

SELLY PARK CONVENT PRIMARY SCHOOL APPLICATION FORM 2023

<u>Telephone</u>: (014) 592 1421 <u>E-Mail</u>: <u>admissions@sellyp.co.za</u>

Photograph

Postal Address

Postnet Suite 4288 Private Bag X82323 0300 RUSTENBURG

Physical Address

Drakensberg Road, Azalea Park

RUSTENBURG, 0299

Registration Fee:	R200,00	FNB Bank	Branch: 260246
Admission Fee for 2023:	R3 500,00	Acc: 536 039 913	40

Applications with incomplete information will not be accepted: Department of Education requirement.

Grade for which you	are applying:			
Proposed date of en	itrance:			
Date of application:				
_	How did you h	ear about our school	?	
Lamp Post Ads	Your child's pre-school	Word of Mouth	saprivateschools website	
Student's Surname:				
Student's First Name	es:			
Preferred First Name	e:			
Date of Birth:				
I.D. Number / Passp	ort Number:			
Male / Female:		Ethnic Group: (e.g. 8	Black African)	
Is the Student a RSA	A Citizen:			
If Not, Specify:				
Visa/Study Permit N	umber:			
Home Language:				
Religion and Denom	nination:			
Last School attende	d: School Name:			
Town / City / Province	ce / Telephone:			

Kindly provide the following: (Please tick ($\sqrt{}$) to indicate item provided)

Certified Copy of Birth Certificate	Transfer card (if available)	
Copy of Baptismal certificate (if applicable)	Registration fee of R200	
2 Recent passport–size photos	Copy of Father's / Guardian's I.D.	
Latest school report	Copy of Mother's I.D.	
Copy of latest Financial Statement from	Copy of Residence Permit (If not SA)	
Current School	Copy of Study Permit (If not SA)	
Copy of Medical Aid Card (if applicable)		

FOR OFFICE USE ONLY:

Date of Application:	Registration Receipt Number:		
Application Number:	Admission Receipt Number:		
Admission Number:	Admission Paid:		R
Text Books Receipt No:	R	Family Code:	
Stationery Receipt No:	R	House Colour:	
Equip Fee Receipt No:	R	Grade:	
Library Book Bag Receipt No:	R	First day(date)	
School Fees Receipt No:	Grade admitted to:		

Student's Particulars Please tick ($\sqrt{}$) the appropriate block)

Lives with own parents	Lives with guardian
Lives with mother only	Lives with father only
Has step-mother	Has step-father
Lives with mother (father deceased)	Lives with father (mother deceased)
Lives with mother (parents divorced)	Lives with father (parents divorced)
Lives with grandparents	Other (Please Specify)

<u>Family Information: Particulars of student's parent / guardian</u> (Please ($\sqrt{}$) tick the appropriate block)

Married in Community of Property	Married out of Community of Property	
Traditional Marriage	Widowed	
Divorced	Single	

Please complete in full:

Parent's/Guardian's Details:

Title: (Please circle)	Mr./Dr./Prof.:	Mrs./Dr./Prof./Ms./Miss
Relationship to Student:	Father/Guardian/Grandfather/	Mother/Guardian/Grandmother
(Please circle)	Uncle/Other:	Aunt/Other:
Surname:		
Full First Names:		
Identity Number / Passport No.:		
Ethnic Group:		
Postal Address:		
	Code	Code
Residential Address:		
	Code	Code
Home Phone No:		
Cell Phone No:		
Personal E-mail Address:		
Occupation:		
Employer:		
Work Telephone:		
Work Address:		

