.
5. I/We choose My/Our residential address, alternatively, My/Our postal address, alternatively, My/Our business address to be the address where I/We shall accept the servicing of any notices, documents or correspondence which may need to be delivered/served on Me/Us.
6. I/We consent to My/Our child taking part in all school activities, whether conducted on the school premises or extramurally, including, but not limited to, games, athletics, tours and excursions of general, vocational, educational, historical and/or scientific interest. I/We understand and accept that all such activities shall be undertaken at My/Our child's own risk. On behalf of Myself/Ourselves, my spouse, My/Our executors and My/Our aforesaid child do hereby indemnify, hold harmless and absolve the KwaZulu-Natal Department of Education, the School Principal, Staff and any delegated authority against, or from any 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.
7. I/We hereby give consent for My/Our child to be transported in the school bus/es or any hired transport, or by any private transport as may be required by the school in order to facilitate the transportation of learners wherein My/Our child may be participating as a participant, a spectator or in whatever other capacity he/she may be required to participate. I/We fully understand and accept that any conveyance of My/Our child 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, I/We indemnify and will keep indemnified, the KwaZulu-Natal Department of Education, the School Principal, its Staff and any other designated authority, against all actions, proceedings, claims, liabilities, damages, costs and/or expenses of whatsoever nature, that may arise in connection with, or the loss of, or the damage to property, or injury to My/Our child which may occur in the course of such transportation. I/We further understand that the vehicle used in the transportation of My/Our child shall be driven by a member of the School Staff, a parent or any other person delegated the duty, subject to him/her being lawfully authorized to drive the vehicle and this indemnity therefore, extends to all such drivers of the vehicle.
8. I/We agree that the School Principal and/or all staff attached to the School may act in *loco parentis* (as the child's parents in My/Our absence) in the event of any accident / injury involving My/Our child.
9. Notwithstanding My/Our signature hereto, the acceptance and admission of My/Our child to attend Northern Park Primary School is subject to the approval of this application, by the Principal.
10. I/We acknowledge that failure to fully complete this form, or alternatively, to return this form to the school fully completed within 14 days of receipt thereof, may lead to My/Our child not being admitted to the school.

11. We understand that this application for admission **WILL NOT** be processed unless all the documents listed below, together with a transfer card from the applicant learner’s previous school, have been received by Northern Park Primary School.

		For office use only
a.	Transfer Card from previous school (if this is not the first school the learner is attending) including all task results if learner started the school year at another school.	
b.	Original Unabridged Birth Certificate (for school to copy)	
c.	Proof of parents Residential or Work address	
d.	Proof of last Grade attained (latest Report)	
e.	Original Hospital / clinic / Medical Card (For school to copy)	
f.	Two identity photographs of child (passport size)	
g.	Certified copies of parent/s ID Document/s	
h.	Certified Copy of Death Certificate in the event of a parent/parents being deceased	
i.	Certified Copy of Adoption/Foster Papers (if applicable)	

SIGNED at _____ on _____

Father/Guardian

Mother/Guardian

Witness

Witness

Office use only:

Date: _____ Accepted: _____ Accession No: _____

Rejected: _____

Reason for Rejection: _____

SIGNED at _____ on _____

PRINCIPAL



NORTHERN PARK PRIMARY

25 Allan Hirst Drive
Chase Valley, Pietermaritzburg, 3201
Telephone: 033 342 3222 Fax: 033 342 5061
Email: northernparkps@npps.co.za



ENROLMENT AGREEMENT

entered into between:

NORTHERN PARK PRIMARY SCHOOL

and

FULL NAMES OF FATHER/GUARDIAN

and

FULL NAMES OF MOTHER/GUARDIAN

RESIDENTIAL ADDRESS FATHER/GUARDIAN (*DOMICILIUM CITANDI ET EXECUTANDI*):

RESIDENTIAL ADDRESS MOTHER/GUARDIAN (*DOMICILIUM CITANDI ET EXECUTANDI*):

TELEPHONE NUMBERS:

FATHER/GUARDIAN: _____

MOTHER/GUARDIAN: _____

EMAIL ADDRESS:

FATHER/GUARDIAN: _____

MOTHER/GUARDIAN: _____

EMPLOYMENT ADDRESS (FATHER/GUARDIAN):

EMPLOYMENT ADDRESS (MOTHER/GUARDIAN):

Please initial here → _____

NAME AND ADDRESS OF A FAMILY MEMBER WHO DOES NOT RESIDE WITH YOU:

NAME OF THE PUPIL SEEKING ENROLMENT:

1. APPLICATION FOR ENROLMENT

- 1.1 This enrolment agreement, incorporating an application for enrolment, will govern the relationship between the Parents and the Governing Body of the School if the application for enrolment is successful and for as long as the learner is attending School.
- 2.1 This agreement is primarily intended to govern the financial obligations of the parents and does not limit or prescribe all remaining rights and obligations between the parties.

