

412 Heatherbank Road, Theescombe Ellen: 0827748943 Nina: 071 602 8587

school@heatherbank.co.za

LEARNER APPLICATION FORM - 2026

CLOSING DATE - 27 June 2025

COMPULSORY DOCUMENTATION - TI PARENTS/GUARDIANS/SPONSORS		DATE RECEIVED DATE OF ADMISSION OFFICE USE			
Please note that your application cannot be consid the application form. Accepting the application form of An interview will be set up to complete the application You hereby agree that all information and documentati			ATTACH		
Birth certificate	In case of foreign national, parents' work permits		□	PLICANT ID	
Clinic card	Proof of residence (lease agreement or utility bill)		□ _{PH}	OTO HERE	
In case of foreign national, study permit	Previous school reports		7 '''		
Copy of both parents/guardian's ID/Passport	Transfer letter from previous school		71		
	Copy of sponsor ID (if applicable) Any psychologist or relevant report from doctor (if applicable)				

	LEARNER INFORMATION													
GRADE APPLIED FOR	PRE SCHO (3-4 YRS		PRE R 4-5 YRS)	R (5-6 YR:	S)	1		2	3	4	5		6	7
HIGHEST GRADE PASSED		•					ANY	REPE	ATED GRADE	S		'		
PRESENT SCHOOL							REA	ASON FO	OR LEAVING					
SURNAME:											G	ENDER	М	F
FULL NAMES:								PREF	ERRED :		'		'	'
LEARNER ID/PASSPORT									OF BIRTH:	DD	ММ	YYYY	AGE	
STUDY PERMIT NUMBER (FOREIGN APPLICANTS)								'					1	'
HOME LANGUAGE:								F	RELIGION:					
DEXTERITY	LEFT- HANDED	RIGHT- HANDED	вотн	(AMBIDEXTF	ROUS)			·						
RACE (AS REQUESTED BY THE DOE)	African Black	Asian Indian	Colou	red	White		Othe	er (CITIZENSHIP					
HOME ADDRESS (OF LEARNER)														
LEARNER LIVES WITH:									DECEASED P	ARENTS	;			
FIRST PARENT NAME & SURNAME								1	NUMBER					
SECOND PARENT NAME & SURNAME								1	NUMBER					
EMERGENCY CONTACT NAME & SURNAME			NUMBER											
SOCIAL GRANT NUMBER (IF					INTENDED MODE OF TRANSPORT PRIVATE S			CHOOL BUS						



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	PARENT INFORMATION - FIRST PARENT				PARENT INFORMATION - SECOND PARENT					ENT	
TITLE	MR	MRS	MS	INITIALS		TITLE	MR	MRS	MS	INITIALS	
NAME & SU	JRNAME					NAME & SUR	NAME				
ID/PASSPO NUMBER	RT					ID/PASSPORT	Г				
HOME ADD	RESS					HOME ADDRI	ESS -				
OCCUPATI	ON					OCCUPATION	N				
EMPLOYER NUMBER	R'S					EMPLOYER'S NUMBER	3				
WORK ADD	RESS					WORK ADDR	ESS				
CELLPHON NUMBER	IE					CELLPHONE NUMBER					
E-MAIL						E-MAIL					
MARITAL S	TATUS					MARITAL STA	ATUS				

	LEGAL GUARDIAN (if applicable)				SPONSORSHIP (if applicable)						
TITLE	MR	MRS	MS	INITIALS		TITLE	MR	MRS	MS	INITIALS	
NAME & SU	RNAME					NAME & SUR	NAME				
ID/PASSPO NUMBER	RT					ID/PASSPORT NUMBER	г				
HOME ADD	RESS					HOME ADDRE	ESS -				
OCCUPATION	ON					OCCUPATION	١				
EMPLOYER NUMBER	'S					WORK NUMB	ER				
WORK ADD	RESS					WORK ADDR	ESS				
CELLPHON NUMBER	E					CELLPHONE NUMBER					
E-MAIL						E-MAIL					
MARITAL S	TATUS										

NAMES OF OTHER CHILDREN IN FAMILY	DATE OF BIRTH	CURRENT SCHOOL	GRADE
1.			
2.			
3.			



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DECLARATION I	DECLARATION BY CURRENT/PREVIOUS SCHOOL OF THE LEARNER							
NAME OF SCHOOL:								
PHYSICAL ADDRESS:								
LEARNER SURNAME AND NAME:					IN GRADE			
CONTACT PERSON (NAME & NUMBER)								
CURRENT SCHOOL FEES PER ANNUM/MONTH								
PERSON REPONSIBLE FOR PAYING FEES				PAID VIA				
PARENT COMMITMENT TO FEES	GOOD PAYERS	EXEMPTED	IN ARREA	RS	HANDED OVER			
GENERAL COMMENTS, IF ANY								
	SCHOO	OL STAMP						

MEDICAL INFORMATION							
SPECIFY ANY ALLERGIES:							
SPECIFY ANY OPERATIONS:							
DICADII ITIEC.	EPILEPS\	/ DIA	BETES	VISION	HEARIN	G	PHYSICAL
DISABILITIES:	OTHER (SPECIFY)					·	
DOES YOUR CHILD WEAR SPECTACLES?	YES	NO	IS THE LEARNER ON CHRONIC MEDICATION?		YES	NO	PLEASE SPECIFY
ANY BEHAVIOURAL CONCERNS THE SCHOOL SHOULD BE AWARE OF							
ANY ACADEMIC CONCERNS THE SCHOOL SHOULD BE AWARE OF							



