

ADMISSIONS FOR 2025

Dear Parent/Guardian

Thank you for applying to send your daughter to attend Longmarket Girls' School in 2025

Please return <u>ALL</u> the relevant documentation with the Application form or the form will <u>NOT BE CONSIDERED</u>

- APPLICATION FORM TO BE COMPLETED BY <u>BOTH BIOLOGICAL PARENTS</u>. IF EITHER IS DECEASED PLEASE SUBMIT DEATH CERTIFICATE. <u>IF A GUARDIAN COMPLETES THE FORM, PROOF OF GUARDIANSHIP FROM</u> THE COURT MUST BE ATTACHED.
- Financial Clearance Certificate from previous school/crèche.
- Declaration by parents/legal guardians.
- A **CERTIFIED COPY** of your child's unabridged birth certificate.
- CERTIFIED COPIES of both parents/legal guardians identity documents.
- A copy of your child's immunization card (please ensure that this is up to date).
- A copy of your child's latest pre-school report if you have one.
- A recent I.D. photo of your child (head and shoulders).
- LATEST 3 MONTHS certified salary slips of both parents/legal guardians <u>OR</u> if self-employed, proof of registration of business with South African Receiver of Revenue and latest company bank statements for 3 months
- LATEST 3 MONTHS Bank Statements to <u>verify above salary deposits</u> into bank accounts of both parents/legal guardians.
- List of income and expenditures
- Your most recent electricity account or other account in parent/ legal guardian's name received at residential address. (Fica process). Letters completed by ward councilors are <u>NOT</u> acceptable as proof of residential addresses.

Note: 2025 School Fees: - Gr RR, R, 1 is R 34 676.40, Gr 2, 3, 4 and 5 is R 30 888.00, Grade 6 to 7 is R 26 334.00

<u>NB:</u>- <u>Places are very limited</u> so <u>please apply at other schools</u> as well.



APPLICATION FOR ADMISSION

A.	PARTICULARS OF LEARNER:
1.	SURNAME:
2.	FULL FIRST NAMES:(AS PER BIRTH CERTIFICATE)
3.	(IF MORE THAN ONE NAME INDICATE THE NAME TO BE USED AT SCHOOL)
4.	DATE OF BIRTH:
5.	IDENTITY NO:
6.	HOME LANGUAGE:
7.	RELIGION:
8.	GRADE APPLYING FOR YEAR
9.	POPULATION GROUP:(AFRICAN/ COLOURED/ INDIAN/ WHITE)
10	. NAME, ADDRESS AND TELEPHONE NO. OF PREVIOUS SCHOOL (IF APPLICABLE)
	GRADE IN PREVIOUS SCHOOL:
11	. ARE ALL FEES PAID UP TO DATE AT PREVIOUS SCHOOL: YES NO
12	SISTER/S PRESENTLY AT LONGMARKET SCHOOL: GRADE: GRADE:
NAME	S OF SISTERS PREVIOUSLY AT LGS:

<u>Loyalty – Honour – Truth</u>

B. PARTICULARS OF PARENTS*: (If either is deceased please submit death certificate)

BIOLOGICAL FATHER/LEGAL GUARDIAN (If a Guardian completes the form proof of guardianship from the court must be attached.)	BIOLOGICAL MOTHER/LEGAL GUARDIAN (If a Guardian completes the form proof of guardianship from the court must be attached.)		
SURNAME FIRST NAME: I.D NUMBER: ARE YOU: SINGLE	SURNAME		
POSTAL ADDRESS:	POSTAL ADDRESS:		
TEL. HOME:	TEL. HOME:		
TEL. WORK:	TEL. WORK:		
CELL:	CELL:		
EMAIL:	EMAIL:		
OCCUPATION:	OCCUPATION:		
GROSS SALARY:	GROSS SALARY:		
COMPANY NAME AND ADDRESS:	COMPANY NAME AND ADDRESS:		
IF SELF-EMPLOYED FURNISH DETAILS OF BUSINESS:	IF SELF-EMPLOYED FURNISH DETAILS OF BUSINESS:		
SARS REGISTRATION AND TAX NO.:	SARS REGISTRATION AND TAX NO.:		
* Any reference to "parent", "mother" or "father" in this form is to be interp the South African Schools Act No. 84 of 1996 (as amended). This includes, in having legal custody or who has undertaken liability towards the education	oreted in accordance with the definition of "parent" as defined in section 1(1) of n addition to biological parents, an adoptive parent, legal guardian, person		

