

RICHMOND PRIMARY SCHOOL



APPLICATION FORM



Richmond Primary School

P O BOX 7 RICHMOND 3780

PHONE (033) 212 2160 FAX (033) 212 2423 E-MAIL richmondprimarykzn@telkomsa.net

Dear Parent/s

Application form

Thank you for your interest in our school.

Herewith the application form to be **completed in full**. Any false information will result in your application being null and void.

Please attach the following documentation to the application form. All photocopied documents must be signed and stamped by a Commissioner of Oaths.

1. Child's official full **unabridged birth certificate**.
2. Child's official immunisation card. Child must be immunized against the following diseases: polio, measles, tuberculosis, diphtheria, tetanus and hepatitis B.
3. Child's last 2 official report cards.
4. Financial Clearance certificate filled in by the current school.
5. Copy of Identity documents - parent/s.
6. Utility bill or an account statement for proof of address.
7. 2 passport size photographs of your child.

Please ensure that **all** the documentation requested is submitted and the Application Form is signed and witnessed. Failure to do so will result in the forms being null and void.

Please note: Faxed copies will **not** be accepted.

Fee structure for 2017

- **School fees: R11 900 per year.**
R 1 190 per month payable over 10 months - (January to October)
- **Hostel fees: R18 800 per year.**
R 1 880 per month - (January to October)

Thank you.

Yours sincerely

Q. St. Leger
(Principal)



Richmond Primary School

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HONE (033) 212 2160 FAX (033) 212 2423

DATE OF APPLICATION:
DATE SEEKING ADMISSION:
GRADE:

Office use only: Accepted / Rejected Date: _____	
School Acc. No: _____	Hostel Acc. No: _____
Admission No: _____	
Hostel No: _____	House: _____

PLEASE INDICATE (CIRCLE CHOICE): BOARDER / DAY SCHOLAR:

PERSONAL DETAILS OF CHILD

SURNAME : FIRST NAMES :
DATE OF BIRTH : I D NUMBER:
CITIZENSHIP : MALE / FEMALE
RACE: MOTHER TONGUE :
PREVIOUS SCHOOL : PROVINCE: PRESENT GRADE :
HAS THE LEARNER REPEATED A GRADE/S? _____ **YEAR/S REPEATED:** _____

PLEASE NOTE THAT THE LANGUAGE OF LEARNING AND TEACHING (LOLT) AT RICHMOND PRIMARY IS ENGLISH

PLEASE INDICATE SECOND LANGUAGE CHOICE: **ZULU / AFRIKAANS** (PLEASE CIRCLE CHOICE)
DEXTERITY OF LEARNER (I.E. RIGHT OR LEFT HANDED)

SOCIAL PARTICULARS OF CHILD

IS CHILD REGISTERED FOR A SOCIAL GRANT:
IS CHILD RECEIVING A SOCIAL GRANT: GRANT NO:.....
NUMBER OF CHILDREN IN THE FAMILY: MOTHER'S SIDE..... FATHER'S SIDE.....
POSITION IN FAMILY (I.E FIRST BORN): MOTHER'S SIDE..... FATHER'S SIDE.....

MEDICAL PARTICULARS OF CHILD

MEDICAL AID NAME: MEDICAL AID NUMBER:
MEDICAL AID MAIN MEMBER: DISABILITIES:
SPECIAL PROBLEMS REQUIRING COUNSELLING:
ALLERGIES :
YOUR DOCTOR'S NAME : PHONE:

PERSONAL DETAILS OF PARENT/S OR GUARDIAN/S

<p><u>FATHER / GUARDIAN:</u></p> <p>SURNAME:.....</p> <p>FIRST NAMES:</p> <p>I.D. NUMBER:</p> <p><u>RESIDENTIAL ADDRESS</u></p> <p>.....</p> <p>.....</p> <p>.....CODE</p> <p><u>POSTAL ADDRESS</u></p> <p>.....</p> <p>.....CODE</p> <p>TEL NO (H) :</p> <p>TEL NO (W):</p> <p>TEL NO (F):</p> <p>CELL NO:</p> <p>OCCUPATION:</p> <p>EMPLOYER:</p> <p>ADDRESS:</p> <p>SIGNATURE:</p>	<p><u>MOTHER / GUARDIAN: MRS/MISS/MS</u></p> <p>SURNAME:</p> <p>FIRST NAMES:</p> <p>I.D. NUMBER:</p> <p><u>RESIDENTIAL ADDRESS</u></p> <p>.....</p> <p>.....</p> <p>.....CODE.....</p> <p><u>POSTAL ADDRESS</u></p> <p>.....</p> <p>.....CODE.....</p> <p>TEL NO (H):</p> <p>TEL NO (W):</p> <p>TEL NO (F):</p> <p>CELL NO:</p> <p>OCCUPATION:</p> <p>EMPLOYER:</p> <p>ADDRESS:</p> <p>SIGNATURE:</p>
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MARITAL STATUS (NEVER MARRIED/ MARRIED/ DIVORCED/ WIDOWED)

IF DIVORCED STATE CHILD’S LEGAL GUARDIAN: MR/ MRS/ MS

STATE PERSON WHO HAS CUSTODY OF CHILD: MR/MRS/MS

PLEASE STATE WHICH PARENT/S ARE TO RECEIVE CHILD’S TERMLY REPORTS:

****STATE BELOW NAME/S OF PERSON/S RESPONSIBLE FOR PAYING ALL FEES:****

FULL NAME/S SIGNATURE/S:

EMAIL ADDRESS OF ACCOUNT PAYER/S:

ANY BROTHERS / SISTERS ATTENDING RICHMOND PRIMARY SCHOOL? IF SO, PLEASE STATE NAME/ S OF CHILD/ REN AND GRADE/ S PRESENTLY IN.

NAME	GRADE	SPORT HOUSE

TO BE COMPLETED BY ALL PARENTS - VERY IMPORTANT IN CASES OF EMERGENCY

Please give the names of three relatives/ close friends who may act on your behalf or know of your whereabouts if we are not able to contact you during an emergency.

NAME	RELATIONSHIP	ADDRESS	TELEPHONE

UNDERTAKING

I, _____ and _____, the parent/s / legal guardian/s
of _____ understand and agree to the following:

1. I/We are personally responsible to the Governing Body of Richmond Primary School for the payment of the full school fees as laid down by the G.B. for any particular academic year. In this respect, I / we undertake to pay the school fees by the end of the month from January to October.
2. I/We will pay Boarding Establishment fees IN FULL each term.
3. The Governing Body may institute legal proceedings against me/us for the recovery of any outstanding amount, together with interest at the prevailing rate from the date that the fees became due including all legal costs incurred by the Governing Body.
4. If, for any valid reason, I/We are unable to pay the School and/or Boarding Establishment fees, I/we will make written application to the Chairman of the Governing Body of the Richmond Primary School indicating the reasons why I/we am/are not able to pay the fees BEFORE SUCH FEES BECOME DUE. I/we understand that my/our application will receive consideration by the G.B. which may/may not agree to defer payment of the fees.
5. I/we are aware that my/our child will at all times during the school term be under the control and discipline of the Principal and Staff who act in loco parentis and may take such disciplinary action as is permitted by the South African Schools' Act (Act 84/1996), including the power of the Principal to suspend my/our child from school and/or Boarding Establishment.
6. I/We understand that the Principal has authority, during school hours, to act in loco parentis and where necessary, to consent to medical treatment for my/our child. I/we understand that should the Principal deem it necessary, my/our child may undergo an examination by a doctor and be treated. I/we accept that I shall/we shall be liable for the full costs relating to such medical treatment.
7. I/We are aware that insurance is available to cover the cost of any injury suffered by my/our child. I/We understand that every care will be taken to ensure the safety of my/our child at school or on any school outing, sporting activity or while being transported to or from school by any person authorised by the Principal, I/we hereby indemnify Richmond Primary School, its Staff and the Governing Body from any claim for damages sustained as a result of any accident or occurrence in which my/our child may be involved.
8. I/we agree to replace or repair all property of the School and/or Boarding Establishment that my/our child has lost /damaged/ broken through his/her own actions or negligence, at the full cost to me/ourselves.

I / WE HAVE READ AND UNDERSTOOD THE ABOVE UNDERTAKINGS.

SIGNATURE: **SIGNATURE:**.....
FATHER/GUARDIAN **MOTHER/GUARDIAN**

AS WITNESS: 1. **SIGNATURE:** **DATE:**.....
(PLEASE PRINT NAME)

2. **SIGNATURE:**..... **DATE:**.....
(PLEASE PRINT NAME)

When completed, please return / post this Application Form to the school as soon as possible.
Thank you.



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RICHMOND

3780

CONSENT AND INDEMNITY

I / We
(FULL NAME OF PARENT / S / GUARDIAN)

I.D. NUMBER : (FATHER) (MOTHER).....

ADDRESS :
.....

THE PARENTS/ GUARDIANS OF
.....
(FULL NAMES OF CHILD / WARD)

born on hereby give my consent for my / our child / ward to take part in all activities of the school, whether conducted on the school premises or extra-murally, including, but not limited to games, athletics, tours and excursions of general, vocational, educational, historical, cultural or scientific interest.

I / We fully understand and accept that all such activities shall be undertaken at my / our child's / ward's own risk, and I / we undertake to indemnify, and absolve Richmond Primary School, the Principal and his staff from any claims whatsoever which may arise in connection with the above named person.

Dated at this day of20.....

SIGNATURE :
FATHER / GUARDIAN

SIGNATURE :
MOTHER / GUARDIAN

WITNESSES : 1.

2.



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FINANCIAL CLEARANCE CERTIFICATE - (To be completed by the Child's current School)

NAME OF PUPIL _____ GRADE AT PRESENT _____

FULL NAME OF PARENT RESPONSIBLE FOR FEE PAYMENT:

PRESENT SCHOOL : _____

TELEPHONE : _____ FAX : _____

ANNUAL SCHOOL FEES FOR PRESENT YEAR : R _____

FEES PAID TO DATE: R _____

FEES OUTSTANDING :R _____

ANY COMMENTS _____

THIS IS TO CERTIFY THAT THE ABOVE RECORD IS CORRECT

SIGNATURE OF PRINCIPAL/SECRETARY: _____

DATE: _____

SCHOOL STAMP:

PLEASE RETURN TO RICHMOND SCHOOL - THANK YOU.

RICHMOND PRIMARY SCHOOL

MISSION STATEMENT

OUR AIM IS TO PROVIDE A WELL
BALANCED QUALITY EDUCATION WHICH
EMPHASISES THE POSITIVE QUALITIES OF
ACADEMIC, MORAL AND SPORTING
DISCIPLINES.

WE ENDEAVOUR TO PROVIDE OUR
LEARNERS WITH AN
EDUCATION HIGHLIGHTING
CROSS-CULTURAL ENRICHMENT,
INDEPENDENT THINKING, RESPECT OF
OTHERS, COMMITMENT AND LOYALTY.

WE GIVE OF OUR BEST TO ALLOW
OUR LEARNERS TO ACHIEVE
THEIR BEST

VISION OF THE SCHOOL

WE AT RICHMOND PRIMARY SCHOOL ARE COMMITTED TO PROVIDING EACH
LEARNER WITH EVERY POSSIBLE OPPORTUNITY TO STRIVE FOR EXCELLENCE
IN ORDER TO ACHIEVE HIS/HER INDIVIDUAL POTENTIAL THROUGH AN
EFFECTIVE HOLISTIC EDUCATION AND TO PREPARE HIM/HER FOR A
SUCCESSFUL LIFE