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	PAYMENT OF SCHOOL FEES							
		YES/NO (PLEASE USE Y OR	N)		Y/N			
 I am aware that Heatherbank Primary School, in terms of section 38-41 of the South African Schools Act, asks compulsory school fees that are determined by the Trustees. 								
2. I am aware that the school fees are set for one calendar year and are payable monthly in advance, over 11 months. The first payment includes the deposit of stationery/uniform/books and the January fee. Which after, there are 10 monthly payments left.								
3.	3. I am aware that the full outstanding school fees shall be paid by the 10 th of each month.							
4.	4. I am aware that non-payment of fees is a breach of contractual obligations by the signatories and that my child will be excluded (refused entry) in such a case (including the use of the bus).							
5.	I am aware that legal action will be taken arrangements have been made with the E			alternative				
6.	I undertake to pay the school fees as ann advance and I hereby pledge to honour m		s. I am aware that school fees a	re payable in				
WHO IS R	RESPONSIBLE FOR PAYMENT OF SCHOOL	FATHER	MOTHER OTHER (specify)					
SCHOOL	SCHOOL FEES WILL BE PAID AS FOLLOWS: ONCE-OFF FULL PAYMENT MONTHLY EFT PAYMENT IN ADVANCE MONTHLY PER DEBIT							

	ENROLMENT REQUIREMENTS & GENERAL						
	YES/NO (PLEASE USE Y OR N)	Y/N					
1.	I accept that disciplinary measures will be taken if my child transgresses the school rules, in accordance with the Constitutional rights of my child.						
2.	I undertake to ensure that my child will have stationery as required by the school.						
3.	I am aware of and understand the school's Language Policy, Code of Conduct for learners, Admission Policy. (These documents are available for perusal at the school's office.)						
4.	I accept that, once my child is enrolled, I need to supply the school with a calendar month's written notice of my intent to withdraw my child's enrolment at the school.						
5.	My child is allowed to participate in sport. (If not, please include a medical certificate to support this.)						
6.	I grant permission to the school to display photos/video of my child at school, on social media platforms (Facebook and Whatsapp) as per the POPI Act						
7.	I am aware that learners are responsible for school books assigned to them and I will have to bear replacement costs of any damaged or lost books at R200 per textbook.						
8.	I am aware that learners shall participate in the educational programme as prescribed by the Education Department, unless exemption has been granted by the Department.						
9.	I will take responsibility for ensuring that my child is adequately insured against any personal injury or related risks. I will also ensure that his/her personal belongings are adequately insured against loss. I understand and agree that the school staff cannot be responsible for any losses, injury or damage incurred. I indemnify the school and staff against any claims whatsoever related to my child.						
10	. I hereby agree to pay all costs incurred for damage done or losses caused by my child to school property and/or the bus.						
1′	. I am aware that all the conditions agreed to in Section 4 and 5 are binding for the entire period that my child is enrolled at Heatherbank Primary School.						
12	I am aware that this is an application form and not an acceptance form, and that an application in itself does not guarantee an interview or admission.						
✓ A ✓ T ✓ T	I am aware that the admission of my child will only be considered provided that: vacancy exists in the class applied for; he child is the correct age for that grade; he application forms and supporting documents have been properly completed, submitted on time and processed. he child shows sound behavioural qualities and academic effort. I am aware that the use of the bus is a privilege reserved for children who can behave/respect this transport from Walmer. I						
	understand that failure to do so, will result in the withdrawal of the bus pass.						



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DECLARATION & SIGNATURES

All parents shall be obligated to pay school fees in terms of sections 39-41 of the South African Schools Act. Take note that the definition "parent" according to the said Act is as follows:

- a) The biological or adoptive parents of the learner
- b) The person legally entitled to custody of the learner
- c) The person who undertakes to fulfil the obligations towards the learner's education at school.

NAME OF "PARENT" RESPONSIBLE FOR PAYING SCHOOL FEES	ID NUMBER	SIGNATURE	DATE

I am aware that this application will **not be taken into consideration** if any part of this application is incomplete or if any relevant documentation is not attached.

I hereby declare that I know and understand the contents of this application and that all information supplied by me is both true and correct.

NAME OF "PARENT" APPLYING FOR ENROLMENT	ID NUMBER	SIGNATURE	DATE

FEE STRUCTURE FOR 2026								
GRADE ADMISSION AND JANUARY SCHOOL FEE (PAYABLE 31 OCTOBER)		INCLUDES	MONTHLY SCHOOL FEE X10 (FEBRUARY - NOVEMBER) (PAYABLE BEFORE THE 10 TH OF EACH MONTH IN ADVANCE)					
PRESCHOOL (3-4 YRS) AND PRE-R (4-5 YRS)	R 2 000, 00	2X T-SHIRT	R 1 380, 00					
R (5-6 YRS)	R 2 700, 00	2X T-SHIRT, 1X SHORTS, 1X TRACKSUIT AND STATIONERY	R 1 380, 00					
1,2 AND 3	R 3 050, 00	2X T-SHIRT, 1X SHORTS, 1X TRACKSUIT AND STATIONERY/BOOKS	R 1 450, 00					
4,5,6 AND 7	R 3 560, 00	2X T-SHIRT, 1X SHORTS, 1X TRACKSUIT AND STATIONERY/BOOKS	R 1 560, 00					

FOR OFFICE USE ONLY					
DATE OF INTERVIEW:					
FATHER/MOTHER/OTHER:					
APPLICATION COMPLETE	YES	NO	APPLICATION ACCEPTED	YES	NO
SIGNATURE					
COMMENTS					