<u>Loyalty – Honour – Truth</u>

C. <u>H</u>	IEALTH PARTIC	CULARS OF LEARNER	<u>.</u>
1.	. PREVIOUS ILI	LNESS (NATURE AND	SERIOUSNESS):
2.	. DETAILS OF	ANY DISABILITIES:	
3.	MUST ATTAC	CH COPY OF THE IMMU	JNISATION CARD.
4.	MEDICAL AID	NAME:	5. MEDICAL AID NUMBER:
6.	MEDICAL AID	MAIN MEMBER:	
7.	NAME OF DO	CTOR:	8. TELEPHONE NO. OF DOCTOR:
9.	ALLERGIES:		
D. <u>U</u>		CONSENT AND INDE	
1. W	/E, (FULL NAMES)	FATHER (LEGAL GUARI	DIAN):
		MOTHER (LEGAL GUARI	DIAN):
<u>U</u>	INDERTAKE TO:		
A) B) C) D) E) F) G	Inform the school Ensure that this Ensure that the Acknowledge a To pay all costs We agree that the may be involve	pool of any infectious illness in a searner complies with the rule child attends school regularly and respect the ethos and values incurred for damage done of the principal or her designates d.	es and regulations of the school; y; should my child be absent, I will notify the school in writing the reason for being absent;
3.	We the undersi	igned Father/Mother(Legal Gu	uardian), hereby give consent for our child:
	otherwise) and child aforesaid, claims whatsoe the property or take all reasona	other expeditions arranged be, to indemnify, hold harmless ever that may arise out of any injury to the person of my ch	activities, including educational visits and tours, sport events (whether as a participant or by the school. We fully understand/undertake on behalf of ourselves, our executors, our and absolve the governing body, the principal and her staff against and from any or all act or omission whether negligent or otherwise in connection with any loss or damage to ild aforesaid in the course of such tour or excursion. Although the principal and staff, will hild's safety and welfare, we understand that this obligation shall not in any way affect or y herein contained.

E. UNDERTAKING IN RESPECT OF SCHOOL F	EES:
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We jointly and severally undertake to pay the school fees punctually in the manner laid down by the governing body and should we fail to do so we understand that:

- 1. In the event of the school having to take legal action against us for the recovery of any outstanding fees that we shall be responsible for the payment of all legal costs on the attorney and client scale to include tracing fees and collection commission at the prescribed legal rate.
- 2. For the purposes of this undertaking we choose either my/our home or work addresses as domicilium citanti et executandi (the address that I/we choose for the service of legal process).

FATHER'S (LEGAL GUARDIAN) PHYSICAL ADDRESS:	MOTHER'S (LEGAL GUARDIAN) PHYSICAL ADDRESS:		
			

Monthly Expenses	Amount
Rent or Mortgage	
Transport & fuel	
Mobile phone	
Health Insurance	
Lights & Water	
Food	
Other expenses	
Total	R

Monthly Income	Amount
Net Salary income	
Other income	
Total:	R

Total balance available for school fees /savings and/or other expenses	R
Total balance available for school rees / savings and/ or other expenses	

F. PROTECTION OF PERSONAL INFORMATION ACT ("POPIA")

I/We are hereby informed and accordingly consent to the processing of our personal information as set out in this agreement. The extent of the personal information relates to the personal, identifying, contact, residential, financial, correspondence, educational and behavioural information, as well as any assessments, evaluations and interpretations in respect of any of the aforesaid [hereinafter referred to as "Personal Information" as read with and otherwise contemplated in terms of the Protection of Personal Information Act 4 of 2013 ("POPIA")] and which Personal Information, subject to clause 5.5 the school and the Governing Body may collect, store, delete, outsource, transfer or otherwise process, as the context and circumstances may require from time to time, as contemplated in terms of POPIA.

