

TELEPHONE: (033) 3942581 / 2
FAX: (033) 3427469
E-MAIL: admissions@longmarketschool.co.za
P.O.BOX 4045
WILLOWTON
3200



LONGMARKET GIRLS' SCHOOL
380 BULWER STREET
PIETERMARITZBURG
3201

APPLICATION FOR ADMISSION - YEAR _____

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 AT PRESENT SCHOOL _____
9. POPULATION GROUP: _____
(AFRICAN BLACK/ COLOURED/ INDIAN/ WHITE)
10. NAME, ADDRESS AND TELEPHONE NO. OF PREVIOUS SCHOOL (IF APPLICABLE)

11. ARE ALL FEES PAID UP TO DATE AT PREVIOUS SCHOOL: YES NO
12. SISTER/S PRESENTLY AT LONGMARKET SCHOOL: _____ GRADE: _____
ARE THEIR FEES UP TO DATE: YES NO

NAMES OF SISTERS PREVIOUSLY AT LGS: _____

B. PARTICULARS OF PARENTS: (If either is deceased please submit death certificate)
If a Guardian completes the form proof of guardianship from the court must be attached.

BIOLOGICAL FATHER <i>(not grandfather or stepfather)</i>	BIOLOGICAL MOTHER <i>(not grandmother or stepmother)</i>
SURNAME : _____	SURNAME : _____
FIRST NAME: _____	FIRST NAME: _____
I.D NUMBER: _____	I.D NUMBER: _____
ARE YOU: SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	ARE YOU: SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
RESIDENTIAL ADDRESS: (Full physical address)	RESIDENTIAL ADDRESS: (Full physical address)
_____	_____
_____	_____
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.: _____

RESIDENTIAL ADDRESS WHERE LEARNER RESIDES: _____

C. HEALTH PARTICULARS OF LEARNER

1. PREVIOUS ILLNESS (NATURE AND SERIOUSNESS): _____

2. DETAILS OF ANY DISABILITIES: _____

3. HAS THE PUPIL BEEN IMMUNISED? YES NO

4. MEDICAL AID NAME: _____ 5. MEDICAL AID NUMBER: _____

6. MEDICAL AID MAIN MEMBER: _____

7. NAME OF DOCTOR: _____ 8. TELEPHONE NO. OF DOCTOR: _____

9. ALLERGIES: _____

UNDERTAKING, CONSENT AND INDEMNITY

1. WE, (FULL NAMES) FATHER: _____

MOTHER: _____

UNDERTAKE TO:

- A) Promptly inform the school of any change of address, telephone no. or domestic situation;
 - B) Inform the school of any infectious illness in my household;
 - C) Ensure that this learner complies with the rules and regulations of the school;
 - D) Ensure that the child attends school regularly; should my child be absent, I will notify the school in writing the reason for being absent;
 - E) Acknowledge and respect the ethos and values of the school;
 - F) To pay all costs incurred for damage done or losses caused by my child/ward to school property (including books)
 - G) We agree that the principal or her designates may act in loco parentis in the event of any injury or accident in which our child/ward may be involved.
2. We understand that every pupil shall be expected to participate in physical education and other organised school activities.
3. We the undersigned father/mother, hereby give consent for our child:

to participate in the school's extra-curricular activities, including educational visits and tours, sport events (whether as a participant or otherwise) and other expeditions arranged by the school. We fully understand/undertake on behalf of ourselves, our executors, our child aforesaid, to indemnify, hold harmless and absolve the governing body, the principal and her staff against and from any or all claims whatsoever that may arise out of any act or omission whether negligent or otherwise in connection with any loss or damage to the property or injury to the person of my child aforesaid in the course of such tour or excursion. Although the principal and staff, will take all reasonable precautions for my/our child's safety and welfare, we understand that this obligation shall not in any way affect or diminish the complete exemption from liability herein contained.

UNDERTAKING IN RESPECT OF SCHOOL FEES:

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 PHYSICAL ADDRESS:

MOTHER'S PHYSICAL ADDRESS:

PERMISSION TO CONDUCT CREDIT SEARCH

I/We grant permission to the school's bursar and/or secretary 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: _____

MOTHER : _____

DATED THIS _____ DAY OF : _____ YEAR _____ AT PIETERMARITZBURG