

Dolphin Coast Pre-Primary

info@dcpp.co.za
74 Hilary Drive, Ballito
032-9462979
0730605216
NPO No 065-464



APPLICATION FORM

DATE OF ADMISSION _____ GROUP _____ REG NO _____ ACCOUNT NO _____

| Desk/Adm in Levy Paid | Copy Mothers ID | Copy Fathers ID | Copy of Birth Cert. | Copy of Immunization Card | Aftercare (Time until) | Latest School Report | Utility Bill | Debit Order Form | School Fee Commitment Form | 3 Months Bank Statements |
|-----------------------------|-----------------------|-----------------------|------------------------|---------------------------------|---------------------------|-------------------------|--------------|---------------------|-------------------------------|--------------------------------|
| | | | | | | | | | | |

PUPIL INFORMATION

SURNAME: _____ CHRISTIAN NAMES: _____

BIRTH DATE: _____ ID NO: _____

MALE/FEMALE _____ NO. OF CHILDREN IN FAMILY _____ POSITION IN FAMILY _____

LAST SCHOOL ATTENDED _____ PROVINCE OF LAST SCHOOL _____

HOME LANGUAGE _____ RELIGION _____

HOW DID YOU HEAR ABOUT DOLPHIN COAST PRE-PRIMARY ? _____

IS YOUR CHILD/REN'S PHOTO ALLOWED TO APPEAR ON SOCIAL MEDIA YES ___ NO ___ SCHOOL WHATSAPP GROUP YES ___ NO ___

PLEASE ATTACH A FINANCIAL CLEARANCE FROM YOUR PREVIOUS SCHOOL.

PARTICULARS OF FATHER / LEGAL GUARDIAN (IF NOT FATHER)

NAME: _____ ID NO: _____

MARITAL STATUS: SINGLE / WIDOWED / MARRIED / DIVORCED

RESIDENTIAL ADDRESS _____ POSTAL ADDRESS: _____

TELEPHONE (W): _____ TELEPHONE (H) _____

CELLULAR NO: _____ E-MAIL _____

OCCUPATION: _____ NAME OF EMPLOYER: _____

PARTICULARS OF MOTHER

NAME: _____ ID NO. _____

MARITAL STATUS: SINGLE / WIDOWED / MARRIED / DIVORCED

RESIDENTIAL ADDRESS: _____ POSTAL ADDRESS: _____

TELEPHONE (W): _____ TELEPHONE (H) _____

CELLULAR NO. _____ E-MAIL _____

OCCUPATION: _____ NAME OF EMPLOYER: _____

2.

MEDICAL PARTICULARS OF CHILD

NAME OF DOCTOR _____

TEL. NO: _____

MEDICAL AID COVER YES ___ NO ___

NAME OF MEDICAL AID _____

NUMBER: _____

Against which of the following has your child been vaccinated/immunised?

Diphtheria _____ Whooping cough _____ Tetanus _____

Tuberculosis _____ Poliomyelitis _____ MMR _____

ALLERGIES: _____

DISABILITIES _____

ANY OTHER RELEVANT DETAILS/SEVERE ILLNESS ETC. _____

I _____ legal guardian of _____

fully understand that I am leaving my child at Dolphin Coast Pre-primary School at his/her own risk and I undertake, on behalf of myself, my executors, my spouse and my child to indemnify, hold harmless and absolve the Department of Education and Cultural Services, Principal of Dolphin Coast Pre-primary School, her staff and the School Governing Body against and from any/or all claims whatsoever that may arise in connection with any loss of damage of property or injury to my child whilst at Dolphin Coast Pre-primary School, in the knowledge that the Principal and her staff will nevertheless take all reasonable precautions for the safety and welfare of my child.

I also undertake to: Promptly inform the school of any change of address, telephone number or domestic situation. To inform the school of any infectious illness in my household. To ensure that this pupil complies with the rules and regulations of the school. To ensure the child attends school regularly. Give one calendar months notice in writing should I remove my child from the school. I have also read and will abide by the Rules and Regulations of Dolphin Coast Pre-primary School.

SIGNED: _____

DATE: _____

UNDERTAKING IN RESPECT OF SCHOOL FEES

I undertake to pay the school fees punctually in the manner laid down by the Governing Body i.e., before or on the 1st day of the month. Should I fail to do so I understand that:

Dolphin Coast Pre-primary School is an Independent School and therefore reserves the right to admission of any child with outstanding fees. I shall become liable for the payment of arrear fees together with interest calculated at 2% per month.

In the event of the school having to take legal action against me for the receiving of any outstanding fees, I shall be responsible for the payment of all legal costs, including attorney and client fees, tracing fees and collection commission.

For the purpose of this undertaking, I choose the following address as Domicilium citanti et executandi (physical address).

CONSENT FOR CREDIT CHECK – TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR FEES

I/We _____ parent/guardian of _____ hereby acknowledge that I accept that the school reserves the right to conduct appropriate credit checks on prospective parents/persons responsible to payment of school fees due by us not being paid and requires the consent to do so from the person(s) responsible for payment of fees, in order to consider and process this application. I/We authorise the school to inform any relevant credit bureau and have my/our name listed with them.

PHYSICAL ADDRESS: _____

NAME OF PARENT/GUARDIAN (RESPONSIBLE FOR FEES) _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____