



# HELDERBERG

## PRIMARY SCHOOL

### APPLICATION TO REGISTER A LEARNER

#### A. Personal Information of the Learner who is being Registered at the School:

<b>Surname</b>					
First Name(s)					
Gender		Female		Male	
Place of Birth		Town		Country	
Nationality					
Date of Birth		Day		Month	
Identity Number / Passport Number					
Home Language					
<b>Residential Address</b>	Street				
	City				
	Postal Code				
<b>Postal Address</b>	Box Number				
	City				
	Postal Code				
Home Telephone Number		Area Code		Number	
Home Fax Number		Area Code		Number	
<b>Special Medical Condition (s)</b>		<b>If Yes, then please specify the details below</b>			
Chronic Illness(es)	Yes	No			
Allergies to Medicine	Yes	No			
Allergies to Food	Yes	No			
Recent Operation(s)	Yes	No			
Recent Hospitalisation	Yes	No			
Has your child recently been referred to:	Psychologist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/>				
	Speech Therapist <input type="checkbox"/> Paediatrician <input type="checkbox"/> Other <input type="checkbox"/>				
	Comments:				
<b>Name of Emergency Contact Person</b>					
<b>Relationship to the Learner</b>					
Home Telephone Number		Area Code		Number	
Work Telephone Number		Area Code		Number	
Mobile Phone Number					

please turn over / ...

**B. Personal Information of the Person Responsible for Payment of the Account:**

<b>Surname</b>					
First Name(s)					
Gender		Female		Male	
Place of Birth		Town		Country	
Nationality					
Date of Birth		Day		Month	
Identity Number / Passport Number					
Your Relationship with the Learner		Father	Mother	Guardian	Grandparent
<b>Residential Address</b>		Street			
		City			
		Postal Code			
<b>Postal Address</b>		Box Number			
		City			
		Postal Code			
Home Telephone Number		Area Code		Number	
Personal Mobile Phone Number					
Personal e-mail Address					
Occupation – Father					
Occupation – Mother					
Religion : Father (SDA, etc)					
Religion : Mother (SDA, etc)					
<b>Employer's Address</b>		Street / Box			
		City			
		Postal Code			
Work Telephone Number		Area Code		Number	
Work Fax Number		Area Code		Number	
Work e-mail Address					
<b>Name of your Medical Aid</b>					
Medical Aid and Membership Number					
Medical Aid Telephone Number		Area Code		Number	
<b>Full Name of your Family Doctor</b>					
Physical Address		Street			
of Medical Practice		Suburb			
		City			
Doctor's Telephone Number		Area Code		Number	
If NOT the Parent / Legal Guardian of the Learner, specify your legal relationship					
<b>Your Marital Status</b>		Single		Divorced	
		Married		Separated	
<b>Character Reference</b>		NAME :			
Address : Street					
City					
Postal Code					
<b>Relationship</b>					
<b>Where did you hear about our school?</b>					

please turn over / ...

### C. Academic Requirements of the Learner who is being Enrolled at the School:

Present School / Pre-School Name								
Postal Address								
Street								
City								
Postal Code								
School Telephone Number	Area Code		Number					
School Fax Number	Area Code		Number					
School e-mail Address								
Present School Grade	00	1	2	3	4	5	6	7
Applying for Grade	R	1	2	3	4	5	6	7

### IMPORTANT

- Incomplete forms / forms submitted without all of the relevant documentation will not be processed.
- This completed application form is accompanied by:

Please Tick:

R500 application / registration fee (*Non-refundable*). Cash or EFT only. **No cheques accepted.**

Copy of most recent school report / report from pre-school.

Certified copy of child's vaccination card.

Certified copy of child's birth certificate.

Copy of any psychologist, occupational therapist, speech therapist or other relevant reports (if applicable).

Work books used by the learner should be brought with on the day of the assessment as follows:

⇒ Grade 2 – 6 learners: Languages and Mathematics work books.

⇒ Grade 7 learners: work books for all subjects.

Copy of a valid study visa (foreign learners only.)

***According to Government legislation, all foreign learners need to be in possession of a valid study visa. We therefore cannot accept any foreign learner before such documentation is obtained from the Department of Home Affairs.***

The original school transfer letter from the school where the learner was enrolled. (To be submitted once learner is accepted at Helderberg Primary School)

Certified copy of both parents' I D documents.

Proof of residence i.e. Telkom / Municipality account or television license.

#### 3. **Grade 1 – 7 learners:**

The "Recommendation by Principal" document should be handed to the learner's previous school by the parent for completion, whereafter the school should return it to us by fax or email. The application will not be finalized until as such time as we receive this document.

- Completion and submission of this application form, accompanied by all of the required documentation in no way guarantees acceptance to the school.
- Non-disclosure of any important information relating to the applicant as requested in point 2 above may lead to the learner's registration being reviewed.

I have read the Helderberg Primary School brochure and know and accept what the school requires of us as parents, as well as of my child.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
Date

#### **LEARNER COMMITMENT (To be completed by GRADE 2 - 7 learners)**

*I have read the Helderberg Primary School brochure and am willing to comply with the stipulated requirements. I will be obedient to the school rules and will maintain Christian standards in order to fulfill these requirements.*

\_\_\_\_\_  
SIGNATURE OF LEARNER

\_\_\_\_\_  
Date

# HELDERBERG PRIMARY SCHOOL

We Learn to Serve



Recommendation by Principal

(Only for Grade 1 – 7 learners)

## ***Private and Confidential***

*The application form will only be considered after receipt of this form.*

*Please fax or e-mail this form directly to Helderberg Primary School.*

Email address: [hpsadmin@hbc.ac.za](mailto:hpsadmin@hbc.ac.za)

Fax Number (021) 855 1482

**NAME AND SURNAME OF LEARNER**

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**CURRENT GRADE OF LEARNER**

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**NAME OF PRESENT SCHOOL**

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**TELEPHONE NUMBER**

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The following to be completed by the Principal of the present school:

### **A Personal Qualities**

**Poor Average Good Excellent**

<input type="checkbox"/> Behaviour reflects respect for school property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Behaviour reflects and concern for teachers and other learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Punctuality : being on time for school and school programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **B Academic and Social Development**

<input type="checkbox"/> Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attempts to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Follows given instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shows respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shows respect for and adherence to school's Code of Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Learner's behaviour record at current school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C Other**

**Poor    Average    Good    Excellent**

↪ Payment of school fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
↪ Parent's involvement with school related affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
↪ Any other confidential information regarding learner	_____			

**D** Has the applicant spoken English for a minimum of 2 years? Yes / No

**E** Has it been recommended that the learner receive any form of professional intervention? Yes / No

**F** Have the parents complied with this recommendation? Yes / No

I hereby declare that the above-mentioned information is correct.

\_\_\_\_\_  
**Name and Surname of Principal**

\_\_\_\_\_  
**PRINCIPAL'S SIGNATURE**

SCHOOL STAMP

**DATE:** \_\_\_\_\_