



ALBIES ALLIGATORS PRE-PRIMARY

GRADE R REGISTRATION – 2027: LEARNERS BORN IN 2021



PLEASE NOTE: Albies Alligators Pre-primary School is a PRIVATE GRADE R entity. THE SCHOOL GOVERNING BODY is responsible for all applications and placements.

Date of Application:	D	D	M	M	Y	Y	Y	Y	Gender	Male	Female
Name & Surname of Learner:											
ID Number of Learner:											
Email for Correspondence:											
Cell for correspondence:											
IF APPLYING FOR MORE THAN ONE CHILD AT LAERSKOOL GENERAAL ALBERTS PRIMARY FOR 2027 ADMISSIONS, PLEASE WRITE DOWN NAMES AND GRADES OF SIBLINGS APPLYING FOR BELOW											
1.											
2.											

DOCUMENTS REQUIRED - Applications can be submitted directly to the school with ALL required documents. If you prefer to submit via email, it is your responsibility to ensure such is received. Forms & Documents should be sent as ONE complete PDF document and should be named with the learner's name & grade applying for i.e. John Smith Gr2.pdf. **EMAIL application back to:** applications@albies.co.za

1	Birth Certificate of Learner	7	Copy (Back and Front) of Medical Aid Card – if applicable
2	ID – Biological Father & Mother / Legal Guardian	8	Proof of Employment for both parents. Domestic Workers can submit UIF registration and contract of Employment.
3	Clinic Card showing Vaccinations	9	Legal Guardianship documents (COURT documents/ Official document from social worker) if child does not live with biological parents due to INCAPACITY or DEATH
5	Proof of residence MUST BE IN PARENTS' NAME (NOT OLDER THAN 3 MONTHS) <ul style="list-style-type: none"> Municipal Account Official rental agreement and Levy Statement Handwritten Municipal Adress Letter is only accepted for INFORMAL addresses. 	11	Foreign Students: <ul style="list-style-type: none"> Certified copy of Passport for parents and learner. Official proof of valid Permanent /Temporary Residency / Refugee /Asylum permit papers for parents and learner. No Handwritten birth certificate UNLESS a verification letter from Department. of Home Affairs is attached Persons classified as illegal aliens must, when making application for admission, prove that they have applied to the Department of Home affairs to legalize their stay in the country in terms of the Aliens Control Act 1991 (96 of 1991). Copy of Medical Aid card for learners requiring a Study Permit. (This is required to obtain a study permit)

11. ACCEPTABLE PROOF OF HOME ADDRESS

11. **Certified copies of the following documents are accepted as Proof of Home Address:**
- 11.1. **For Homeowners:**
- Municipal account** not older than 3 months in the name of the applicant parent bearing the full residential address of the parent
- 11.2. **Tenants / renters: applicants who are not owners of property. ALL the documents listed below:**
- Municipal account** not older than 3 months **in the name of the landlord (homeowner)** bearing the full physical residential address and details of tenant, **AND**
 - Certified copies of the following documents:**
 - A valid and current (during the application period) lease agreement signed by landlord and tenant, bearing the full physical residential; And
 - Rental Payment receipt with full physical residential address not older than 3 months; And
 - Statement of any account, **not older than 3 months**, in the name of the applicant parent bearing the full physical residential address of the parent



- ✓ R1 500.00 (PART PAYMENT OF FEES). **NB: PAYABLE ONLY ON ACCEPTANCE.**
- ✓ GRADE R FEES ARE **STRICTLY** PAYABLE BEFORE THE 3RD OF EACH MONTH –
- ✓ **ALBIELAND IS A PRIVATISED GRADE R - NO SUBSIDY**



ALBIELAND PRE-PRIMARY APPLICATION FORM

*Please complete using **BLOCK LETTERS**, black ink and initial each page.
Completing this form does not necessarily mean that the learner has been accepted into the school*

