



GREENWOOD PRIMARY SCHOOL

Email: admin@greenwoodschool.co.za

Web: www.greenwoodschool.co.za

Park Drive
Port Elizabeth
Centrahil
6006

PO Box 12992
Centrahil
6006

Telephone: (041) 585-4142
Facsimile: (041) 585-1066
Accounts: (041) 582-4141

| | |
|---|-------------------------------|
| APPLICATION FOR ADMISSION | LEARNER'S ID PHOTO |
| Thank you for considering Greenwood Primary School for your child. We have limited space available, so we advise you to apply to a minimum of five (5) schools. | |
| Name & Surname of learner: | |
| Grade applying for: | |
| Year applying for: | |

Application information and requirements:

- Please print in capitals and complete ALL sections, even if there is repetition.
- **Your application will only be considered if the documents listed below are all included.**
- Please note that supplying false information will invalidate this application.

The application must be accompanied by:

- a) One passport size photograph of the learner attached in the space provided.
- b) **Certified** copy of an Unabridged Birth Certificate of the learner.
- c) **Certified** copy of an Immunisation (Clinic) card of the learner as all children must be immunised.
- d) Proof of residential address of the child, a **certified** copy of either a municipal account or lease agreement.
- e) Copy of learner's latest school report (where applicable).
- f) **Certified** copies of Identity or Passport documents of both parents, guardians and/or account payers.
- g) Copies of the last 3 months' payslips and bank statements for both parents, guardians and/or account payers.
- h) **Certified** copy of Death Certificate should a biological parent be deceased.
- i) Proof of guardianship

On being shortlisted:

- a) If your child is shortlisted on the basis of the Admission Policy, you could be contacted telephonically and be requested to come for an interview.
- b) Parents and the learner must attend the interview.
- c) Please note that **not all applicants are called for an interview.**
- d) An interview does not secure a place at Greenwood Primary School.

On being accepted:

- a) All applicants will receive a reply telephonically or via e-mail.
- b) Should you be a successful applicant you will be contacted telephonically to report to the school office. You will sign a letter of acceptance and required to pay a deposit of R_____
- c) Once you have paid the administration fee all correspondence will be done via email.

Please ensure that your e-mail address is correct.



| LEARNER'S INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Full first names: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | Initials: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | Nationality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID Number | Passport Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Religion: | Gender: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home language: | Dexterity: (left or right-handed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential address: | Postal address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Learner's current school: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brothers/sisters at Greenwood Primary? | Name of sibling's Sport House: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sibling Name and Surname: | Sibling Name and Surname: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade: | Grade: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical aid name: | Specific medical aid plan: | Member number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctor's name: | | Doctor's phone number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please list any known allergies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any routine medications: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select any learning disabilities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Conduct Disorder | <input type="checkbox"/> Dyslexia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Auditory Processing Disorder | <input type="checkbox"/> Epilepsy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Hard of Hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Autistic Spectrum Disorder | <input type="checkbox"/> Dysgraphia | <input type="checkbox"/> Stuttering | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other learning disabilities not listed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| BIOLOGICAL MOTHER'S INFORMATION | | | | | | | | | | | | | | | |
|--|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Title: | | | | | | | | | | | | | | | |
| Full names: | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | | | |
| Initials: | | | | | | | | | | | | | | | |
| Marital status: | | | | | | | | | | | | | | | |
| Nationality: | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | |
| ID number: | | | | | | | | | | | | | | | |
| Passport number: | | | | | | | | | | | | | | | |
| Ethnic group: | | | | | | | | | | | | | | | |
| Gender: | | | | | | | | | | | | | | | |
| Home language: | | | | | | | | | | | | | | | |
| Mobile number: | | | | | | | | | | | | | | | |
| Home phone number: | | | | | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | | | | | |
| Residential address: | Postal address: | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | |
| Occupation: | Employer: | Employer phone number: | | | | | | | | | | | | | |
| | | <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Employer physical address: | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | |
| Gross annual income: | | | | | | | | | | | | | | | |
| Is learner living with this parent? | If not, who does the child stay with? | Relation to child: | | | | | | | | | | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | |

Signed at _____ on this the _____ day of _____.

