



Shree Pretoria Hindu Seva Samaj

Established in 1932

264 - 13th Avenue
Laudium, Pretoria 0037
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PBO Ref No.: 930014581

P.O. Box 14368
Laudium, Pretoria 0037
Web: www.sphss108.co.za

"Satyameva Jayate" - Truth Alone Prevails

Celebrating 85 Years of Selfless Service



Shree Pretoria Hindu Seva Samaj Preschool

known as

The Balmandir

264 13th Avenue, Laudium, 0037

Tel: 012 374 6354

Email: sphss108@telkomsa.net

accounts@sphss108.co.za

Website: www.sphss108.co.za

APPLICATION FOR ADMISSION

ACADEMIC YEAR: 2018

DETAILS OF PUPIL

Surname: _____

First Name(s): _____

Date of Birth: _____ Present Age: _____ Years _____ Months _____

Gender: _____ Birth Certificate Number: _____
(Copy of birth certificate to be attached)

Nationality: _____ Home Language: _____

Residential Address: _____
_____ Code: _____

Postal Address: _____
_____ Code: _____

Home Telephone Number: _____

DETAILS OF PARENTS

1. Father

Title: _____ Surname: _____

First Name(s): _____

Marital Status: Single Married Divorced Widower

If divorced, who has legal custody of the child? _____

ID Number: _____
(Copy to be attached)

Residential Address: _____
_____ Code: _____

Postal Address: _____
_____ Code: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email: _____ Occupation: _____

Name of Employer: _____

Address of Employer: _____

Position Held: _____ No. of years with Employer: _____

Initial

2. Mother

Title: _____ Surname: _____

First Name(s): _____

Marital Status: Single Married Divorced Widower

If divorced, who has legal custody of the child? _____

ID Number: _____

(Copy to be attached)

Residential Address: _____

_____ Code: _____

Postal Address: _____

_____ Code: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email: _____ Occupation: _____

Name of Employer: _____

Address of Employer: _____

Position Held: _____ No. of years with Employer: _____

Who will bring you child to School? _____

Contact number of person bringing your child to school: _____

Who will fetch your child from School? _____

Contact number of person fetching your child from school: _____

1. Guardian's Details (if child is not in care of Parents)

Title: _____ Surname: _____

First Name(s): _____

ID Number: _____

(Copy to be attached)

Residential Address: _____

_____ Code: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email: _____ Occupation: _____

Initial

FEES STRUCTURE FOR 2018

1. **Annual Fee: (10% discount) Paid within the month of January**

$$570.00 \times 11 = 6\,270.00$$

$$6\,270.00 - 10\% = \mathbf{R\,5\,650.00}$$

Total contribution R 5 650.00

2. **Termly Fee: (5% discount) Payment at beginning of each Term (1st seven days)**

Payment made after 8th of the month will be charged an admin fee of R50 and interest will be charged at the rate of 12%p.a. on the outstanding fee.

$$570.00 \times 11 = 6\,270.00$$

$$6\,215.00 \div 4 - 5\% = \mathbf{R\,1\,490.00} \text{ per term}$$

Total contribution $1\,480.00 \times 4 = \mathbf{R\,5\,960.00}$

3. **Monthly Fee: Payment due by the 7th of each month (11 Monthly Payments)**

Payment made after 8th of the month will be charged an admin fee of R50 and interest will be charged at the rate of 12%p.a. on the outstanding fee.

$$\text{Monthly fee over 11 months} = \mathbf{R\,570.00} \text{ per month}$$

Total contribution $570.00 \times 11 = 6\,270.00$

Please note that there will be admin fee of R 100 (Non-refundable) when handing in your form.

Requirements/Checklist (for official use)

1. Copy of Learners Birth Certificate	
2. Copy of Learners Clinic Card	
3. Copy of Father's ID Document	
4. Copy of Mother's ID Document	
5. Copy of Guardian's ID Document	
6. Admin Fee R100.00 (non-refundable)	

Initial

DECLARATION BY PARENTS/GUARDIANS

1. I/We declare that all particulars furnished by me/us on and attached to this form are true and correct.
2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the above-mentioned child.
3. I/We hereby agree to:
 - Accept and support the ethos of the school;
 - Abide by the Code of Conduct set out by the School
 - Acknowledge the authority of the Board of Management, Principal and the teachers.
 - Accept responsibility for my child’s transport to and from School
 - Notify the Teachers/Principal/Administration Official, in writing, at least one (1) month in advance, in the event of my child leaving the school
 - Ensure that my child attends school regularly.

ALL THE ABOVE INFORMATION GIVEN IN THE ENROLMENT FORM IS TRUE AND CORRECT.

Signed at _____ this ____ day of _____ 20__

Signature of Father: _____

Signature of Mother: _____

Signature of Guardian (if applicable): _____

The applicant is required to initial each general information page relating to rules and regulations of the Balmandir School.

For administrative purposes

Enrolment forms collected by (Name & Signature): _____

Received by school on (Date): _____

Please note the following:

1. A copy of unabridged birth certificate must accompany the application.
2. If the child is not a South African National, a copy of a passport or another document is required.
3. Name of the child must match birth certificate or another official document provided
4. One enrolment form required per child
5. Form to be completed in print (CAPITAL LETTERS)
6. Indemnity form must be completed and handed in with the application form.
7. A copy of the child’s clinic card should be also handed in with the application form.

Initial

HEALTH QUESTIONNAIRE

Full Name and Surname of child: _____

Gender: _____ General Health Condition of the child: _____

What infectious diseases has your child had? (please tick where applicable)

Chicken Pox	Mumps	Whooping Cough	Measles	German Measles	Encephalitis	Meningitis	Other
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Is your child's immunization up to date? (Please tick immunization already obtained)

- Tuberculosis (BCG)
- Polio
- Diphtheria, Tetanus & Whooping cough
- Measles

Has your child had any serious operations or accidents? _____

Has your child a history of epilepsy or any other convulsions? _____

Has your child a history of ear infections, grommets etc? _____

Has your child any allergies? If yes please provide details: _____

Please provide any details of habits or difficulties that your child may have (e.g. nail biting, thumb sucking, bedwetting, night terrors, etc.) _____

Are there any other health problems that the teacher should be made aware of? _____

How would you describe your child's behavior? _____

What times does your child normally fall off to sleep at night? _____

Initial

Name of family doctor: _____

Address of doctor: _____

Contact number of doctor: (W) _____ (C) _____

In case of emergency at school, can a local doctor treat your child? _____

Name of Medical Aid: _____

Medical aid membership number: _____

For cases of emergency provide an alternate contact detail:

Name of person: _____

Contact Details: _____

Relationship to child: _____

I declare that the information furnished in the above Health Questionnaire is true and correct:

Signed at _____ this ____ day of _____ 20____

Signature of Father: _____

Signature of Mother: _____

Signature of Guardian (if applicable): _____

Initial