LEARNER INFORMATION													
SURNAME OF LEARNER:													
BIRTH NAMES: <i>(as shown on birth certificate)</i>													
PREFERRED NAME: <i>(No nicknames)</i>													
ID-NUMBER - LEARNER:													
PASSPORT NR - LEARNER:													
DATE OF BIRTH:								Dexterity of Learner <i>(Which hand does your child write with?)</i>	LEFT	RIGHT			
GENDER:	M	F	MODE OF TRANSPORT:										
PREVIOUS SCHOOL / NURSERY SCHOOL:									TEL.NR:				
NATIONALITY:	Code: _____	A1: SOUTH AFRICAN A2: CHINESE A3: PORTUGUESE A4: KONGOLES		A5: ANGOLESE A6: ZIMBABWEAN A7: ETHIOPIAN A8: OTHER									
POPULATION GROUP:	Code: _____	B1: BLACK B2: COLOURED B3: ASIAN B4: INDIAN B5: WHITE B6: OTHER											
ETHNIC GROUP:	Code: _____	F1: N. SOTHO	F2: S. SOTHO	F3: NDEBELE	F4: SWAZI	F5: TSONGA	F6: VENDA	F7: XHOSA	F8: ZULU	F9: TSWANA	F10: OTHER		
STATUS OF FAMILY: CODE: _____ <i>(e.g., 1)</i>	1 MARRIED LIVE WITH BOTH PARENTS			2 STEPFATHER				3 STEPMOTHER					
	4 WIDOWER			5 WIDOW				6 GUARDIANS					
	7 DIVORCED LIVE WITH FATHER			8 DIVORCED LIVE WITH MOTHER				9 ESTRANGED LIVE WITH MOTHER					
	10 ESTRANGED LIVE WITH FATHER			11 LIVE TOGETHER				12 SINGLE PARENT (never married)					
	13 OWN MOTHER / STEPFATHER			14 OWN FATHER / STEPMOTHER				15 2 ND MARRIAGE					
	16 OTHER (specify):												
INDICATE WITH x WHO THE LEARNER RESIDES WITH AND PHYSICAL ADDRESS:	BOTH PARENTS			LEARNER'S PHYSICAL ADDRESS & PRIMARY CONTACT NUMBER									
	MOTHER												
	FATHER												
	OTHER (SPECIFY)												
NUMBER OF CHILDREN IN HOUSEHOLD AND AGES:				AGE:		AGE:		AGE:		AGE:		AGE:	
BIOLOGICAL BROTHERS / SISTERS ALREADY ATTENDING GENERAL ALBERTS PRIMARY:	NAME:			GRADE:									
	NAME:			GRADE:									
	NAME:			GRADE:									
RELIGION:													
HOME LANGUAGE:								PREFERRED LANGUAGE OF INSTRUCTION:					
COUNTRY OF ORIGIN:													



FAMILY INFORMATION

FATHER / PRIMARY GUARDIAN DETAILS:

SURNAME:				
INITIALS:		TITLE:		
FULL NAMES:				
DATE OF BIRTH:				
ID NUMBER / PASSPORT NUMBER:				
CITIZENSHIP:		COUNTRY:		
PHYSICAL ADDRESS:				
	POSTAL CODE:			
HOME TELEPHONE:				
CELL NUMBER:				
E-MAIL ADDRESS:	<small>(Please write legible in print)</small>			
OCCUPATION:				
EMPLOYER:				
WORK ADDRESS:				
WORK TELEPHONE:				
RELATIONSHIP TO LEARNER:		LEARNER RESIDES WITH THIS PARENT: Indicate with X	YES:	NO:



MOTHER / SECONDARY GUARDIAN DETAILS:

SURNAME:				
INITIALS:		TITLE:		
FULL NAME:				
ID NUMBER / PASSPORT NUMBER:				
DATE OF BIRTH:				
CITIZENSHIP:		COUNTRY:		
PHYSICAL ADDRESS:				
	POSTAL CODE:			
HOME TELEPHONE:				
CELL NUMBER:				
E-MAIL:	<small>(Please write legible in print)</small>			
OCCUPATION:				
EMPLOYER:				
WORK ADDRESS:				
WORK TELEPHONE:				
RELATIONSHIP TO LEARNER:		LEARNER RESIDES WITH THIS PARENT: Indicate with X	YES:	NO:

NEXT OF KIN - CONTACT IN CASE OF EMERGENCY IF PARENTS CAN NOT BE REACHED

NAME AND SURNAME:	1.	2.
RELATIONSHIP TO LEARNER:		
CONTACT NUMBER: (C)		
CONTACT NUMBER: (W)		
CONTACT NUMBER: (H)		

FAMILY DOCTOR AND MEDICAL AID DETAILS:

NAME OF DOCTOR:		TEL.NR:	
MEDICAL AID AND PLAN:		MEMBER NR:	

MEDICAL & PERSONAL HISTORY

Specify special educational needs / medical condition / disability or Allergy. Please attach any relevant documentation regarding any ailment, disease, or disability which the school should know about.