2. SCHOOL FEES:

- 2.1 School fees are payable annually in advance on or before 28 February of each year.
- 2.2 Notwithstanding clause 2.1 above, Parents may sign an annual Agreement to pay school fees that entitles them to pay school fees in monthly or quarterly instalments.
- 2.3 Should Parents elect to sign an annual agreement to pay school fees in terms of clause 2.2 above, each years' signed Agreement to pay school fees must be returned to the school before 28 February of every year, or in the event of the admission of a learner after 28 February of any given year, within ten (10) days of admission, failing which the Parents will be obliged to settle the school fees in full on or before 28 February of every year or within ten (10) days after admission, as the case may be.
- 2.4 Should an attorney be instructed to collect any amount due as a result of any breach of this Agreement or of the Agreement to pay school fees, then the Parents will be jointly and severally liable for the payment of school fees and the School may recover its costs on the scale as between attorney and client, including collection commission and tracing fees.
- 2.5 I/We hereby authorise the Governing Body of the School, or its duly authorised representative, to conduct a full credit investigation in and to my/our affairs and to report me/us to any Credit Bureau upon non-payment or late payment of any amount due and payable.

3. APPLICATION FOR EXEMPTION

- 3.1 Should no application for exemption from or reduction in school fees on the prescribed form be received before 28 February of every year, I/we will be *ipso facto* barred from applying for an exemption from or reduction in school fees, and the school fees determined at the annual meeting contemplated in terms of Section 38 and 39 of the South African Schools Act 84 of 1996, as amended, will be due and payable, regardless of whether I/we would otherwise have qualified for an exemption from or reduction in school fees.
- 3.2 Single parent's/custodian parents may apply for exemption from or reduction in school fees, without the consent of the other biological parent/non-custodian parent, subject to the following conditions:

Please initial here → _____

- 3.2.1 That the single parent/custodian so applying, must complete and sign the prescribed affidavit setting out the grounds why application is made without the consent of the other biological parent/non-custodian parent.
- 3.2.2 The full contact details of the other biological parent/non-custodian parent must be provided in the prescribed affidavit and a copy of the child/children's **unabridged birth certificate(s)** must be submitted with the prescribed affidavit.
- 3.2.3 That the duly completed and signed prescribed affidavit must be submitted to the School Fee Secretary before an application for exemption from or reduction in school fees may be submitted.
- 3.2.4 That a single parent/custodian parent may not apply for exemption from or reduction in school fees until the prescribed affidavit has been submitted to the School.
- 3.2.5 That both the prescribed affidavit and applications for exemption from or reduction in school fees must be submitted to the School Fee Secretary of the School on or before 28 February each year, or within 60 days of change of circumstances.
- 3.3 That interviews may be conducted to verify information given by a parent/parents in respect of any aspect of the application for exemption or reduction in school fees and prescribed affidavit before an exemption is granted.
- 3.4 That parents may appeal to the Head of Department of the KZNDoE against the decision of the Governing Body of the School regarding exemption from or reduction in school fees.
- 3.5 That, subject to paragraph 3.2 above, the Governing Body of the School must consider the combined gross income of the parents as defined in the Regulations for Exemption of Parents from Payment of School Fees (as per Government Gazette R1052 published on 18 October 2006), when processing all applications for exemption from or reduction in school fees.
- 3.6 That the Governing Body may delegate the handling of all applications for exemption from or reduction in school fees to the Principal and/or School Fee Secretary.
- 3.7 That should no application for exemption from or reduction in school fees on the prescribed form be received on or before 28 February each year, or within 60 days of change of circumstances, a parent/parents shall be *ipso facto* barred from them later applying for an exemption from or reduction in school fees.

DATED at _____ on this _____ day of _____ 20____

FATHER/GUARDIAN

PRINCIPAL

MOTHER/GUARDIAN