Addr	ess	of	Stu	dent

Residential:			
Code:			
Home telephone Number:			
Number of children in family:			
Position of student in family (e	g. first)		
How will the student get to sch	ool? (e.g. parent /		
taxi / bus)			
Who will be at home when the	student returns		
from school?			
Names and relation –(e.g. sist		<u>Name</u>	Relation to Student
family members who presentl			
applying at Selly Park Conven		.	
Names and relation of family n		<u>Name</u>	Relation to Student
attended Selly Park Convent	Primary School in		
the past.			
Emergency Contact Person	– (NOT Parent or G	uardian)	
Emergency Contact Person	– (NOT Parent or G	uardian)	
Emergency Contact Person Name & Surname:	– (NOT Parent or G	uardian)	
	– (NOT Parent or G	uardian)	
Name & Surname:	– (NOT Parent or G	uardian)	
Name & Surname: (Mr/Mrs/Miss/Ms)	– (NOT Parent or G	uardian)	
Name & Surname: (Mr/Mrs/Miss/Ms)	– (NOT Parent or G	uardian)	
Name & Surname: (Mr/Mrs/Miss/Ms) Address:	– (NOT Parent or G	uardian)	
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student:			
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student: Telephone Number:	- (NOT Parent or G	uardian)	
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student:			
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student: Telephone Number:			
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student: Telephone Number: Cell Phone Number:	(W)	(H)	
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student: Telephone Number:	(W)	(H)	by of Medical Aid Card)
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student: Telephone Number: Cell Phone Number: Medical Information and Stu	(W)	(H)	by of Medical Aid Card)
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student: Telephone Number: Cell Phone Number: Medical Information and Student: Medical Aid:	(W)	(H)	oy of Medical Aid Card)
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student: Telephone Number: Cell Phone Number: Medical Information and Student: Medical Aid: Main Member's Name:	(W)	(H)	by of Medical Aid Card)
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student: Telephone Number: Cell Phone Number: Medical Information and Student: Medical Aid: Main Member's Name: Medical Aid Number:	(W)	(H)	oy of Medical Aid Card)
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student: Telephone Number: Cell Phone Number: Medical Information and Stu Medical Aid: Main Member's Name: Medical Aid Number: Doctor:	(W)	(H)	by of Medical Aid Card)
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student: Telephone Number: Cell Phone Number: Medical Information and Student: Main Member's Name: Medical Aid Number: Doctor: Doctor's Telephone Number:	(W)	(H)	by of Medical Aid Card)
Name & Surname: (Mr/Mrs/Miss/Ms) Address: Relationship to student: Telephone Number: Cell Phone Number: Medical Information and Stu Medical Aid: Main Member's Name: Medical Aid Number: Doctor:	(W)	(H)	by of Medical Aid Card)

Has the student b	een inoculate	d against:
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Diphtheria	Yes	No	Date:	
Polio	Yes	No	Date:	
Whooping Cough	Yes	No	Date:	
Tuberculosis	Yes	No	Date:	

Tick ($\sqrt{\ }$) any contagious diseases the student has had:

Chicken Pox	Mumps	German Measles	Measles	
Diphtheria	Scarlet Fever	Rheumatic Fever	Whooping Cough	

Tick ($\sqrt{\ }$) if the student experiences any of the following:

Asthma	Hay Fever	Epileptic Fits	Bed Wetting	
Hyperactivity	Dyslexia	Allergies	Diabetes	
Hard of Hearing	Poor Eyesight	Physical Handicap	Other:	
Left Handed	Right Handed	Left & Right handed		

Please give details, and list any medica has any of the conditions listed above:	ation and treatment the student is receiving if he/she
DECLARATIO	ON OF PARENT / GUARDIAN
I, the undersigned (Name & Surname)	, ID no
Parent/Guardian of of Selly Park Convent Primary School to go or where it is necessary and / or expedient my child. This authority will be operative v	hereby knowingly authorise the School Authorities grant consent on my behalf for any emergency treatment it, and on advice by a medical doctor, for an operation on where I cannot reasonably be contacted. nify Selly Park Convent Primary School for any costs,
extramural activities undertaken by the sc Convent Primary School of any liability in	child to participate in any sport, educational visits and hool. I solemnly declare that I fully absolve Selly Park respect of any injury occurring to my child from any not to take any action against Selly Park Convent Primary accident.
Signed:	Date:

CONTRACT OF PAYMENT

<u>Please note: Parent/Guardian in this case is to whom all accounts and correspondence</u> should be sent.

should be sent.	
Student's Full Name	
Parent / Guardian's Surname and Title (eg. Mr.)	
First Names (in full)	
Identity Number / Passport Number	
Telephone Number	
Postal Address	
Home Address	
 Should any instalment remain will fall due and will be paid imited. I accept liability for payment commission together with a collecting the school fees significant will first be allocated to cost in undertake to inform the school for tracing costs whice. No indulgence or grace allowed School's rights and it will not be consent to an Emolument 1944, as well as judgement plus costs. I declare that I will be liable. I accept that 1 (one) month Upon withdrawal, any fees. In the event of the School of for any cause whatsoever, School shall not be obliged. I agree to pay the school feethe first day of a new term, at a maware that failure to me. 	, the undersigned, declare that I am all tuition fees, book fees and any other fees due for this student. unpaid for a period of one month, the whole balance of the account mediately. In to fall costs on an attorney and client scale, inclusive of collection /alue Added Tax calculated on all costs incurred pertaining to hould I fail to pay. Payment made in respect of the outstanding debt its, interest, collection, commission and thereafter capital. School in writing should I change my address, failing which I shall be the may be incurred to trace me. Since the Plaintiff shall be regarded as a waiver of any of the bot be necessary for the school to place me in mora. For order in terms of Section 65j of the Magistrate's Court Act 32 of it in terms of Section 58 of Act 32 OF 1944 for the outstanding debt in the for interest on outstanding school fees. For interest on outstanding school fees.
Signed	Date

SELLY PARK CONVENT PRIMARY SCHOOL GRADE R – 7 FINANCIAL POLICY 2023

Please take note of the following guidelines concerning school fees for 2023, and carefully read the contract which you have signed with your application form.

For Grade RR school fees please refer to the Grade RR Financial Policy.

<u>Failure to comply with your contract will unfortunately result in your child losing his/her place at</u> Selly Park Convent Primary School.

- 1. An Admission Fee of R3 500.00 is payable on initial admission to Selly Park Convent Primary School. This is non-refundable and does not form part of the annual school fees.
- 2. All school fees are payable **in advance** and must be paid by the 7th of each month, i.e. March school fees are due by 7th March.
- 3. Fees for 2023 are R73 700.00 for the year, payable in 11 monthly instalments of R6 700.00 (January to November). This includes all school fees, sport and cultural activities.
- 4. If the full annual fee is paid on or before 31st January 2023, a discount of R3 200.00 will be given, i.e. R70 500.00 is payable.
- 5. If there are three or more children from one immediate family in the school, the third and subsequent students will receive a 10% discount on fees.
- 6. There is a yearly charge of R900.00 per student for Photostat and Equipment. Charges for Text Books and Stationery vary per grade. These charges are payable as one payment before the end of October 2022.
- 7. Various payments may be necessary during the year for planned educational outings or fund raising activities.
- 8. After Care is available on a separate application form, from Monday to Thursday, at a cost of R 3 000.00 per term.
- All school fees and any additional payments must be paid directly into the school's bank account. Each
 family is allocated a family reference code, available from the school office, which <u>must</u> be shown on
 each deposit made. The bank details are also available from the school office. No cash will be
 accepted.
- 10. One calendar month's notice is required upon withdrawal of the student from the school.
- 11. The first day of school will be devoted to registration. Teachers will check that all students have receipts for school fees and Text Book, Stationery and Equipment charges. No books will be issued until fully paid.

If these requirements have not been met, your child/ren will not be admitted for 2023.

The above policy has been implemented to ensure the smooth running of our school. It is your responsibility to ensure that your fees are paid timeously and we would appreciate your full cooperation. Please refer to your Contract of Payment for further details of your financial obligations.

NAME: (PLEASE PRINT)	CHILD'S NAME:
SIGNED:	DATE:

GRADE RR - FINANCIAL POLICY 2023

Please take note of the following guidelines concerning school fees for 2023, and carefully read the contract which you have signed with your application form.

<u>Failure to comply with your contract will unfortunately result in your child losing his/her place at</u> Selly Park Convent Primary School.

- 1. A once-off Admission Fee of R3 500.00 is payable on initial admission to Selly Park Convent Primary School. This is non-refundable and does not form part of the annual school fees.
- 2. All school fees are payable <u>in advance</u> and must be paid by the 7th of each month, i.e. March school fees are due by 7th March.
- 3. Fees for 2023 are R40 700.00 for the year, payable in 11 monthly instalments of R3 700.00 (January to November).
- 4. If the full annual fee is paid on or before 31st January 2023, a discount of R1 750.00 will be given, i.e. R38 950.00 is payable.
- 5. There is a yearly charge of R900.00 per student for Photostat and Equipment. Charges for stationery vary per grade. These charges are payable as one payment before the end of October 2022.
- 6. After Care is available on a separate application form from Monday to Thursday at a cost of R 3 000.00 per term.
- 7. All school fees and any additional payments must be paid directly into the school's bank account. Each family is allocated a family reference code, available from the school office, which <u>must</u> be shown on each deposit made. The bank details are also available from the school office. No cash will be accepted.
- 8. One calendar month's notice is required upon withdrawal of the student from the school.
- The first day of school will be devoted to registration. Teachers will check that all students have receipts for school fees and Text Book, Stationery and Equipment charges. No books will be issued until fully paid.

If these requirements have not been met, your child/ren will not be admitted for 2023.

The above policy has been implemented to ensure the smooth running of our school. It is your responsibility to ensure that your fees are paid timeously and we would appreciate your full cooperation. Please refer to your Contract of Payment for further details of your financial obligations.

NAME: (PLEASE PRINT)	CHILD'S NAME:
SIGNED:	DATE:

2023	Annual School Fees	Monthly (11 Months)
Grade RR	R 40 700.00	R 3 700.00
Grade R – 7	R 73 700.00	R 6 700.00



POSTNET SUITE 4288
PRIVATE BAG X82323
0300 RUSTENBURG
SOUTH AFRICA

DRAKENSBERG ROAD
AZALEA PARK
RUSTENBURG



TEL: (014) 592 1421

PARENT CONSENT FORM

Consent form in terms of the Protection of Personal Information Act 4 of 2013 (POPI)

Consent to use personal information

- By agreeing to the terms of this information form, you, (Parent/Guardian), hereby
 voluntarily authorise Selly Park Convent Primary School to process you personal
 information as well as that of the Selly Park Convent Primary School student (including
 the names, physical address, telephone numbers and any other information you have
 provided to the school).
- Processing shall include the receipt, recording, organising, collation, storage, updating or modification, retrieval, alteration, consultation and use; the dissemination by means of transmission, distribution or making available in any other form, or the merging, linking as well as blocking, degradation, erasure or destruction of information.
- This consent is effective immediately and will remain effective until one of the conditions stated under paragraph 8 of the Policy on the Protection of Personal Information has been met.
- The personal information may only be processed if it is adequate, relevant and not excessive, given the purpose for which it is processed, and if processing occurs in accordance with the relevant provisions of POPI. The purpose of the processing of information must relate to a function or activity of the school.
- In addition, you hereby take note that Selly Park Convent Primary School collects and processes personal information pertaining to the proper functioning, management and governance of the school, as prescribed in the South African Schools Act of 1996 and other relevant education legislation and policies.
- The type of information will depend on the purpose for which it is collected, and will be processed for that purpose only.
- In terms of Section 11 of POPI, personal information may only be processed in the following circumstances:
 - o If the data subject, or a competent person where the data subject is a child, consents to the processing
 - o If processing is necessary to carry out actions for the conclusion or performance of a contract to which the data subject is party
 - o If processing complies with an obligation imposed by law on the school
 - o If processing protects a legitimate interest of the data subject
 - o If processing is necessary for the performance of a public law duty
 - o If processing is necessary for pursuing the legitimate interests of the school
 - If processing is necessary for the continuation of the schooling of the subject at another school

Your rights in terms of this consent

- The right to know what information is being kept, how it is being used, and when the school will disclose it. This is in line with our POPIA Policy Manual and our Privacy Policy which are available for perusal in the Administration Office.
- The right to correct your details. The school will try to keep your information up to date. However, should your details change, please notify us to ensure that our records are as accurate as possible.
- The right to revoke consent. You may revoke the consent you have given us in terms of this form at any time. Your revocation should be in writing and addressed to the information officer of the school. Revoked consent is not retroactive and will not affect any past or existing use of your information. However, should you revoke consent, your contract, including enrolment, with the school will no longer be viable.

Please complete the following details and sign below to approve the consent form. (This consent will apply for your full contract term with Selly Park Convent Primary School unless revoked.)

Details of student:		
(First Name and Surname & Grade)		
Parent/Guardian full name:		
Address of abovementioned parent/guardian:		
Address:		
City:	Postal Code:	
Cell phone number:		
Signature of abovementioned parent/guardian:		
Date:		