SCHOOL FEES

Details of person responsible for school fees

ACCOUNT HOLDER:	Primary Guardian:	Secondary Guardian:	Other: (Specify)
SURNAME:			
INITIALS:			
TITLE:			
ID / PASSPORT NUMBER:			
POSTAL ADDRESS:			
	POSTAL CODE:		
PHYSICAL ADDRESS:			
	POSTAL CODE:		
HOME TELEPHONE:			
CELL NUMBER:			
OCCUPATION:			
EMPLOYER:			
WORK ADDRESS:			
	POSTAL CODE:		
WORK TELEPHONE:			
E-MAIL ADDRESS: (STATEMENT TO BE E-MAILED)	(Please write legible in print)		



Intake Form

Any physical disabilities? **YES / NO**

If **YES**, please state the disability:

Does your child wear spectacles: **YES / NO**

History of emotional issues (trauma, anxiety, depression, domestic challenges):

History of learning disability (dyslexia, dysgraphia, dyscalculia, ADD, ADHD, autism):

Assessments/evaluations done regarding the above-mentioned disability:

<u>Assessment</u>	<u>Doctor / Therapist</u>	<u>Date of evaluation</u>

****Please attach proof of medical reports, therapist reports and any other applicable evidence.***

Additional family information with regards to health problems, learning difficulties, trauma or domestic issues:

Medical history

Any current diagnosis: _____

Current medications: _____

Allergies: _____

Any additional information you would like the school to know about:

AGREEMENT WITH ALBIES ALIGATORS PRE-PRIMARY (SGB of L/S Generaal Alberts)

The parent/guardian undertakes to:

1. Notify the Governing Body of Laerskool Genl. Alberts Primary on behalf of Albies Alligators Pre-Primary within 14 days after change of address of his/her new address. The parent/guardian further confirms that any of the above addresses will serve as his/her domicile citandi et executandi address for the receiving of court process documents, should the parent/guardian fail to give notification of change of address.
2. Should the Governing Body deem it necessary to take any legal action with regards to the recovering of outstanding school fees, the parties agree to the jurisdiction of the Magistrate's court in the ALBERTON district, in accordance with the stipulations of article 45(1) of the Act on Magistrate courts, 32 of 1944.
3. Should the parent/guardian fail to pay school fees, interest will be charged at 15,5% per annum on outstanding accounts.
4. To apply for a subsidy in good time if parent/guardian experience financial problems.
5. In the case of legal action implemented at the discretion of the Governing Body of Laerskool Genl. Alberts Primary the parent/guardian agrees to the costs of the lawsuit between the parties as determined by the Magistrate's Court, on attorney and client scale, AS WELL AS recovering costs.
6. Parent/Guardian agrees irrevocably to the responsibility for the payment of tracing costs and expenditures that may be incurred in the future to trace the work- and/or home address, should it be necessary.
7. This is the full agreement between the Governing Body of Laerskool Genl. Alberts Primary and the parent/guardian of the mentioned learner, no changing of this agreement is valid unless changed in writing and signed by both parties.
8. Acceptance of the school rules / code of conduct unconditionally and undertake to always see that our son/daughter subjects him/her to the rules/code of conduct of the school.
9. Hereby acknowledge that I am fully liable for payment of school fees to Laerskool General Alberts Primary / Albies Alligators Pre-primary for the duration of my child's school admission as well as any outstanding amounts due to the school after the learner has transferred.
10. Agrees and consent that Laerskool General Alberts / Albies Alligators Pre-primary may forward school records and transcripts to forwarding schools when being transferred.
11. Agrees and consent that the learner may participate in all school activities, extra-mural activities, functions and events which takes part on the school premises.
12. Public school fees are a statutory duty in terms of the South African Schools Act No. 84 of 1996 (as amended), payable annually in advance at the beginning of each school year and such payment is compulsory, unless parents have been granted an exemption or partial exemption of school fees. Irrespective of marital status or divorce agreements, both parents are jointly and severally liable for the payment of school fees. Any divorce order is inter-parties binding on the parties thereto and does not affect the parents' liability to school fees.
13. I agree should any information provided in this application, which is found to be false or incorrect, will lead to the rescinding of the admission of this applicant. Admissions will be administered according to the school's Admission Policy.
14. Foreign learners / Immigrants herewith agree to keep their documentation up to date and to ensure that it is always valid and undertake to provide the school with updated permits / visas / documentation prior to expiry.
15. Parents / Guardians of foreign learners requiring a study permit acknowledge that they will apply for such as soon as a provisional acceptance letter is issued to a prospective learner. The school will need to be receive a copy of such permit or proof of application within 6 weeks.



