

SHAW PARK PRIMARY SCHOOL



PO Box 25, South Seas, 6172
 Tel: (046) 625 0798
 Email: shawpark@geenet.co.za



THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION FORM

Please initial the last column in the space provided alongside each item

1	Enrolment Form	
2	A recent ID-size photo of the learner	
3	The learner's most recent school report	
4	Proof of residence	
5	A CERTIFIED copy of the learner's birth certificate	
6	Copies of BOTH parents/guardian IDs (even if separated/divorced/unmarried) or death certificate, if applicable	
7	Court documentation providing Guardianship/foster placement	
8	Proof of income (not older than 3 months) <ul style="list-style-type: none"> • if employed, a certified copy of both parents' salary slip/bank statement • If unemployed, an affidavit plus confirmation of last employment • If self-employed, a copy of the last annual financial statements or a letter from SARS indicating your income. • If self-employed, a copy of the last 3 month's bank statements 	
9	The completed and signed School Fees Exemption & Check List	
10	A signed copy of the Conditions of enrolment	
11	Your signature in the space provided below	

I/We hereby acknowledge that:

- I/We have read the School Fee and Shaw Park Transport Fee documents and am/are aware that Shaw Park Primary is a fee-paying school and that I/ we are jointly and severally liable for all fees.
- I/We have read the School Fees Exemption document and am/are aware that I/we must make application by the latest, 30 September, and each year thereafter should i/we still require exemption.
- I/We hereby give consent for Shaw Park Primary School to perform a credit check with any credit bureau and/or to conduct any investigation to confirm any of the information provided by me/us.

SIGNATURE of PARENT/GUARDIAN/SPONSOR:

SIGNATURE of PARENT/GUARDIAN/SPONSOR:

Signed at (place): On the (day) (month)

YEAR APPLYING FOR: _____

ADMISSION NO: _____

ADMITTED GRADE: _____

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APPLICATION FOR ADMISSION

SHAW PARK BUS REQUIRED (PLEASE TICK):

PORT ALFRED : _____

BATHURST: _____

KLEINEMONDE : _____

FISH RIVER: _____

MPEKWENI: _____

WESLEY: _____

BELL/BODIUM: _____

HAMBURG: _____

KAP RIVER: _____

GRAVEL ROAD: _____

Information about the pupil (please use block capitals)

Surname: _____

First names: _____ Male / female _____

Preferred name: _____

Date of birth: _____

ID or passport no: _____

Home language: _____

Year and term of entry: _____

Grade to be entered: _____

Previous school attended: _____

Grades repeated: _____

Religious denomination: _____

Dexterity of learner? Right / Left Handed (Please circle)

Siblings: _____

Brothers (names & ages) _____ () _____ () _____ ()

Present schools: _____

Sisters (names & ages) _____ () _____ () _____ ()

Present schools _____

HOME ENVIRONMENT (please circle the appropriate response)

Does the pupil live with both biological parents? YES NO

Are the pupil's parents divorced? YES NO

Does the pupil live with a relative? YES NO

Is the learner an orphan? YES NO

HEALTH

Give details of anything of which the school should be aware (eg diabetes, epilepsy, serious allergies, asthma, etc.) and attach a medical certificate.

Does the pupil wear glasses? YES NO

Does the pupil have a hearing problem? YES NO

Does the pupil have any barriers to learning (eg ADHD, dyslexia)? YES NO

If yes, please give details.

Has the pupil been assessed for the above learning barriers? Has the pupils received any support or therapy for the above-mentioned barriers? Attach any reports or assessments from professionals (doctors, occupational therapists, psychologists, etc).



Please note that parents are obliged to notify the school if there are any changes of contact details.

