



Olive Ridge School

Pre-Primary

1 Calliope Street, Bloemfontein. Tel: 051 492 4847 @: www.olive-ridge-school.co.za

Application for Admission

FOR OFFICE USE ONLY: OUTCOME OF APPLICATION	
Preferential Acceptance:	
Accept:	
Waiting List:	
Unable to Accept:	
Decision Confirmed: Sign. Principal	
Decision Confirmed: Sign. Admission Secretary	
Application fee received (non-refundable):	
Debtors no:	Admission no:
Date Admitted:	Grade / Class:
Teacher:	Application for admission for year:

SECTION A: LEARNER INFORMATION	
Surname:	
Initials:	
Full Name:	
Name known by:	
Gender:	
ID no:	
CONTACT DETAILS OF LEARNER	
Residential address: (Attach proof of residence by means of copy of title deed or electricity account)	
Home telephone no:	
Father Cell no:	
Mother Cell no:	
Citizenship of learner:	RSA Other
If other, specify country:	
Language most commonly used at home:	
Tuition Language:	ENG AFR SOTHO
Deceased parents:	Father Mother Both None
Religious faith of learner (For statistical purposes)	
Transport to/from school:	Parents Driver Au Pair Grandparents Bus Other ...

SECTION B: Details pertaining to the learner's parents / guardians: (a Certified copy of both parents' / guardians' ID documents MUST accompany this application)	
Title:	
Initials:	
Surname:	
Full Name:	
Gender:	
Home Language:	
ID no:	
Residential address: (Attach proof of residence by means of copy of title deed or electricity account)	
Postal address: (To which communications must be sent)	Code
Home Tel no:	
Work Tel no:	
Fax no:	
Cell no:	
Email:	
Occupation:	
Employer:	
Work address:	
Relationship to learner:	
Marital status:	Single Married Widowed Divorced
Details of second parent / guardian	
Title:	
Initials:	
Surname:	
Full Name:	
ID no:	
Relationship to learner:	
Marital status:	Single Married Widowed Divorced
Occupation:	
Employer:	
Gender:	
Work Tel no:	
Cell no:	
Email:	
Residential address:	Code

SECTION C: Current School Information	
Is this the first enrolment in a school in the Free State:	YES NO
Current School:	None School in this province School in other province School in other country
Name of School:	
Address of School: (str. & suburb)	
Province:	

SECTION D: Details pertaining to matters of health.	
Does the applicant have any disability which could result in his classification as disabled? (This will not result in the applicant's disqualification)	Yes No If yes, which disability?
Applicant received vaccination / has been immunised against: (Supply copy of clinic card)	Haemophilus Influenza Type B Rubella Polio Smallpox Measles Tuberculosis Tetanus Hepatitis B Meningitis Rotavirus Pneumococcal disease Diphtheria Pertussis
Are there any medical issues of which the school needs to know? Describe:	
Past or present therapy in:	ADD ADHD Asperger Occupational Speech Audiologist Play Therapy
Is the learner right handed or left handed?	Right handed Left handed
Number of children in the family:	
Position in family: (first child = 1)	
In case of emergency, the school must:	Contact emergency services Contact parents Both Other ...
In case of emergency, contact this number/s:	
Learner blood type:	
Medical Aid:	
Medical Aid membership no:	
Main member:	

SECTION E: Data pertaining to the payment of school fees.	
Please note that Olive Ridge School is a private school in terms of the relevant legislation, and that by enrolling your child at the school, you are accepting an obligation to contribute financially towards the education he/she receives. Please refer to the Olive Ridge Fees Structure.	
I understand that Olive Ridge School is a private school, and I am willing and able to meet my obligations in this regard in full. YES NO	
Name the person responsible for payment of school fees:	Title: Initials: Surname:
Relationship to learner:	
Postal address of the person responsible for payment of school fees:	Code
Home Tel no:	
Work Tel no:	
Employer:	
Work address:	
Cell no:	
Email:	

SECTION F: Consent for credit check	
The school need to obtain credit reports and / or other related information on the account holder as part of the learner admission process. This information forms part of the learner admission contract. The information will be treated as confidential. Please read and sign below:	
I / We, the undersigned, hereby authorise Edulife Group and any of its associates to conduct credit inquiries and / or obtain credit reports as far as my / our credit profile is concerned. The information will be treated as confidential.	
Full names and surname of person responsible for school fees:	
ID/s:	
Latest 3 months bank statements are attached:	
Most recent payslip attached:	
Signature/s:	
Date:	

SECTION G: Declaration / Undertaking of parents / guardians

1. We have read and understood the statements on this form. The information supplied by us, individually or together, is complete and true in every respect. If any of the supplied information is found to be incomplete, incorrect, untrue or misleading, the School may cancel any offer of a place and refuse to accept any future application in respect of the same applicant.
2. We undertake to accept and abide by the Code of Conduct of the school, and such rules and regulations as are put in place by the School from time to time. We accept further that the applicant will be under the discipline control from the date on which he/she commences his/her studies at the school, to the date on which he/she is withdrawn from or leaves the school.
3. We accept that the school may:
 - 3.1 at its sole discretion, report to the parent, or guardian, any breaches of discipline by the applicant as it deems necessary / advisable.
 - 3.2 report to the same people on any matter concerning the progress, conduct, well-being or health of the applicant.
 - 3.3 take such steps as it deems reasonable in the event of the applicant becoming ill, being injured, or for any reason requiring medical attention.
4. As parents / guardians we jointly and severally accept responsibility for such school fees as are payable in terms of the law. Should we fail to meet this legal responsibility, and fall into arrears in terms of school fee payments, we accept that we will be liable for the arrears PLUS collection commission and all costs of recovery, including fees charged by attorneys on the scale as agreed between attorney and client.
5. We accept liability for any damage to the school or school property caused by the applicant, however it may occur.
6. Should this application be successful, we acknowledge and accept that a non-refundable enrolment fee will be required for learner registration.

Signature of parent / guardian:

Signature of second parent / guardian:

Signature of person responsible for school fees:

Date submitted:

SECTION H: Checklist (all signatures are essential). Attached documents must be certified copies of originals. No consideration can be done until the checklist below is complete. If the form has not been signed, it will not be processed. Please tick (√) below.

Have sections A, B, C, D, E, F and G of this form been completed?	
Have both parents / guardians signed the form?	
Has the applicant's most recent clinic card been included?	
Have certified copies of parents' / guardians' ID documents been included?	
If applicant is an SA citizen, has certified copy of birth certificate been included?	
If applicant is not an SA citizen, has a copy of passport and study permit been included?	
Are the details of the person responsible for school fees entered?	
Have you read and understood section G: declaration and undertakings of parent / guardians?	
Has the proof of residence been included?	
Proof of payment for application fee is attached?	
Consent for credit check has been signed, Section F?	
Latest 3 months bank statements are attached?	
Most recent payslip is attached?	