- 5.2 I/We are hereby further informed and accordingly consent(s) that Personal Information shall be collected for purposes relating to the relationship that formed between the School, the Governing Body and I/us upon the enrolment of the learner(s) at the School, and that will continue to exist for as long as the learner(s) is enrolled at the School ("relationship") and all Personal Information required for processing incidental to the formation of this relationship. Such Personal Information shall only be processed by the School and the Governing Body or an authorised third-party operator for purposes relating to the aforesaid relationship, or any other third party where required in terms of applicable law, or where any additional information not incidental to the aforesaid relationship (if applicable) is processed by the School and the Governing Body in accordance with the circumstances, upon receiving prior consent from me/us.
- I/We hereby acknowledge and accordingly consent that the School and Governing Body may outsource the processing of my/our Personal Information to third party operators from time to time such as the governing bodies attorneys, tracing agents appointed by the aforesaid attorneys and/or other persons that may assist with the enforcement of this agreement or subsequent agreements concluded between myself/us as a result of the learner's enrolment and/or as the relevant circumstances incidental to the relationship may require, in accordance with the relevant provisions of POPIA.
- 5.4 I/We undertake to inform the School and Governing Body of any change in my/our Personal Information during the duration of the relationship.
- 5.5 I/We shall be entitled to request reasonable access to the Personal Information held by the School and Governing Body, in accordance with sections 23 and 24 of POPIA, as well as the correction, reduction or deletion thereof, as the relevant circumstances may require.

G. PERMISSION TO CONDUCT CREDIT SEARCH

I/We grant permission to the school's bursar and/or secretary and/or the school's Attorneys to make all and any enquiries and to conduct all and any investigations, as deemed necessary, in order to ascertain, determine and monitor my/our credit worthiness.

I/We acknowledge that if this application is acceptable that I/we will be required to sign an annual agreement to pay school fees and that my/our child/children will not be admitted to the school until such agreement has been properly signed.

We swear that the information submitted in this application form is the truth.

SIGNATURES:			
FATHER (LEGAL GUARDIAN):		_	
MOTHER (LEGAL GUARDIAN):			
DATED THIS	_ DAY OF	_ YEAR	_AT PIETERMARITZBURG

LONGMARKET GIRLS' SCHOOL



THIS FORM NEEDS TO BE COMPLETED BY YOUR CHILD'S EXISTING SCHOOL

FINANCIAL CLEARANCE CERTIFICATE

NAME OF FATHER:				
	NAME OF MOTHER:			
NAME OF LEARNER:				
I.D. NUMBER OF FATHER:				
I.D. NUMBER OF MOTHER:				
NAME OF SCHOOL WHERE LEARNER IS CU	JRRENTLY	'ENROLLED:		
ANNUAL FEES FOR	(YEAR)	AMOUNT:		
1. FEES PAID TO DATE:		AMOUNT:		
2. FEES OUTSTANDING:		AMOUNT:		
COMMENT:				
THIS IS TO CERTIFY THAT THE ABOVE PAR	RENT HAS	PAID SCHOOL FEES AS INDICATED.		
SIGNATURE OF PRINCIPAL/BURSAR		DATE		

SCHOOL STAMP

LONGMARKET GIRLS' SCHOOL



DECLARATION BY PARENTS

FULL NAME OF FATHER:			
I.D. NUMBER OF FATHER:			
FULL NAME OF MOTHER:			
I.D. NUMBER OF MOTHER:			
WE UNDERSTAND AND AGREE THAT IF (NAME OF LEARNER)			
IS ADMITTED AS A LEARNER OF LONGMARKET GIRLS' SCHOOL			
A) SHE WILL BE REQUESTED TO CONFORM WITH THE SCHOOL RULES, DRESS CODE AS WELL AS THE PRINCIPLES LAID OUT.			
B) FEES WILL BE PAID IN ADVANCE, MONTHLY, OR IN CERTAIN SITUATIONS, IN ACCORDANCE WITH SPECIFIC TERMS LAID DOWN BY THE SCHOOL.			
C) WE WILL BE JOINTLY AND SEVERALLY LIABLE FOR THE PAYMENT OF ALL SCHOOL FEES AND ALL ATTORNEY AND CLIENT COSTS AND COLLECTION CHARGES IN THE RECOVERY THEREOF IN THE EVENT OF DEFAULT.			
DATED THIS DAY OF : 20 PLACE:			
SIGNATURE OF FATHER:			
SIGNATURE OF MOTHER:			
WITNESS 1. NAME SIGNATURE I.D. NUMBER:			
WITNESS 2. NAME SIGNATURE I.D. NUMBER:			