

# NORTHAM PRIMARY

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 Northam  
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[www.northamprimary.co.za](http://www.northamprimary.co.za)



## APPLICATION FOR ADMISSION TO NORTHAM PRIMARY SCHOOL

Year of Admission: 2024

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.

(Please tick v)	
<b>New Application</b>	<input type="checkbox"/>
<b>Existing learner</b>	<input type="checkbox"/>
<b>Current Grade: Gr ____ in 2023</b>	
<b>Admission no/ Account No</b>	

<b>Grade Applied for:</b>	
(Please tick v)	
<b>Grade R</b>	<input type="checkbox"/>
<b>Grade 1</b>	<input type="checkbox"/>
<b>Grade 2</b>	<input type="checkbox"/>
<b>Grade 3</b>	<input type="checkbox"/>
<b>Grade 4</b>	<input type="checkbox"/>
<b>Grade 5</b>	<input type="checkbox"/>
<b>Grade 6</b>	<input type="checkbox"/>
<b>Grade 7</b>	<input type="checkbox"/>

*Office use only*

Signature of administrator that all document is correct and attached and checked: \_\_\_\_\_

Application successful for 2022  YES  NO

**Learner placed in Gr  2024**

## Learner Information

Learner Surname:						Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Learner First Name						Nick Name				
Learner Date of Birth	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>	Other Names			
Citizenship:						Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Identification or Passport number						Race:				
Dexterity of learner	Right-Handed	<input type="checkbox"/>	Left-Handed	<input type="checkbox"/>	Ambidextrous	<input type="checkbox"/>				
Learners Home Language						Do you receive Social Grand (SASSA)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Parent/Guardian **CELL PHONE NUMBER** for **School WhatsApp Groups and SMS groups.**

Name of Parent \_\_\_\_\_  Number:

### **Address and Contact details of Learner**

Country of Residence:		Home Telephone	
If SA, indicate Province		Cell Phone number of Parent	
<b>Physical Address of learner</b>		Email Address of Parent	
Street Name and No			
City/Suburb			
Code			

### **Previous school information *(Just complete this part for new application)***

Name of previous School					
Previous School Address					
Code		Province		Country	

### **Learner Medical Information**



Medical aid Name		Medical aid Number	
Medical aid main Member			
Doctors Address		Telephone Number	
Does the learner have any medical condition	<u>Asthma/ Difficulty breathing, Diabetes, Allergies, Heart conditions etc..</u> (Please specify below if any)		
Does learner have any special problem requiring counselling			

Does the learner use any Chronic Medication?	Yes		No	
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If **yes** please give list of medication and method of administering (How should the medicine be given)

List of Medication	Method of administering
1.	1.
2.	2.
3.	3.
4.	4.

## TREATMENT IN LIFE THEREATENING SITUATIONS

### CONSENT AND INDEMNITY FORM

I, hereby agree that my child may receive first aid treatment from the staff on Northam Primary School in the event that such treatment may be deemed necessary. Should my child need more medical assistance in a life-threatening situation/injury I hereby give consent to the staff of Northam Primary School to transport my child to the nearest medical facility or to apply first aid where needed. I also give consent to the staff of Northam Primary school to call a doctor should the ambulance or clinic does not respond.

I agree to be fully responsible for any medical bills that may result from the treatment.

I further agree not to hold any staff member of Northam Primary school accountable for any further injuries/ negligence that may result from treatment/first aid provided by the given person.

I also agree and understand that neither the staff nor Northam Primary School can be held accountable for any negligence caused during the administration of any medical assistance

Parent Name/ Surname \_\_\_\_\_ of learner \_\_\_\_\_



\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**In case of emergency**  
**Emergency services**



Dear Parents, you are aware of the challenges when it comes to the treatment of learners when they report sick or when they develop a serious health condition at school. Policy and directives are not always very clear on how to deal with specific and different health challenges that we may encounter. The school first aid team can only treat minor scratches and up to a very basic level. To deal as fast and effective as possible when a learner displays

or report a crisis beyond our limitations, we need to be able to find alternative ways in which your child can be supported fast, effectively and safely.