CONSENT, INDEMNITY AND ACKNOWLEDGEMENT OF FEBT WITH RESPECT TO SCHOOL FEES

Consent and Indemnity

I hereby give my consent for my child to take part in extramural activities for the school, including educational excursions / tours, cultural and sports activities while attending this school. I fully understand and accept that my child's participation in all tours, excursions and sports activities shall be undertaken at indemnity, hold harmless and absolve the Governing Bode, Principal and Staff against any of all claims whatsoever that may arise in connection with my aforesaid child in the course of any such tour / excursion of cultural or sports activity. I agree that the school my contact me via e-mail / SMS / WhatsApp to improve communication between me and the school. I agree that the school and staff will not be held liable for the loss or damage to the learner's personal belongings.

Acknowledgment of debt

We agree that both parents, father, and mother and / or guardian are jointly and severally liable for the school fees as determined by statutory regulation annually and that fees will be paid in accordance with the requirements set out from time to time by the school for the duration of our / my child's school career at Laerskool General Alberts Primary / Albies Alligators Pre-primary. We also accept responsibility for any damage our child might cause to school property and will pay for such damage.

Mandate to gather personal information.

We understand the school's right to seek confidential information regarding personal finances and income and agree to the above when application for financial relief is applied for.

Protection of Personal Information

1. I/we, being the parent/s or legal guardian/s of the learner, consent to:
 - a. My/our personal information being collected, processed and stored by the school in terms of the relevant provisions of the Protection of Personal Information Act 4 of 2013 (POPI) for purposes of the proper functioning, management and governance of th3e school, as prescribed in the South African Schools Act, 84 of 1996 and other relevant national and provincial educational legislation and policies;
 - b. The learner's personal information (including academic, attendance, behavioral and other school related records) being collected, processed, shared and stored by the school in terms of the relevant provisions of the Protection of Personal Information Act 4 of 2013 (POPI) for purposes of enrolment of the learner in the school, the proper functioning, management and governance of the school, as prescribed in the South African Schools Act, 84 of 1996 and other relevant national and provincial educational legislation and policies.
2. I/we confirm that I/we have been informed that the abovementioned personal information will be dealt with in line with the school's POPI policy. I also confirm that I am aware that my/our rights with regards to the protection of my personal information is also detailed in this policy.
3. I/we give consent to the discreet use of photos / videos of my child to be used at the school, website, newspaper and / or WhatsApp.
4. I/we give consent that our information provided on the application form can be used for verification purposes.

I/we confirm that I/we understand that it is my/our responsibility to inform the school as soon as any of the personal information I have provided, changes and undertake to furnish the school with amended information as soon as possible.

I, _____ parent/legal guardian of _____ declare that all information provided on this form is correct and true and that I herewith understand and agree with the conditions and Indemnity and herewith give consent.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20____.

SIGNATURE: (FATHER / Guardian)

Name and Surname (Please print)

ID Number: _____

SIGNATURE: (MOTHER / Guardian)

Name and Surname (Please print)

ID Number: _____



ALBIES ALIGATORS PRE-PRIMARY SCHOOL

UNDERTAKING BY PARENT / GUARDIAN

(LEARNER'S FULL NAME AND SURNAME)

The parent / guardian undertakes to:

1. Indemnify ALBIES ALIGATORS PRE-PRIMARY SCHOOL, its employees and officials against any injury, damage, or any other loss by any person because of the behaviour of the child.
2. Indemnify ALBIES ALIGATORS PRE-PRIMARY SCHOOL, its employees and officials against any injury or sickness of the pupil and grant authorisation to the principal or any employee to give permission for any operation or medical attention that the pupil may need in an emergency, should it be impossible to contact the parents.
3. Clearly mark all items of clothing and all other belongings.
4. Indemnify ALBIES ALIGATORS PRE-PRIMARY SCHOOL against the damage or loss of any article that is brought to school by the child.
5. Collect the learner NOT LATER THAN 13:40 from ALBIES ALIGATORS PRE-PRIMARY SCHOOL. If you have a problem to collect the pupil in time, contact the school to make the necessary arrangements.
6. Notify the school when the learner is absent.
7. Acknowledge that acceptance for Grade 1 in 2028 is not automatic and parents will have to apply online.

PHYSICAL ADDRESS:

Signed by parent/guardian at (*place*) _____ on this ____ day of _____ 20 ____

SIGNATURE: (FATHER)

NAME AND SURNAME (PLEASE PRINT)

ID NUMBER: _____

SIGNATURE: (MOTHER)

NAME AND SURNAME (PLEASE PRINT)

ID NUMBER: _____

