



**ADMISSION 2021 – LEARNER INFORMATION FORM
DOCUMENTATION**

- **PLEASE SUPPLY CERTIFIED COPIES OF ALL DOCUMENTS.** We will **ONLY** accept **FULLY COMPLETED ORIGINAL** application forms. **NB - If the required information is incorrect, incomplete, or documentation is missing, the application will not be accepted.**
- **Submission of ALL Application must be emailed ONLY to jvaneeden@bryanstonprimary.co.za**

School Report (latest one available) CERTIFIED COPY
<u>Un</u> abridged Birth Certificate CERTIFIED COPY
Immunisation Card CERTIFIED COPY
Home Owners - Proof of both parents and child's residence address (Water and lights account or Eskom bill only)
Renting Property - Proof of Rental Agreement if renting property+ Statement (If renting from a friend or relative a full affidavit by the owner, ID and water bill.
Proof of BOTH PARENTS' work address/employment details
If self-employed, CK/CC DOCUMENTION
ID Document (Biological Father/Guardian) CERTIFIED COPY
ID Document (Biological Mother/Guardian) CERTIFIED COPY
Work Permit (Immigrants) CERTIFIED COPY
Study Permit (Immigrants) ORIGINAL N/A
Residency Permit (Immigrants) CERTIFIED COPY
Where the parent is not the natural parent of the child, documentation supporting the parent's legal relationship with the learner. (Legal guardianship documents obtained from Department of Social Development or High Court.
Where parents are divorced, divorce decree CERTIFIED COPY
2 x Colour ID or Passport Photo's only , of the learner. NO OTHER PHOTO'S
Medical notes/Prescriptions (Chronic Illness) Only if applicable
Any assessments done on a learner e.g. Psychologists reports. Only if applicable.
Transfer Card from previous school. Only once child has been accepted



POINTS TO CONSIDER

Please note that only on submission of a duly completed and properly signed application document to Bryanston Primary School (BPS) will you be provided with a written response indicating your application number. In order for the Admissions Committee to expedite this application it is vital that you read through this form carefully, provide all of the information and certificates required.

ALL APPLICATIONS ARE TO BE EMAILED - ivaneeden@bryanstonprimary.co.za from 8h00 on 25th June 2020 to 24h00 25th July 2020.



- Bryanston Primary School is a **Fee-Paying** school.
- We charge fees to keep pupil-teacher ratios low and to provide additional facilities.
- We are a Co-Ed, English school; Afrikaans is the First Additional Language.
- Receiving a waiting list number does **not** guarantee a place in our school.
- If your form is incomplete, or any supporting documentation is missing, you will **NOT** receive a waiting list number, but will instead must be resubmitted.
- If you move outside our zone between now and when school starts next year, you will be moved to the "appropriate" waiting list.
- An "offer to purchase" is not suitable as proof of residence
- Attending a nearby pre-primary school does not guarantee automatic entrance.
- Siblings will be on the A2 waiting list.
- We will **ONLY** accept **FULLY COMPLETED ORIGINAL** application forms. **NB - If the required information is incorrect, incomplete, or documentation is missing the application will not be accepted and NO waiting list number will be issued.**
- If, during our post-application verification process (which includes random visits), we discover that any of the information/documentation you provided is fraudulent, your application will be removed and the Gauteng Department of Education notified.

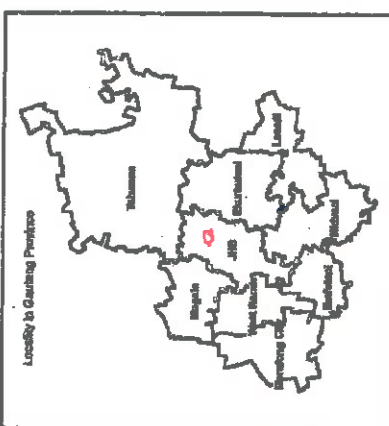
DISTRICT: JOHANNESBURG EAST
 INSTITUTION: BRYANSTON PRIMARY SCHOOL
 EMS NUMBER: 700150227