THIS PAGE MUST CONTAIN BOTH PARENTS' DETAILS

Parent or legal guardian information

Father

Mother

Title (Prof/Dr/Mr/Mrs/Ms)

Surname:

First names:

Preferred name:

Dates of birth:

Occupation / profession:

Employer:

Marital status:

married / single / divorced / separated /
widowed

married / single / divorced / separated /
widowed

ID / passport no.:

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Nationality:

Residential address:

Postal code:

Postal address:

(for correspondence other than email)

Postal code:

Home telephone number:

Business telephone:

Cell:

Email:

Details of person responsible for paying school fees

Who is responsible for paying the fees: parent (s) / guardian(s) / other? If other, please fill in the details below.

Please note: parents are jointly and severally liable for school fees, regardless of their marital status. Copies of the account will be sent to the parent (s) and to the person responsible for the account, if not the parent (s).

Relationship to applicant (eg sponsor, employer of parent, etc.) _____

Title (Prof/Dr/Mr/Mrs/Ms)

Surname:

First names:

ID no.

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Occupation / profession:

Employer:

Residential address:

Postal code:

Postal address:

Postal code:

Home telephone number:

Business telephone:

Cell:

Email:





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CONDITIONS OF ENROLMENT

This section must be filled in by the person responsible for paying the account:

I, _____, have read all the documents contained in the application and am fully aware of the present fee structure of Shaw Park Primary School and accept responsibility for paying the school and bus fees of _____.

(Applicable to parents only): I understand that both parents (if still alive) are liable for payment of school and bus fees for as long as he/she is a *bona fide* pupil of Shaw Park Primary School.

The school reserves the right to allocate any and all funds paid to the school firstly to school fees and thereafter to bus/stationery/extra transport or any other fees.

Signed on this day, _____ (day/month/year), at _____ Place).

SIGNATURE _____

DATE _____

SIGNATURE WITNESS 1: _____

SIGNATURE WITNESS 2: _____

NAME : _____

NAME : _____

FEES AND PAYMENTS

- The 2023 school fee for **Grade 0 – 7 is R22 618.16** (School fee - R20 048.16; Stationery fee - R1 050.00; Extra Transport fee - R1 520.00).
- FEES MAY BE PAID IN FULL FOR THE YEAR (A 5% DISCOUNT WILL BE GIVEN ON THE SCHOOL FEE ONLY IF FEES ARE PAID IN FULL BY THE END OF JANUARY 2023) OR BY DEBIT ORDER OVER TWELVE MONTHS WITH REFERENCE: CHILD'S NAME & SURNAME**

Textbooks are issued on loan to the pupils and must be returned at the end of the school year. Damaged or lost textbooks will be debited to the pupil's account.

- Shaw Park School Bus fees: Port Alfred, Fish River, Kleinemonde and Bathurst - R15 888.00; Hamburg, Bodium, Bell, Wesley, Mgwalana and Mpekweni - R19 764.00; and Gravel Road - R8 496.00. Shaw Park Bus fees are payable in **ADVANCE**. Should Shaw Park Bus fee be in arrears by more than 1 month parents will have to find alternative transport for their children.
- Legal action will be taken when accounts are 60 days in arrears.** On or before the 31st January 2023, the person responsible for paying the account must email or send one of the following two documents to the Bursar's office at Shaw Park Primary School: deposit slip showing a deposit for the full year's fees PAID BEFORE THE END OF JANUARY 2023 (this will qualify for the 5% discount) OR a debit order copy indicating that a twelve month debit order has been initiated to cover the School Fees and Shaw Park bus fees. (DISCOUNT NOT APPLICABLE TO 12 MONTH DEBIT ORDER)

The school's banking details are as follows:

ACCOUNT NAME: SHAW PARK PRIMARY

BANK: STANDARD BANK GRAHAMSTOWN BRANCH CODE: 051117

ACCOUNT TYPE: CURRENT/CHEQUE ACCOUNT NUMBER: 280 307 748

REFERENCE: LEARNERS NAME AND SURNAME

- Please note that NO learner will be allowed on the Shaw Park School buses in 2023 if the full bus fees for 2022 are not paid up to date by the 31 December 2022.**

NOTE THAT NO EXCEPTIONS WILL BE MADE IN THIS REGARD.





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SCHOOL FEES EXEMPTION & CHECK LIST

Mark with a cross in the applicable box:

1	Have you been informed about the amount due in terms of the annual school fees?	YES	NO
2	Have you been informed that you are liable for the payment of school fees unless you are totally exempted from paying school fees?	YES	NO
3	Have you been informed about your right to apply for exemption from paying school fees?	YES	NO
4	Do you wish to apply for such exemption?	YES	NO
5	Do you wish to be assisted in making such application?	YES	NO
6	Do you understand that the onus/responsibility is on you to collect school fee exemption application forms from the Bursar's office during office hours.	YES	NO

NAME of PARENT/GUARDIAN/SPONSOR:

SIGNATURE of PARENT/GUARDIAN/SPONSOR:

NAME of PRINCIPAL:

SIGNATURE of PRINCIPAL:

Signed at (place): On the (day) (month)(year).....

CONDITIONS OF ENROLMENT

DECLARATION AND UNDERTAKING BY PARENT(S) / GUARDIAN(S)

- I/We and my/our son/daughter undertake to be bound by such rules and regulations of the school and bus as may be in force from time to time and as set out in the school's Code of Conduct. We undertake to support the full school programme, including fund raising activities as organised by a Fundraising Committee.
- I/we herewith acknowledge the contents of this application and accept the contents thereof. I/we grant Shaw Park Primary School permission to obtain information about my/our son/daughter from the previous school attended by him/her.
- I/We acknowledge that by enrolling my/our son/daughter/ward as a pupil at Shaw Park Primary School, I/we place the school *in loco parentis* with regard to my/our son/daughter/ward.
- I/We acknowledge that the School Governing Body shall have the right to adjust school and Shaw Park bus fees and the method of payment thereof.
- I/We acknowledge that married or divorced parents are jointly and severally liable for the payment of school and bus fees, notwithstanding any agreement that may exist between the parents.
- I/We undertake to pay, in advance, whatever fees and other amounts which may, from time to time, be due to Shaw Park Primary School. Should I/we be unable, for valid reasons, to make such payment in advance, I/we acknowledge that I/we will immediately and in writing, inform the Bursar and Governing Body of Shaw Park Primary School thereof and make arrangements with them to affect payment of such fees and other sums which are due.
- I/We acknowledge that should I/we fail to pay outstanding amounts to Shaw Park Primary School on the due date and without proper permission, timeously given: Shaw Park Primary School holds the right to refuse to allow my son/daughter onto the Shaw Park School buses for any period in respect of which the fees remain unpaid. I/We acknowledge that the payment of all fees is a contractual liability. I/We will be obliged to pay legal costs incurred by Shaw Park Primary School in respect of any action instituted to recover any amount due by me/us, on a scale as between an attorney and own client, together with collection commission on any instalments paid, calculated at 10% on the amount of each instalment.
- I/We acknowledge that I/we will be obliged to give Shaw Park Primary School **at least one term in advance written notice** of my/our intention to remove our son/daughter/ward from Shaw Park Primary School and that, should I/we fail to do so, I/we will be obliged to pay school and/or Shaw Park bus fees for one term, in lieu of notice, on demand.
- All information furnished in the application is up to date and correct. I/We understand that any incorrect information will result in the immediate cancellation of this application.
- The medium of instruction to be used at Shaw Park Primary School shall be English.
- I/We hereby indemnify Shaw Park Primary School, duly represented by its School Board and or the teacher/ teachers in the employ of the School Board and/or any other person taking part in any of the official and/or unofficial activities of Shaw Park Primary School against any claim arising or resulting from whatsoever cause whilst my/our son/daughter/ward partakes in any of the activities relating to or associated with Shaw Park Primary School and I/we furthermore undertake to keep Shaw Park Primary School indemnified and to hold the said school, duly represented as aforesaid, harmless against all loss or damage from any cause arising.
- A copy of this contract will be kept at the school. Should you require a copy, please contact the office.

NAME (in block letters)

SIGNATURE OF PARENT / GUARDIAN

DATE

NAME (in block letters)

SIGNATURE OF PARENT / GUARDIAN

DATE

