



412 Heatherbank Road, Theescombe
 Ellen: 0827748943 Nina: 071 602 8587
school@heatherbank.co.za

LEARNER APPLICATION FORM - 2025

CLOSING DATE - 14 June 2024

COMPULSORY DOCUMENTATION - TICKLIST FOR PARENTS/GUARDIANS/SPONSORS		DATE RECEIVED DATE OF ADMISSION <small>OFFICE USE</small>
<p><i>Please note that your application cannot be considered if the following documents do not accompany the application form. Accepting the application form does not secure a position in the school. An interview will be set up to complete the application process.</i></p> <p><i>You hereby agree that all information and documentation provided is truthful:</i></p>		
Birth certificate	In case of foreign national, parents' work permits	ATTACH APPLICANT ID PHOTO HERE
Clinic card	Proof of residence (lease agreement or utility bill)	
In case of foreign national, study permit	Previous school reports	
Copy of both parents/guardian's ID/Passport	Transfer letter from previous school	
Copy of sponsor ID (if applicable)	Any psychologist or relevant report from doctor (if applicable)	

LEARNER INFORMATION											
GRADE APPLIED FOR	00	0	R	1	2	3	4	5	6	7	
HIGHEST GRADE PASSED	00	0	R	1	2	3	4	5	6	7	
ANY REPEATED GRADES	00	0	R	1	2	3	4	5	6	7	
PRESENT SCHOOL					REASON FOR LEAVING						
SURNAME:							GENDER		M	F	
FULL NAMES:						PREFERRED NAME:					
LEARNER ID/PASSPORT						DATE OF BIRTH:		DD	MM	YYYY	AGE
STUDY PERMIT NUMBER <small>(FOREIGN APPLICANTS)</small>											
HOME LANGUAGE:						RELIGION:					
DEXTERITY	LEFT-HANDED	RIGHT-HANDED	BOTH (AMBIDEXTROUS)								
RACE <small>(AS REQUESTED BY THE DOE)</small>	African Black	Asian Indian	Coloured	White	Other	CITIZENSHIP					
HOME ADDRESS <small>(OF LEARNER)</small>											
LEARNER LIVES WITH:						DECEASED PARENTS					
FIRST PARENT NAME & SURNAME						NUMBER					
SECOND PARENT NAME & SURNAME						NUMBER					
EMERGENCY CONTACT NAME & SURNAME						NUMBER					
SOCIAL GRANT NUMBER <small>(IF APPLICABLE)</small>					INTENDED MODE OF TRANSPORT			SCHOOL BUS	PRIVATE	FOOT	



412 Heatherbank Road, Theescombe
 Ellen: 0827748943 Nina: 071 602 8587
school@heatherbank.co.za

PARENT INFORMATION - FIRST PARENT						PARENT INFORMATION - SECOND PARENT					
TITLE	MR	MRS	MS	INITIALS		TITLE	MR	MRS	MS	INITIALS	
NAME & SURNAME						NAME & SURNAME					
ID/PASSPORT NUMBER						ID/PASSPORT NUMBER					
HOME ADDRESS						HOME ADDRESS					
OCCUPATION						OCCUPATION					
EMPLOYER'S NUMBER						EMPLOYER'S NUMBER					
WORK ADDRESS						WORK ADDRESS					
CELLPHONE NUMBER						CELLPHONE NUMBER					
E-MAIL						E-MAIL					
MARITAL STATUS						MARITAL STATUS					

LEGAL GUARDIAN						SPONSORSHIP					
TITLE	MR	MRS	MS	INITIALS		TITLE	MR	MRS	MS	INITIALS	
NAME & SURNAME						NAME & SURNAME					
ID/PASSPORT NUMBER						ID/PASSPORT NUMBER					
HOME ADDRESS						HOME ADDRESS					
OCCUPATION						OCCUPATION					
EMPLOYER'S NUMBER						WORK NUMBER					
WORK ADDRESS						WORK ADDRESS					
CELLPHONE NUMBER						CELLPHONE NUMBER					
E-MAIL						E-MAIL					
MARITAL STATUS											

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



412 Heatherbank Road, Theescombe
 Ellen: 0827748943 Nina: 071 602 8587
school@heatherbank.co.za

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 REPOSIBLE FOR PAYING FEES				PAID VIA
PARENT COMMITMENT TO FEES	GOOD PAYERS	EXEMPTED	IN ARREARS	HANDED OVER
GENERAL COMMENTS, IF ANY				

SCHOOL STAMP

MEDICAL INFORMATION

SPECIFY ANY ALLERGIES:						
SPECIFY ANY OPERATIONS:						
DISABILITIES:	EPILEPSY	DIABETES	VISION	HEARING	PHYSICAL	
	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						



412 Heatherbank Road, Theescombe
 Ellen: 0827748943 Nina: 071 602 8587
school@heatherbank.co.za

Heatherbank
 Pre & Primary School

PAYMENT OF SCHOOL FEES			
YES/NO (PLEASE USE Y OR N)			Y/N
1.	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.		
3.	I am aware that the full outstanding school fees shall be paid by the 10 th of each month.		
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 against all parents who refrain from paying school fees, unless alternative arrangements have been made with the Executive Head, at the beginning of the year.		
6.	I undertake to pay the school fees as annually determined by the Trustees. I am aware that school fees are payable in advance and I hereby pledge to honour my financial commitments.		
WHO IS RESPONSIBLE FOR PAYMENT OF SCHOOL FEES?	FATHER	MOTHER	OTHER (specify)
SCHOOL FEES WILL BE PAID AS FOLLOWS:	ONCE-OFF FULL PAYMENT BEFORE 1 MARCH	MONTHLY EFT PAYMENT IN ADVANCE	MONTHLY PER DEBIT ORDER

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 and 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.	
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.	
11.	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.	
13.	I am aware that the admission of my child will only be considered provided that: <ul style="list-style-type: none"> ✓ A vacancy exists in the class applied for; ✓ The child is the correct age for that grade; ✓ The application forms and supporting documents have been properly completed, submitted on time and processed. ✓ The child shows sound behavioural qualities and academic effort. 	
14.	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 exclusion from the bus.	



412 Heatherbank Road, Theescombe
Ellen: 0827748943 Nina: 071 602 8587
school@heatherbank.co.za

Heatherbank

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:

- The biological or adoptive parents of the learner
- The person legally entitled to custody of the learner
- 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 2025

GRADE	ADMISSION AND JANUARY SCHOOL FEE (PAYABLE BY 31 OCTOBER)	INCLUDES	MONTHLY SCHOOL FEE X10 (FEBRUARY - NOVEMBER) (PAYABLE BEFORE THE 10 TH OF EACH MONTH IN ADVANCE)
00 AND 0	R1 550,00	2 X T-SHIRT	R1 050,00
R	R2 500,00	2X T-SHIRTS, 1X SHORTS, 1X TRACKSUIT AND STATIONERY	R1 280,00
1, 2 AND 3	R2 850,00	2X T-SHIRTS, 1X SHORTS, 1X TRACKSUIT AND STATIONERY/BOOKS	R1 350,00
4, 5, 6 AND 7	R3 260,00	2X T-SHIRTS, 1X SHORTS, 1X TRACKSUIT AND STATIONERY/BOOKS	R1 460,00

SCHOOL BANK DETAILS

LOVEMORE CHARITABLE & EDUCATIONAL FOUNDATION TRUST	
BANK	STANDARD BANK
ACCOUNT NUMBER	080 398 979
BRANCH CODE	050017
REFERENCE	YOUR CHILDS NAME AND SURNAME