Full name: _____ Signature: _____



| BIOLOGICAL FATHER'S INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Title: | | | | | | | | | | | | | | | | | | | | | | |
| Full names: | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | | | | | | | | | | |
| Initials: | | | | | | | | | | | | | | | | | | | | | | |
| Marital status: | | | | | | | | | | | | | | | | | | | | | | |
| Nationality: | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | | | | | | | | |
| ID number: | | | | | | | | | | | | | | | | | | | | | | |
| Passport number: | | | | | | | | | | | | | | | | | | | | | | |
| Ethnic group: | | | | | | | | | | | | | | | | | | | | | | |
| Gender: | | | | | | | | | | | | | | | | | | | | | | |
| Home language: | | | | | | | | | | | | | | | | | | | | | | |
| Mobile number: | | | | | | | | | | | | | | | | | | | | | | |
| Home phone number: | | | | | | | | | | | | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | | | | | | | | | | | | |
| Residential address: | Postal address: | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | | | |
| Occupation: | Employer: | Employer phone number: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
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| Employer physical address: | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | |
| Gross annual income: | | | | | | | | | | | | | | | | | | | | | | |
| Is learner living with this parent? Yes <input type="checkbox"/> No <input type="checkbox"/> | If not, who does the child stay with? | Relation to child: | | | | | | | | | | | | | | | | | | | | |

Signed at _____ on this the _____ day of _____.

Full name: _____ Signature: _____



| LEGAL GUARDIAN'S INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Title: | | | | | | | | | | | | | | | | | | | | | | |
| Full names: | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | | | | | | | | | | |
| Initials: | | | | | | | | | | | | | | | | | | | | | | |
| Marital status: | | | | | | | | | | | | | | | | | | | | | | |
| Nationality: | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | | | | | | | | |
| ID number: | | | | | | | | | | | | | | | | | | | | | | |
| Passport number: | | | | | | | | | | | | | | | | | | | | | | |
| Ethnic group: | | | | | | | | | | | | | | | | | | | | | | |
| Gender: | | | | | | | | | | | | | | | | | | | | | | |
| Home language: | | | | | | | | | | | | | | | | | | | | | | |
| Mobile number: | | | | | | | | | | | | | | | | | | | | | | |
| Home phone number: | | | | | | | | | | | | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | | | | | | | | | | | | |
| Residential address: | Postal address: | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | | | |
| Occupation: | Employer: | Employer phone number: <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Employer physical address: | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | |
| Gross annual income: | | | | | | | | | | | | | | | | | | | | | | |
| Is learner living with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> | If not, who does the child stay with? | Relation to child: | | | | | | | | | | | | | | | | | | | | |

Signed at _____ on this the _____ day of _____.

Full name: _____ Signature: _____



| ACCOUNTABLE PERSON'S INFORMATION | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Person accountable for payment of school fees: (please tick relevant box) | | | | | | | | | | | |
| Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | | | | | |
| If "Other", please complete the information below: | | | | | | | | | | | |
| Title: | | | | | | | | | | | |
| Full names: | | | | | | | | | | | |
| Surname: | | | | | | | | | | | |
| Initials: | | | | | | | | | | | |
| Marital status: | | | | | | | | | | | |
| Nationality: | | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | |
| ID number: | | | | | | | | | | | |
| Passport number: | | | | | | | | | | | |
| Ethnic group: | | | | | | | | | | | |
| Gender: | | | | | | | | | | | |
| Home language: | | | | | | | | | | | |
| Mobile number: | | | | | | | | | | | |
| Home phone number: | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | |
| Residential address: _____ | Postal address: _____ | | | | | | | | | | |
| Occupation: | Employer: | | | | | | | | | | |
| | Employer phone number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| Employer physical address: _____ | | | | | | | | | | | |
| | | | | | | | | | | | |

School Fees Policy: Terms and Conditions

1. Greenwood Primary School is declared a fee-paying school in terms of relevant legislation and by enrolling your child at the school, you are accepting an obligation to contribute financially towards the education he/she receives. School fees are payable either annually in advance or by monthly debit order. It is essential that each parent should accept his/her financial commitment in order to maintain the effective functioning of the school.
2. I/We understand the payment of school fees is compulsory and agree to pay by means of debit order, or otherwise monthly instalment in advance. I/We further understand that both parents are jointly and severally liable for the payment of school fees irrespective of what we may have agreed between us or as stipulated in any Order of Court.
3. I/We have been informed that if we are unable to pay fees I/we may exercise rights in terms of Section 41.