CIRCUIT NUMBER: 3
 CLUSTER NUMBER: 1

ADDRESS:
 13 MOUNT STREET
 BRYANSTON
 SANDTON
 JOHANNESBURG

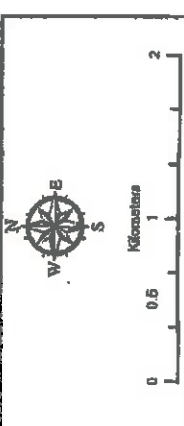
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 LONGITUDE: 28.025166

LEGEND
 SCHOOL
 FEEDER ZONE

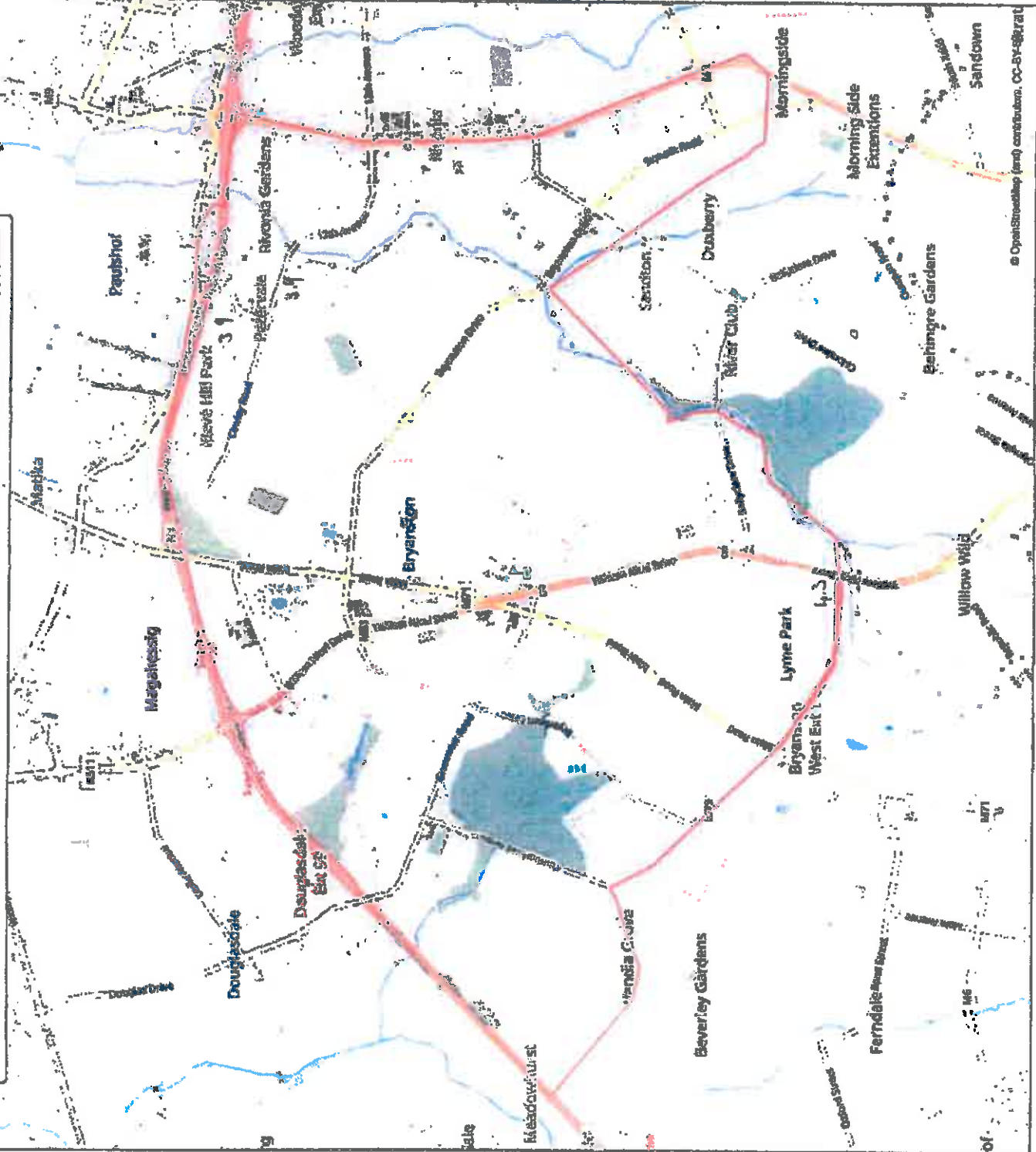


Production date: November 2018
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Data Sources:
 OpenStreetMap and Contributors
 Gauteng Department of Education



MAP SHOWING FINAL DETERMINATION OF FEEDER ZONE OF BRYANSTON PRIMARY SCHOOL 700150227





ENROLMENT FORM - 2021

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes No



DATE: 7 MAY 2020

Name of other learner(s) : _____

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: Afrikaans English Other: _____

Learner's language preference: Afrikaans English
 Other: _____

Learner mobile number: _____

Learner e-mail address: _____

Admission date: _____

Grade in 2020 : _____

Years in grade for 2021 : _____

Years in phase for 2021 : _____

Pre-primary education attended: Formal Informal
 Other: _____

Registered for social grant: Yes No

Receives social grant: Yes No

Benefit from school nutrition programme: Yes No

Learner resides in a hostel: Yes No

Name of hostel: _____

Method of transport: Private Taxi Bus

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____

Register class: _____

Admission number: _____

Waiting list: A B

Number on waiting list: _____

ID copy:

Transfer card:

Report card:

Birth certificate:

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried
 Foster care Childrens home Single parent - Divorced
 Other Re-composed Widow/Widower

Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng : Yes No

Learner attended school last year: Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?: Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?: Yes No

DECLARATION BY PARENT / GUARDIAN

I, _____ (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 hereunder, authorise 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 at _____ on _____ day of _____ 2020.

Signature of Parent / Guardian: _____

ACCOUNTABLE PERSON'S INFORMATION

 Biological Parent 1 Biological Parent 2 Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

Postal Code: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Language preference: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

Postal Code: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Bank account number: _____

Account holder: _____

DEBIT ORDER AUTHORISATION

I herewith authorize that the bankers of Bryanston Primary School, Standard Bank of S.A Ltd STANDARD BANK SOUTH AFRICA, may recover the following payments for _____ per debit order from my bankers (as indicated above under Banking Details) on the ___ day of every month:

- School fees for 2021 payable in/over: 1 Month 10 months
- Outstanding fees - Payment of R_____ for: 1 Month 10 months
- Extramural Activities (Specify): _____ After School Centre

Conditions

- Should the debit order payment for a month be rejected, a double payment for the next month may be charged as well as banking fees for the rejected payment.
- If a debit order is rejected for the second time, it will not be offered for payment again and I understand that I am liable for the full school fee and the costs thereof.
- This authorisation may be cancelled by giving the School 30 days written notice, and I agree that I am not entitled to any refunds of money withdrawn while this authorisation was effective to the extent that the money was legally owed to the School.
- I hereby agree that the party authorised to make withdrawals against my account, may not transfer or cede any of their rights to a third party without my written consent and I that I may not delegate any of my obligation in terms of this contract to a third party without the written consent of the authorised party.

Signature of Account holder: _____ Signed at: _____ Date: _____

CONTRACT WITH SCHOOL, WITH REGARDS TO PAYMENT

Agreement between Bryanston Primary School and _____ (Name of parent / guardian) with regards to the payment of school fees.

1. Bryanston Primary School 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, unless or to the extent that you have been exempted from payment in terms of the said 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.
4. Payment of school fees to Bryanston Primary School will be made as follows:
(Please tick the applicable block with a cross)
 - A Full payment (Once-off) on or before the last date as determined during the annual parent meeting.
 - B Payment over 10 months.
 - C Alternative arrangements will be made with the School in writing at my own responsibility and initiative.
5. I / We are aware of the application process for exemption of school fees for 2021 and if exemption is required, we will complete the relevant application form.
6. Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.
7. Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.
8. 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):

9. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

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

1. I, parent / guardian of _____ hereby give permission that he / she may participate in all academic, sport and culture activities presented by the school in an organised 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 drivers licences 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 organised 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 to obey the Code of Conduct and the disciplinary system of Bryanston Primary School 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.

Signature of Parent / Guardian: _____ Date: _____