



Shree Pretoria Hindu Seva Samaj

*Religious and Cultural  
Educational Centre  
(Gujarati School)*

264 13<sup>th</sup> Avenue, Laudium, 0037

# APPLICATION FOR ADMISSION

## for the academic year 2011

### PERSONAL INFORMATION

|   |                        |                |          |         |
|---|------------------------|----------------|----------|---------|
| Child's Surname:  | Male/ Female:          | Age:           |          |         |
| Full Names:   |                        | Nationality:   |          |         |
| Date of Birth:  | Birth Certificate No.: | Home Language: |          |         |
|   |                        |                |          |         |
| Home Address:   |                        |                |          |         |
| Postal Address:   |                        | Postal Code:   |          |         |
| Home Telephone Number:                                    |                        |                |          |         |
|   |                        |                |          |         |
| Father's Name & Surname:                                  |                        |                |          |         |
| Occupation:   | I.D. Number:           |                |          |         |
| Name of Employer:   |                        |                |          |         |
| Address of Employer:                                      |                        |                |          |         |
| Work Telephone No.:                                       | Cell Number:           |                |          |         |
|   |                        |                |          |         |
| Mother's Name & Surname:                                  |                        |                |          |         |
| Occupation:   | I.D. Number:           |                |          |         |
| Address of Employer:                                      |                        |                |          |         |
| Work Telephone No.:                                       | Cell Number:           |                |          |         |
|   |                        |                |          |         |
| Marital Status: (please mark with an × where appropriate) |                        |                |          |         |
| Single  | Married                | Separated      | Divorced | Widowed |
| If divorced, who has legal custody of the child?          |                        |                |          |         |

Names and ages of brothers and sisters.

**PERSONAL INFORMATION continued**

Guardian's details (If child is not in care of the Parents):

Name & Surname

Occupation:

Residential Address:

Work Telephone No.:

Home Telephone No.:

Cell Number:

Who will bring your child to School?

Telephone number of the person bringing your child to school?

Who will fetch your child from School?

Telephone number of the person fetching your child?

Person responsible for payment of registration and annual fee

Name & Surname:

Identity No.:

Email Address

Cell No.:

Home No.:

Please indicate when your child will be attending classes:

Weekday program: Tuesdays; Thursdays; Fridays (3:00 pm - 5:15pm)

Weekend program: Fridays (3:00 pm - 5:15pm)   
Saturdays (9:00 am - 12:30 pm)

Fee Structure:

Total Fee Per Annum (Annum = eleven months) .....R1 720,00  
Payment @ beginning of each Term (1<sup>st</sup> seven days) (4 termly payments:  
includes discount).....R 430,00  
Monthly Payment (1<sup>st</sup> week or 1<sup>st</sup> seven days of the month) .....R 150,00

Payment Method: (please mark with an × where appropriate)

| Cash   | Cheque | Internet Banking |
|--|--------|------------------|
| <p>Banking Details:</p> <p><i>Name: Shree Pretoria Hindu Seva Samaj</i></p> <p><i>Bank: First National Bank</i></p> <p><i>Account Number: 6223 8050 330</i></p> <p><i>Branch: 252245</i></p> <p><i>Reference: Guj/Child's name &amp; surname (very important)</i></p> <p>Proof of payment for electronic transfer must be given to the administrator managing school fees at the SPHSS</p> |        |                  |

## HEALTH QUESTIONNAIRE

|  |       |                |         |   |              |            |       |
|--|-------|----------------|---------|---|--------------|------------|-------|
| Name of child:   |       |                |         | Gender: Male / Female   |              |            |       |
| 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 |
| Is your child's immunization up to date? (Please tick immunization already obtained)   |       |                |         |   |              |            |       |
| ▪ Tuberculosis (BCG)   |       |                |         | <input type="checkbox"/>  |              |            |       |
| ▪ Polio  |       |                |         | <input type="checkbox"/>  |              |            |       |
| ▪ Diphtheria, Tetanus & Whooping cough   |       |                |         | <input type="checkbox"/>  |              |            |       |
| ▪ Measles  |       |                |         | <input type="checkbox"/>  |              |            |       |
| 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 behaviour?   |       |                |         | What times does your child normally fall off to sleep at night? |              |            |       |
| Name and address of family doctor?   |       |                |         | Telephone numbers of family doctor (surgery and cell)           |              |            |       |
| In case of emergency at school, can a local doctor treat your child?   |       |                |         |   |              |            |       |
| For cases of emergency provide an alternate contact detail:  |       |                |         |   |              |            |       |
| Name of person: _____  |       |                |         |   |              |            |       |
| Contact Details: _____   |       |                |         |   |              |            |       |
| Relationship to child: _____   |       |                |         |   |              |            |       |
| I declare that the information furnished above is true and correct:  |       |                |         |   |              |            |       |

Signature of parent / guardian

Name of parent / guardian

I....., Identity Number .....

Hereby agree and take responsibility of settling the annual school fees of the agreed amount in full settlement for the year 2011, final payment to be made on or before 30<sup>th</sup> November 2011 and made due to the Shree Pretoria Hindu Seva Samaj.

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

Name.....

Signature ..... Dated .....

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

Enrolment forms collected by:

Received by school on 20...../...../.....

Please note the following:

1. A copy of birth certificate must accompany the application.
2. If the child is not a South African National, a copy of a passport or other document is required.
3. Form to be completed in print (capital letters).
4. Name of the child must match birth certificate or other document provided as indicated in point 1 or 2.
5. One enrolment form required per child.
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 for first time enrollers.