CONTRACT WITH SCHOOL: PAYMENT OF SCHOOL FEES

- We, parents/guardians of _____ hereby confirm that I/we have read and understand the School Fee Payment Policy of Greenwood Primary School and hereby accept the conditions thereof.
- We acknowledge that the payment of school fees at Greenwood Primary School is compulsory.
- We acknowledge that we as parents/guardians are jointly and separately responsible for the payment of school fees, as prescribed by the school.
- We hereby confirm that we are in a financial position to pay the prescribed school fees.
- We hereby acknowledge that that in the event of non-payment, action will be taken against BOTH parents regardless of any maintenance agreements which may exist between the parties.
- We acknowledge and agree that if we fail to pay the prescribed fees within 7 days from the date of demand, the full outstanding balance of the school fees shall immediately become due and payable.
- We acknowledge that in the event of any legal proceedings as a result of failure to pay, we agree to judgement in terms of section 58 of the Magistrates Court Act 32 of 1944, as amended and the issue of emoluments attachment order against my employers for the payment of school fees.
- We further consent that this document may be used for the aforesaid purposes.
- We consent to paying attorneys and client costs, including collection commission in the event of being handed over for collection.

Signatures of person / persons responsible for the payment of school fees:

Mother Name:

Signature:

Father Name:

Signature:

Legal Guardian Name:

Signature:

Other Name:

Signature:



CONTRACT WITH SCHOOL

- I, parent/guardian of _____ hereby give permission that he/she may participate in all academic, sport and cultural activities presented by the school in an organised manner.
- I agree that he/she may participate in tests conducted by the School Based Support team with the objective of improving his/her schoolwork and to identify any barriers to learning, in order to provide guidance.
- I give consent for my child to be transported by public/private bus companies (approved by the School Governing Body), as well as by Greenwood Primary Staff with a valid Professional Driver's Permit.
- I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of medical and/or hospital fees if enforced upon, in case of an injury.
- I hereby confirm that, as to my knowledge, my child is physically able to participate in any organised activities and resides in good health.
- I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of emergency.
- I undertake to inform Greenwood Primary School if any of the above information changes.
- I undertake to support my child to obey the school Code of Conduct and the disciplinary system of Greenwood Primary School.
- If my child has special education needs, I have declared this on the application form.
- Whilst my child is involved in school activities, I authorise the Principal (or appointed staff member) to act *in loco parentis*, including granting consent for medical treatment in the case of an emergency, once all reasonable efforts to contact the learner's parents/guardians have been made.

Please select one of the options below:

I hereby confirm that Greenwood Primary School **IS ALLOWED** to use imagery of my child on the school's Facebook page, Website or send to news publications.

OR

I hereby confirm that Greenwood Primary School **IS NOT ALLOWED** to use imagery of my child on the school's Facebook page, Website or send to news publications.

Signed at _____ on this the _____ day of _____.

Full name: _____ Signature: _____



TO BE COMPLETED BY YOUR CHILD'S PRESENT SCHOOL

The following learner is applying to attend Greenwood Primary School.
Kindly complete this form and return via email to admission@greenwoodschool.co.za

Name of learner:

Name of present school:

School telephone number:

Present grade:

Number of years at present school:

Behaviour / Attitude: *(For example: Exemplary, Good, Satisfactory, Unsatisfactory)*

Extra-mural activities:

Annual fees payable:

Please indicate if fees are paid up to date: Yes No

Means of payment: Cash Debit order EFT Stop order

Other Comments:

Signature of Principal:

Date:

School Stamp: