



Campus 1: Nursery School Tel: 011 425 2680

Campus 2: Pre-Primary Tel: 011 849 2111

| OFFICE USE ONLY    |                   |  |
|--------------------|-------------------|--|
| Admission No:      | Admission Date:   |  |
| Class:             | Application Fee:  |  |
| Birth Certificate: | Registration Fee: |  |
| Immunization Card: | Deposit:          |  |
| Parent ID:         |                   |  |

### PARENT/GARDIAN INFORMATION

|  |   |                        |          |
|--|---|------------------------|----------|
| Does applicant have a brother or sister at Benoni Nursery School |   | Yes                    | No       |
| <b>FATHER</b>  |   | <b>MOTHER</b>          |          |
| Surname:   |   | Surname:               |          |
| First Name:  |   | First Name:            |          |
| I.D Number   |   | I.D Number             |          |
| Occupation:  |   | Occupation:            |          |
| Work Tel No:   |   | Work Tel No:           |          |
| Home Tel No:   |   | Home Tel No:           |          |
| Cell No:   |   | Cell No:               |          |
| Email address:   |   | Email address:         |          |
| Marital Status:  | M | D                      | S        |
| Doctors Name:  |   | Doctors Tel No:        |          |
| Your Residential address:  |   |                        |          |
| Postal Address:  |   |                        |          |
| Emergency Contact: (other than parent): Tel No:                  |   |                        | Cell No: |
| Contact Name:  |   | Relationship to child: |          |

### PUPIL INFORMATION

|                                    |                                   |     |      |
|------------------------------------|-----------------------------------|-----|------|
| Surname of Pupil:                  | Name of Pupil                     |     |      |
| Date of Birth:                     | Sex:                              | Boy | Girl |
| Home Language:                     | Present Age:                      |     |      |
| No. children in family             | Position of this child in family: |     |      |
| Previous School:                   | Previous School's Tel No:         |     |      |
| Will your child require aftercare? | Yes                               | No  |      |
| Siblings attending / attend FPS:   |                                   |     |      |

|  |                 |    |
|--|-----------------|----|
| <b>MEDICAL</b>   |                 |    |
| Medical Aid:   | Medical Aid No: |    |
| Family Doctor:   | Tel No:         |    |
| Allergies:   |                 |    |
| Nature of Birth:   |                 |    |
| Early Feeding difficulties (if any)                                  |                 |    |
| Present feeding difficulties (if any)                                |                 |    |
| Details of any serious illnesses or diseases:                        |                 |    |
| Toilet training: detail any difficulties (if any)                    |                 |    |
| Can your child help himself/herself at the toilet:                   | Yes             | No |
| Physical Problems: (include certificate/ doctors note if possible) : |                 |    |
|  |                 |    |
|  |                 |    |
| Learning Problems (include documentation)                            |                 |    |
|  |                 |    |
|  |                 |    |
| Does your child require medication; (ie Ritalin / insulin etc)       |                 |    |
| <b>GENERAL</b>   |                 |    |
| Details any habits (if any):   |                 |    |
|  |                 |    |
|  |                 |    |
| Details any speech difficulties (if any)                             |                 |    |
|  |                 |    |
|  |                 |    |
| Details any fears (if any):  |                 |    |
|  |                 |    |
|  |                 |    |

**THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS APPLICATION FORM:**

- A) A COPY OF THE CHILD'S BIRTH CERTIFICATE.
- B) IMMUNIZATION CARD
- C) COPY OF PARENTS ID'S
- D) CURRENT WATER & LIGHTS ACCOUNT (PROOF OF ADDRESS)

**TUITION FEES**

I hereby acknowledge that the tuition fees at Benoni Nursery School are compulsory for each year of education. I hereby accept the responsibility of paying all fees for my child that are due to Benoni Nursery School. I hereby acknowledge the one months' notice from the 1<sup>st</sup> of the month must be given in writing and notice for the following year must be given by the end of October.

PLEASE INDICATE YOUR PREFERRED METHOD OF PAYMENT:

1. Pay in full before the 31<sup>st</sup> of January.
2. Pay monthly by 1<sup>st</sup> of month – effective January to November.

Due to safety reasons we appeal to parents to please make use of one of the options listed below when paying your school fees:

- a) Internet payment
- b) Direct deposit (please use your child's name and surname as a reference.)

**PLEASE NOTE:**

**We, The Benoni Nursery School, do not guarantee entrance into Farrarmere Primary School.**

**I have read the above instructions and information and understand and accept the contents thereof:**

**SIGNATURE:**

\_\_\_\_\_

**Mother**

**Father**

Please print name for clarification: \_\_\_\_\_

**Guardian (if applicable):** \_\_\_\_\_ **Name:** \_\_\_\_\_

**INDEMNITIES:**

Child's Full Name: \_\_\_\_\_

I, the undersigned, being the legal guardian of the above named child, do hereby waive all and any claims against owners or personnel or employees of Benoni Nursery School, Benoni Nursery Aftercare and the Gauteng Education department from any liability howsoever caused, arising out of the injury, sickness or death of the above named child and/or injury to the above named child caused by other children to such child when such child is under the care of the owners or personnel or employees at Benoni Nursery School.

In the event of the above-named child having to be removed from the care of Benoni Nursery Aftercare facility at the request of either parent, with or without the consent of the absent parent, then such request shall be deemed to be a request by both parents and the owners or personnel, or employees of Benoni Nursery Aftercare shall be required to hand said child to such parent making the request.

SIGNED AT \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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

(Natural/Legal Guardian)

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

**MEDICAL INDEMNITY**

In the event of any injury being caused to the above-named child, howsoever caused, we authorise the owners/personnel/employees of Benoni Nursery School and Benoni Nursery Aftercare to instruct a Medical Practitioner to treat the said child at the discretion of such Practitioner, and that I/we accept full responsibility for any medical expenses relating hereto. Further, we authorise the said owners/personnel/employees to take the said child to the Medicross or Linmed for treatment and/or to engage an ambulance to effect such treatment.

SIGNED AT \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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

(Natural/Legal Guardian)