Our first step is normally to report to the parent immediately! Unfortunately, it happens from time to time that parents cannot be reached due to work issues or poor network. For us to act professionally and fast we need to have the approval from parents to contact emergency services to come and treat or deal with the issue on hand. State ambulances do not always respond to our calls and the only option is to contact private ambulance services. **This service will be then for the bill of the parent involved.**

It is of utmost importance that parents always keep the school updated with your latest and relevant contact numbers to allow us to reach you in case of emergency- emergency can happen any time to anyone!!

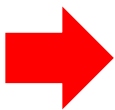
Please fill the below:

I, \_\_\_\_\_ Parent of \_\_\_\_\_

In grade \_\_\_\_\_, hereby give approval to the school staff to contact the following private emergency services in case of an emergency.

- Trauma Rescue Ambulance service 0861 78 9911
- Netcare 911 Ambulance 082 911
- Dr de Kock 014 784 0034
- Swartklip / Amandelbult Hospital 010 133 1715 / 014 784 2828

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



Parent 1 Signature



Parent 2 Signature


## Parent's information


### Father /Guardian Details:



Mr.	Dr.	Rev	Prof.
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Fathers Name	
Fathers Surname	
Fathers Citizenship	
Father's Identity or Passport number	

 <b>Fathers</b> contact details.	
Cell	
Home	
Work	

Fathers Residential Address 	
Street:	
City /suburb:	
Code:	

### Fathers Employer Details





Fathers Occupation	
Company Name	
Contract person/Department	
Address of Employer	
Telephone number of Employer (office Number)	

**Mother /Guardian Details:**

Mrs.	Dr.	Rev	Prof.
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<b>Mothers Name</b>	
<b>Mothers Surname</b>	
<b>Citizenship</b>	
<b>Mothers Identity or passport number</b>	

 <b>Mothers contact details.</b>	
<b>Cell</b>	
<b>Home</b>	
<b>Work</b>	

<b>Mothers Residential Address</b> 
<b>Street:</b>
<b>City /suburb:</b>
<b>Code:</b>

**Mother Employer Details**

<b>Mothers Occupation</b>	
<b>Company Name</b>	
<b>Address of Employer</b>	
<b>Telephone number of Employer (office Number)</b>	

## **General Information**

Does learner have siblings in Northam Primary (Brothers and Sisters) if yes please state below:

<b><u>Name of sibling in Northam Primary School</u></b>	<b><u>Grade</u></b>

If parents are not available, person(s) to be contacted could be the following:  
(Any other relative, beside the parent e.g. grandmother, uncle, aunt)

**Please make sure you give at least 3 contact NB!**

<b>Details</b>	<b>Relative 1</b>	<b>Relative 2</b>	<b>Relative 3</b>
<b>Surname</b>			
<b>First Name</b>			
<b>Address</b>			
<b>Cell phone Number</b>			
<b>Work number</b>			
<b>Relationship to child</b>			

### **DECLARATION AND UNDERTAKING BY PARENT/ GAURDIAN AND CONSENT FORM**

- I undertake that my child will attend school punctually.
- I understand all rules and regulations.
- I undertake to give the necessary support to my child.
- I undertake to inform the school immediately in case my child should be absent.
- I undertake to inform the school in written format and within a reasonable time should my address change.
- I undertake to prevent my child brining & using a cell phone at school.
- I undertake full responsibility for any instruction material given to my child and will return the latter in a good condition to the school or replace it in case of any damage.
- I undertake to inform the school immediately in case my child will be leaving the school and will do the following: Return all textbooks, obtain my child's transferral card at the school's office, Settle all outstanding schools fees.
- If it becomes known at any stage that false information was supplied to the school about me or my child, the school reserve the right to withdraw my child's admission.

