



*Laerskool* DORINGKLOOF *Primary*  
 Tel: **012 030 1141**  
*gerda@dories.co.za*

Dear Parent/Guardian:  
 Thank you for your application.  
 Handing in the application does not automatically ensure that your child/children will be placed in our school.

## 2024 Gr R Application

THE FOLLOWING DOCUMENTS MUST BE ATTACHED: **BORN 2018**

- 1) Full unabridged or **Birth Certificate**.....
- 2) **Clinic Card: only the written part from birth - 6 years**
- 3) **ID** of both South African parents.....
- 3.1) Passport of Non South African parents.....
- 3.2) Valid Study permit of Non-SA children.....
- 3.3) Valid Work permit of Non-SA parents.....
- 4) **Proof of Residence, lease contract must include copy of landlord's ID.**

**Only once all documents are received and attached will the application be listed on a waiting list.**

**\*Please take note: Gr 1 applications and placement for 2025 are done by the Department of Education and the school cannot guarantee a place for any learner.**

OFFICE USE:

Date handed in \_\_\_\_\_

Learner: \_\_\_\_\_

Waiting List, A (Living/working in Area) \_\_\_\_\_

Waiting List B (Not in our Area) \_\_\_\_\_

***In terms of Section 39 of the South African Schools Act, parents are liable to pay COMPULSORY SCHOOL FEES, THIS IS A STATUTORY OBLIGATION.***

GR R APPLICATION FOR ADMISSION – 2024

PLEASE COMPLETE WITH BLACK PEN

**DO YOU HAVE ANY LEARNERS CURRENTLY ENROLLED AT LAERSKOOL DORINGKLOOF PRIMARY?**

**Name and Grade of other learner(s) (brother/sister) currently in our school:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**LEARNER INFORMATION**

**LEARNER:**

Full Names: \_\_\_\_\_

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

Preferred name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ID Number: \_\_\_\_\_

Nationality:  RSA  Other

Religious denomination: \_\_\_\_\_

Gender:  Male  Female

Ethnic group: \_\_\_\_\_

Home language:  Afr  Eng  
 Other: \_\_\_\_\_

Pre-primary education attended:

Formal  Other

Registered for social grant:  Yes  No

Method of transport

Private  Taxi

Name of Driver: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**NEXT OF KIN INFORMATION (NOT PARENT)**

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Alternative Number: \_\_\_\_\_

Relation: (Grandparent/Uncle/Aunt etc.)  
\_\_\_\_\_

**OFFICE USE ONLY**

Admission nr: \_\_\_\_\_ Waiting list A  B

Register Class: \_\_\_\_\_

ID Copy: Yes / No

Birth Certificate: Yes / No

**FAMILY INFORMATION**

Family Status:

- Both Parents  Living together  
 Single parent  Foster care  
 Re-composed  Single Parent Other  
 Widow/Widower

**LEARNER HEALTH INFORMATION:**

Chronic diseases: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

**MEDICAL AID INFORMATION**

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Medical Aid number: \_\_\_\_\_

Primary member: \_\_\_\_\_

**FAMILY DOCTOR INFORMATION**

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Business address: \_\_\_\_\_

**INFORMATION OF PREVIOUS**

**PLAYGROUP/NURSERY SCHOOL**

First registration in Gauteng?

Learner attends crèche currently?

If Yes (Y), which Province/Country? \_\_\_\_\_

Current playgroup/nursery? \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

**BIOLOGICAL PARENT/LEGAL GUARDIAN 1**

**INFORMATION**

Title: \_\_\_\_\_

Full Names: \_\_\_\_\_

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

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Home Language  Afr  Eng  
Other: \_\_\_\_\_

Form of communication preference:

SMS  E-mail

Cell phone number: \_\_\_\_\_

Home tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Occupational status:  Own employer Non-Professional

Own employer Professional

House wife  Part time

Contract worker  Pensioner

Student  Temporary

Unemployed  Full time

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Tel No: \_\_\_\_\_

Employer physical address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the child living with this parent? Yes  No

**BIOLOGICAL PARENT/LEGAL GUARDIAN 2**

**INFORMATION**

Title: \_\_\_\_\_

Full Names: \_\_\_\_\_

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

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Home Language  Afr  Eng  
Other: \_\_\_\_\_

Communication preference:

SMS  E-mail

Mail

Language preference: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Occupational status:  Own employer Non-Professional

Own employer Professional

House wife  Part time

Contract worker  Pensioner

Student  Temporary

Unemployed  Full time

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Tel No: \_\_\_\_\_

Employer physical address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the child living with this parent? Yes  No

**DECLARATION BY BOTH PARENTS/GUARDIAN**

We, \_\_\_\_\_, \_\_\_\_\_

(Name of parent/guardian), hereby declare that the information supplied in this form is true and just and that I, by way of my signature here under, authorize the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed 1. \_\_\_\_\_ 2. \_\_\_\_\_  
on \_\_\_ day of \_\_\_\_\_ 2023/24.

## CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Laerskool Doringkloof Primary and 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Name of parent / guardian) with regards to the payment of school fees.

1. Laerskool Doringkloof Primary is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) – National norms and standards of School Funding.
2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act.
3. Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.  
**NO SUBSIDY FOR GR R granted. (Functions independently from the school, run as a private entity)**
4. Payment of school fees to Laerskool Doringkloof Primary will be made as follows:  
(Please tick the applicable block with a cross)

  

- Full payment (Once-off) on or before the last date as determined during the annual parent meeting.  
Payment over 11 months.

5. Should payments of school fees be in arrears, I shall be accountable for the payment of the fees that may arise in the effort to collect the fees on an attorney and client scale. My child will lose his/her space and the next learner on the waiting list will be accommodated.
6. I choose the following address as my domicilium citandi et executandi for delivery or serving of any notices or pleadings.  
Residential address (**NOT A POSTAL ADDRESS**).

\_\_\_\_\_

7. We the parents / guardian of \_\_\_\_\_ undertake to honor the agreement as set out above.

BOTH Parent's signature / Guardian: 1. \_\_\_\_\_ 2. \_\_\_\_\_

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

## PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURAL ACTIVITIES

1. I, parent / guardian of \_\_\_\_\_ hereby give permission that he / she may participate in all academic, sport and cultural activities presented by the school in an organized manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid driver's licenses may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent/guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he / she is physically able to participate in any organized activities and he / she resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child and to obey the Code of Conduct and the disciplinary system of Laerskool Doringkloof Primary as included in the Policy of the School.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

BOTH Parent's signature / Guardian: 1. \_\_\_\_\_ 2. \_\_\_\_\_

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

## INDEMNITY

We, the parents/guardian of \_\_\_\_\_ (name of learner) indemnify unconditionally and without restriction Laerskool Doringkloof Primary and/or the shareholders of Laerskool Doringkloof Primary or any person employed by Laerskool Doringkloof Primary or any person acting on behalf of Laerskool Doringkloof Primary against any losses, claims, injury or death that maybe caused to the above learner by his or her use of any of the facilities provided by Laerskool Doringkloof Primary.

Both parent's signature / Guardian: 1. \_\_\_\_\_ 2. \_\_\_\_\_

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

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## AFFIDAVIT OF PARENT WHO DOES NOT KNOW THE OTHER PARENT

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I, the undersigned, do hereby make oath and state:

- I am an adult [female/male], with identity number \_\_\_\_\_ and am currently (occupation /employment), \_\_\_\_\_ residing at \_\_\_\_\_.
- The facts contained in this affidavit are to the best of my knowledge both true and correct. Unless the context indicates otherwise, they fall within my personal knowledge.
- I am the biological parent of \_\_\_\_\_ (learner's full names) who is currently attending Gr R at Laerskool Doringkloof Primary, declare as follows:
- I do not know the whereabouts of the father/mother of my child for the following reason/s:

\_\_\_\_\_

\_\_\_\_\_

- The father's/mother's details are as follows:

Full names: \_\_\_\_\_ Surname: \_\_\_\_\_

ID Number/ Date of Birth: \_\_\_\_\_

**DEPONENT:** \_\_\_\_\_

I hereby certify that the abovementioned deponent acknowledged to me that he/she knows and understands the contents of this affidavit, that it is to the best of his/her knowledge both true and correct, and that he/she has no objection to taking the prescribed oath and considers it to be binding on his/her conscience.

Thus signed and sworn before me, on this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ (place).

\_\_\_\_\_  
COMMISSIONER OF OATHS

## POPIA DISCLAIMER

1. Laerskool Doringkloof Primary is a responsible entity for processing of personal information (such as name, surname, ID number and location data) requested from the data subjects (parents and learners) in discharging its constitutional obligation which is to provide basic education.
2. The personal information will be collected and be used for the purpose for which it was collected. The school reaffirms its commitment to the data subject that the information will not be shared in an unlawful manner with a third party without the consent of the data subject.
3. The personal information submitted by the data subject will be processed lawfully and in responsible manner that does not infringe on the privacy of the data subject.
4. The school will use personal information of a data subject which is in the schools possession to provide education which includes but is not limited to planning, enrolment, registration, assessment and any other educational programs of learners.
5. The school will take reasonably practicable steps to ensure that the personal information is complete, accurate, not misleading, and updated where necessary. The school will comply with the purpose for which, personal information is collected or further processed.

**I / We have read and understand the content of the disclaimer. (Please tick)**

**Signature of parent:** \_\_\_\_\_