110 Goldman Street, Florida, 1709 Tel: 011 472 0172 Email: info@fis.org.za NPC-2014/105271/08 NPO 306-982

APPLICATION FOR ADMISSION

GRADE APPLYING FOR	RR	R	1	2	3	4	5	6	7

YEAR APPLYING FOR ____ LAST GRADE PASSED ____

Documents Required

Certified Copies of the following documents must be attached to this application.

- ☐ UNABRIDGED BIRTH CERTIFICATE
- ☐ MOTHER'S ID
- ☐ FATHER'S ID
- ☐ LAST SCHOOL & MADRESSAH REPORT
- ☐ TRANSFER CARD
- ☐ PROOF OF RESIDENCE
- ☐ VACCINATION CARD
- ☐ NON-REFUNDABLE APPLICATION FEE (R500)
- ☐ FINANCIAL CLEARANCE
- ☐ FEE STRUCTURE AGREEMENT
- ☐ ENTRANCE EXAMINATION
- ☐ PROOF OF EMPLOYMENT

Foreign Nationals must submit the following additional documents

- ☐ STUDY PERMIT IN RESPECT OF LEARNER
- ☐ TEMPORARY OR PERMANENT RESIDENCE PERMIT FROM SOUTH AFRICAN DEPARTMENT OF HOME AFFAIRS
- ☐ IF ABOVE IS NOT AVAILABLE, EVIDENCE OF APPLICATION FOR SUCH DOCUMENTATION IS REQUIRED

General Declaration

- We, the undersigned, confirm that all information provided in this application is true, complete, and accurate to the best of our knowledge.
- We agree to abide by all terms and conditions set out herein.
- We further acknowledge that the application may be reviewed or withdrawn should any material information relevant to the learner or family be omitted or found to be inaccurate.
- **We understand that this is an application for admission only and does not guarantee acceptance**.

FATHER'S NAME		SIGNATURE	
MOTHER'S NAME		SIGNATURE	

Learner Information

FIRST NAME | SURNAME

ID NUMBER | DATE OF BIRTH (Y Y Y Y M M D D)

GENDER | AGE AT NEXT BIRTHDAY

LAST SCHOOL ATTENDED

HOME ADDRESS

POSTAL CODE

LANGUAGES

NO OF CHILDREN | POSITION IN FAMILY

COUNTRY OF BIRTH | NATIONALITY

DATE OF IMMIGRATION

NO OF SIBLINGS AT THE SCHOOL | NAME | GRADE

NAME | GRADE

NAME | GRADE

Father's Information

FIRST NAME | SURNAME

ID NUMBER | CELL

HOME ADDRESS

POSTAL CODE

Email

EMPLOYER

WORK ADDRESS

POSTAL CODE

WORK TEL | Occupation

Mother's Information

FIRST NAME | SURNAME

ID NUMBER | CELL

HOME ADDRESS

POSTAL CODE

Email

EMPLOYER

WORK ADDRESS

POSTAL CODE

WORK TEL | Occupation

Medical Information

FAMILY DOCTOR | TEL NO

ADDRESS

MEDICAL AID | MEDICAL AID NO.

ALLERGIES

MEDICATION

Contact in Case of Emergency

FIRST NAME | SURNAME

RELATIONSHIP | EMAIL

WORK TEL | CELL

Medical Declaration

The information supplied in this form will be strictly confidential and shall be made available only to appropriate persons.

IN CASE OF EMERGENCY:

I hereby give permission to qualified health personnel (Family Physician, School Nurse, Other Outside Emergency Medical Personnel or staff who possess a current First Aid Certificate) to provide treatment for my Child.

It is understood that teachers, the administration and the School Board personnel are not responsible for Medical Care costs.

Please Note

The success of the application is subject to an entry exam as well as the conditions set out by the school.

The responsibility lies with the Parent/Legal Guardian to advise the school of any changes in the Medical or Physical condition of the learner.

