



# HELDERBERG

## PRIMARY SCHOOL

admin@helderbergps.co.za

www.helderbergps.co.za

(021) 855 1482

### APPLICATION TO REGISTER A LEARNER

#### OFFICE USE ONLY

<b>DATE RECEIVED</b>	D	D	M	M	Y	Y	Y	Y	<b>Admin No.</b>								
Registration Fee									<b>CEMIS No.</b>								
School Report																	
ID Photo of Learner									<b>APP for Grade</b>								
Vaccination Card / Road to Health									Starting Date	D	D	M	M	Y	Y	Y	Y
Birth Certificate									Ending Date	D	D	M	M	Y	Y	Y	Y
Study Visa									Assessment	D	D	M	M	Y	Y	Y	Y
Father ID / Passport									Time			h					
Mother ID / Passport									DATE Accepted	D	D	M	M	Y	Y	Y	Y
FICA Documents									<b>ACCEPTED</b>	YES		NO					

#### SECTION A. Learner's Information

Surname																				
First Name(s)																				
Known Name											Gender	Female			Male					
Place of Birth	Town								Country											
Nationality								Date of Birth	D	D	M	M	Y	Y	Y	Y				
Identity Number / Passport Number																				
Home Language											Other Languages									
Religion / Denomination																				
Learner resides with	Father							Mother									Other: (specify)			
<b>Residential Address</b>	Street																			
	City								Postal Code											

#### SECTION B: Parent / Guardian Information

Relationship to Learner	Father										Mother						
Surname																	
First names																	
Title																	
ID Number / Passport																	
Home Phone No																	
Work Phone No.																	
Cell Phone																	
E-mail Address																	
Local Residential Address																	

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**SECTION B: Parent / Guardian Information Continue....**

Postal Address				
Postal Code				
Religion / Denomination				
Marital Status	Single		Married	
			Divorced	
			Separated	
Occupation				
Employer Company Name				
Employer Contact Person				
Employer Address				
Work Telephone No				
Work E-mail Address				

**SECTION C: Medical Information for LEARNER**

Name of Medical Aid			Medical Aid Number		
Medical Aid Contact No			Learner Dependant Code		
Principal Member Name:					
Family Doctor Name			Doctor Contact No		
Family Doctor Address					
<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			
Immunisation up to date	Yes	No			
<i>N.B. Learners should have been immunised against Tuberculosis (B.C.G.), Diphtheria, Whooping cough, Tetanus, Measles, German Measles, Mumps, Poliomyelitis. Immunisation against Poliomyelitis and Tuberculosis (B.C.G.) is legally compulsory.</i>					
Has your child recently been referred to:					
	Psychologist		Occupational Therapist		Speech Therapist
	Other (Specify)				
Comments					

## SECTION D: Emergency Contact People

	PERSON 1	PERSON 2
Relationship to Learner		
Surname		
First name		
Home Phone No		
Work Phone No		
Cell Phone		
E-mail Address		

## SECTION E: Character Reference

Surname		Relationship to Learner	
First name			
Work Phone No		Cell Phone	
Where did you hear about the School?			

## SECTION F: Person Responsible for Payment of the Account

Surname															
First Name(s)															
Relation to Learner	Father		Mother		Other: (specify)										
Identity Number / Passport Number															
Home Number															
Cell Number															
Email Address															
Postal Address	Box Number														
	City											Postal Code			
Residential Address	Street														
	City											Postal Code			

- Copy of ID / Passport AND Proof of Residential Address to be supplied for the person responsible for paying the account

## SECTION G: PARTICULARS OF PREVIOUS SCHOOL / PRE-SCHOOL

Present School / Pre-School Name															
Postal Address	Box Number														
	City											Postal Code			
Phone Number															
Email Address															
Present Grade	00	1	2	3	4	5	6	7							
Applying for Grade	R	1	2	3	4	5	6	7							
Will require Aftercare	YES		NO												

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# IMPORTANT

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

*Please Tick:*

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

Our banking details are: Name: Helderberg Primary School || Bank: Nedbank Somerset West ||  
Branch Code: 106012 || Account No: 1060 121 840 || Reference: Child's Name and Surname

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

Certified copy of child's vaccination card.

Certified copy of child's birth certificate.

Small ID photo of Learner.

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.

Certified copy of persons' I D document who is responsible for account (IF NOT PARENTS)

Proof of residence i.e. Telkom / Municipality account or television license. (For person responsible for Account)

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.
4. Completion and submission of this application form, accompanied by all of the required documentation in no way guarantees acceptance to the school.
5. 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: [admin@helderbergps.co.za](mailto:admin@helderbergps.co.za)*

**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"/>

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**C Other**

**Poor    Average    Good    Excellent**

<input type="checkbox"/> Payment of school fees	<input type="checkbox"/>	<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"/>
<input type="checkbox"/> Any other confidential information regarding learner	_____			

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**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**



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