Follow on next page

- Hereby give permission to Northam Primary School that my child may take part in all school activities and be transported if needed to any of the following:

**Mark with an X on the applicable box above**

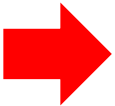
 Educational Trips

 Sports meetings

 Culture Events

 Other Competitions

Parent Name/ Surname \_\_\_\_\_ of learner \_\_\_\_\_



\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





# SCHOOL FEES 2024:

**TAKE NOTE:**

***The person who signs the form is the person responsible for paying the account. It is the responsibility of the parent/guardian by whom the learner stays to deliver the account to the person responsible for paying the school fees!!!!!!!!!!!!!!!!!!!!***

FULL NAME AND SURNAME (OF PARENT PAYING SCHOOL FEE)	
RELATIONSHIP TO THE LEARNER:	
ID NUMBER: <b>Include copy of ID</b>	



**Please note: Registration fee of R850 payable time of registration, this will be deducted against January 2024 school fee and will also include a homework book. NB! Include proof of payment.**



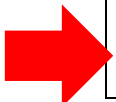
**A discount of 10% will be given to parents that pay school fee for whole year before end of Feb 2023.**

**PAYMENT METHOD: Only tick 1 Box**

I WILL <b>EFT OR ATM DEPOSIT</b> R790 FOR X11 MONTHS:	<input type="checkbox"/>
<b>AMANDELBULT</b> DEBIT ORDER FROM SALARY:	<input type="checkbox"/>
<b>NORTHAM PLATS</b> DEBIT ORDER FORM SALARY:	<input type="checkbox"/>

**NB! (Debit order forms for AMANDELBULT and NORTHAM PLATS can only be accepted till end of NOVEMBER 2024)**

UNDERTAKING	
I ACCEPT:	
1. THE CHRISTIAN ETHOS OF THE SCHOOL	
2. THE ACADEMIC STANDARD AND HOMEWORK BOOK REQUIREMENTS	
3. THE AUTHORITY AND DISCIPLINE OF THE PRINCIPAL, TEACHERS AND MONITORS	
4. TO ENSURE THAT MY CHILD WEARS FULL REGULATION SCHOOL UNIFORM AT ALL TIMES	
5. THAT, IF THE ABOVE UNDERTTAKINGS ARE NOT FULFILLED, THE PUPIL'S CONTINUED TUITION AT NORTHAM PRIMARY SCHOOL WILL BE SERIOUSLY RECONSIDERED.	
SCHOOLFEE SUMMARY	
School fees per month (X 11 months)	<b>R 800.00</b>
(Amount to be confirmed after budget meeting) Should amount be less, a credit will be provided.	
Signature of parent: X _____	Date: _____



NAME OF CHILD:	Grade:	Admission no:
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Continue next page ....

**SOUTH AFRICAN SCHOOLS ACT, NO 84 OF 1996 REGULATIONS FOR THE EXEMPTION OF PARENTS FORM PAYMENT OF SCHOOL FEES**

**CHECKLIST FORM**

I, ....., Parent/guardian responsible for the payment

(FIRST- NAME AND SURNAME OF PARNET/GUARDIAN)

of fees for ..... in Grade ..... in 2024, hereby confirm

(FIRST- NAME AND SURNAME OF LEARNER)

The following:

- I have been informed of the amount of school fees.
- I have been informed that I am liable for payment of school fees unless I am totally exempted from paying such fee.
- I have been informed of my right to apply for exemption from paying school fees.
- I have been informed that I may request to be assisted in marking such an application.
- I do/ do not (circle the applicable response) intend on applying for this exemption.

I understand that to be considered for exemption, I must request the appropriate application form from the Finance office at the school and that the application form must be complete in full and submitted together with the relevant documentation. I also understand that the cost of any assistance I may receive is borne by the other full fee-paying parents and that the state contributes nothing in this regard.



Name of parent 1 \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Name of parent 1 \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of principal \_\_\_\_\_