FATHER'S NAME		SIGNATURE	
MOTHER'S NAME		SIGNATURE	

EDUCATIONAL HISTORY OF LEARNER

Has your child/ward ever skipped or repeated a grade? **YES / NO**
If yes, which grade, year and why:

Has your child/ward ever been recommended or received an evaluation by an educational psychologist or specialist? **YES / NO**
If yes, please provide details:

Has your child/ward been suspended or expelled from school in the past two years? **YES / NO**
If yes, what was the misdemeanour?

OFFICE USE ONLY

The outcome of the application and/special instructions :

Approved/Rejected		DATE	
PRINCIPAL		SIGNATURE	

UNDERTAKING AND INDEMNITY

We, the undersigned, being the parents/guardians of the learner's name:

_____

1. Do hereby certify that the particulars furnished are true and correct and to immediately inform the school of any changes.
2. Understand that this application does not guarantee my child a place at this school.
3. Undertake that should our child be accepted, we will abide by the Rules and Regulations, and the Code of Conduct of the school, all of which we have read and understood. We will further ensure that our child will comply with at all times. Should our child breach any of them, then we will hereby irrevocably authorise the school to immediately de-register him or her, without reference or notification to us, and in which event we will have no claim whatsoever against the school.
4. Do hereby acknowledge that we are responsible for the due and punctual payment of the school fees. By our signatures here to, we irrevocably agree to comply with the school's Fee Policy and agree that if we should fail to pay the fees on the due date, then the school shall be entitled to take legal action in which event we will have no claim against the school whatsoever.
5. Do hereby absolve and hold harmless the school, the Board of Directors, the Principal and staff, employees and agents from any or all claims whatsoever that may arise in connection with any loss of or damage to property, or injury to the person of our child howsoever caused. We fully understand and accept that all activities, conveyance, tour, excursions and extra mural activities shall be undertaken at our child's risk and hereby designate the Principal and/ or any other person nominated by him or any other person acting on behalf of the school to act in loco parentis on our behalf, in the full knowledge that they will, take all reasonable precautions for the safety and welfare of our child. We cede our powers as parents/ guardians to the Principal of the School or his representatives should medical treatment be deemed necessary for our child.

Signature of father / guardian	
Signature of mother / guardian	
Date	

MEDIA CONSENT

During the school year, photographs will be taken of our learners as they participate in various school and sports events. These photographs may be used in various media platforms, including school presentations, newspapers, magazines and electronic media such as our webpage, Instagram, Facebook, Twitter, etc. The photographs may be of groups of learners or individuals and the learners' names may be used.

Please select one option.

☐ I give permission for my son/daughter/ward's photograph to be published

☐ I do not wish my son/daughter/ward's photograph to be published.

Please note that at times photographs of the whole school/large groups/ teams may be used, for example, sports team photographs. We cannot exclude specific learners from these group photographs.

Should this be a problem, the responsibility lies with the learner to exclude himself/herself from any group or team photographs.

Name of learner	
Name of parent/guardian	
Signature of parent/guardian	
Date	

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This form must be completed by the school that the learner is departing from and added to the FIS application form

FINANCIAL CLEARANCE CERTIFICATE

Name and surname of learner		
Current Grade		
Name and surname of person/s responsible for the account		
ID number of account holder/s		
Annual school fees for the current year		
Fees paid up to date (tick one)	Yes	No
Fees outstanding – Amount		

Comments: _____

I, _____, the authorised financial representative of (school) _____ declare that the above-mentioned information is accurate.

_____ Signature

_____ School's contact number

School Stamp & Date

I understand that enrolment depends on financial clearance from the previous school. In line with the school's privacy policy and in accordance with the National Credit Act (No. 34 of 2005) and the POPIA Act (No. 4 of 2013), I authorise the processing of my credit information solely to obtain the required financial clearance.

Signatures of:

Parent 1	Parent 2	Witness
