## THUTO LEGACY HILLS PRIVATE SCHOOL



# **APPLICATION FOR:**

School Residence Grade Year ∐	
Year	

РНОТО		
DATE		

## **ADMISSION IN 2024**

ADMISSION NUMBER	
LEARNER INFORMATION	SIBLING INFORMATION
Full names:	Do you have any learners currently/previously in this school? YES NO Name of other learners(s):
Surname:	BROTHERS AND SISTERS
Preferred name:	Name Grade Name of school 1.
Date of birth:	2.
ID Number:	FAMILY INFORMATION
Nationality: RSA Other	Family Status: Both parents Childrens home
Religious denomination:	Single parent - Re-composed Unmarried Widow/Widower
Gender: Male  Female	Single parent - Other Divorced
Ethnic group:	Foster care
Home Language:	Parents deceased: Mother Father None
Learner's language preference:	LEARNER MEDICAL INFORMATION
Learner mobile number:	Chronic diseases:
Learner e-mail address:	Allergies:
Admission date: YYYY MM DD	Medication:
Grade in 2023:	Previous operation:
Years in Grade for 2023:	MEDICAL AID INFORMATION
Years in phase for 2023:	Medical aid name:  Telephone number:
Pre-primary education attended:	Member number:
Method of transport: Private Taxi Bus	Primary member:
Taxi / Bus registration number:	FAMILY DOCTOR INFORMATION
Name of driver:	Name:
	Telephone number:
Contact number:	Business address:
INFORMATION OF PREVIOUS SCHOOL/NURSERY	Have you had any of the following diseases/been treated for:
First registration of learner in Gauteng: YES NO	German measles Measles TB Diabetes Chicken pox Mumps Asthma Epilepsy
Learner attended school last year: YES NO	Diphtheria Ulcer Migraine
If yes, in which Province/Country:	Tonsils Heart Disease
Previous School:	NEXT OF KIN INFORMATION
Telephone number:	Name:
Address:	Contact Number:
Highest grade in previous school:	Alternative conatct number:
Reason for leaving the school:	Relation:

	<b>BIOLOGICAL</b>	PARENT / LEGAL GUARDIAN 1 INFORM	MATION	
	Full names:		Title:	Initials
	Surname:		ID/Passport no:	
P	Preferred name:		Communication preference:	SMS E-mail By hand
H	Home language:		Home Address:	
F	Postal address:			
		Postal code		
	Employer:_			Postal code
			Phone <i>Home</i> :	
	Work Address:			
		Postal code		
	Signature:			ng with this parent? YES NO
			MATION	
		PARENT / LEGAL GUARDIAN 2 INFORT		late at
			Title:	
	Surname:		ID/Passport no: Communication	
			preference:	
ŀ	Home language:		Home Address:	
F	Postal address:			
		Postal code Postal code		
	Employer:_			Postal code
	Occupation:_		Phone <i>Home</i> :	
	Work Address:		Work:	
			Mobile:	
		Postal code	E-mail Address:	
	Signature:		Is the learner livi	ng with this parent? YES NO
		OMPANY / CLOSED CORPORATION / T	DUST DESDONS	IRLE FOR ACCOUNT
		this part in if individual person		part in if company/corporation/trust
	Ti:le:	Initials	Title:	
	Full names:		Name:	
	Surname: Preferred name:		Registration No:	
	ID/Passport no:		Language preference:	
	Home language:		Contact no:	
	Language preference:		Fax number:	
	Communication Preference:	SMS E-mail By hand	Business address:	
	Mobile no:			Postal code
	Home no:		Postal address	
	E-mail address: Home address:		r ostar address	Postal code
		Postal Code		
	Postal Address:	Postal Code		
1				

#### SUMMARY AGREEMENT BETWEEN THUTO LEGACY PRIVATE SCHOOL AND THE UNDERSIGNED

#### **Declaration and undertaking**

I declare that the particulars furnished on this form to be true and correct, and I undertake to comply with the rules, regulations and decisions of the school, and any amendments thereto, which may be applicable to students and parents in general. I declare that I have perused the applicable school rules and policies and understand the contents thereof and accept it as binding on myself and the learner concerned.

#### **School fees**

I have read, understood and accept the financial policy of the school. I accept full responsibility for all amounts due to the school and I agree to pay the school fees strictly according to due dates. Failure which the account will be handed over to debt collectors. I understand that the school will take the necessary legal steps to recover any outstanding fees. I agree to give one calendar months' notice before removing my child from school. I undertake not to give notice later than October as November doesn't serve as a notice month.

I accept responsibility for the payment of fees for the above child before or on the seventh of each month:

#### No cash for school fees will be accepted on the premises.

#### Indemnity

- 1. I hereby give permission that the learner may participate in all academic, sport and cultural activities presented by the school in an organized manner.
- 2. I grant permission that my child may be transported by a public bus company approved by the school managreement. If there is only a small group of learners that need to be transported, parents/teachers with valid driver's licenses may be asked to transport them.
- 3. 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 the medical and/or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the gross negligence of the responsible staff.
- 4. I hereby delegate my powers as parent/guardian to the principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organized activities and he/she resides in good health.
- 5. 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 an emergency.
- 6. I undertake to inform the school if any of the above information may change.
- 7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Thuto Legacy as included in the Policy of the school.
- 8. I hereby confirm that the school is allowed to use imagery of my child in any official publication.

#### **THUTO LEGACY Values**

I undertake to uphold the values of THUTO LEGACY PRIVATE SCHOOL whenever I am involved in school related functions or activities. I will also be available to attend parents' meetings and functions to support the education of my child. I will respond timeously to letters, SMS's and calls made by the school.

Thuto Legacy hereby undertakes to offer quality teaching and other services of a high standard, to the best of our ability.

Father/Legal Guardian 1:	Mother/Legal Guardian 2:	o.b.o Thuto Legacy			

#### THUTO LEGACY HILLS PRIVATE SCHOOL



## **PAYMENTS / SCHOOL FEES**

### **Account Details**

Bank Name : Standard Bank

Holder : Thuto Legacy Hills

Acc No : 10139049922

Type : Mymobiz

Branch Code : 000205

### **Payment options**

1. Direct bank deposit

2. Electronic Funds Transfer (EFT)

3. D6 wallet payment

The institution does not accept cash





### THUTO LEGACY HILLS PRIVATE SCHOOL



## APPLICATION DOCUMENTS RECEIVED

Grade: The Check List							
L	EARNER'S DETAIL						
	Name :						
	Surname :						
	EARNER DOCUMENTS RECEIVED	(mark	with X)	REMARKS			
1	School application form	YES	NO	All details checked?			
2	Most recent school report	YES	NO		AG	E IN	2023
3	Unabridged Birth Certificate AND Copy of ID if over 16	YES	NO	Age correct?	Grade:	Age:	Born:
4	X2 recent ID photos	YES	NO		Gr 000 Gr 00	5	2017 2016
5	Confidential Assessment form completed by present school	YES	NO		Gr 0	6	2015
6	Learner questionnaire completed	YES	NO		Gr 1	7	2014
7	Subject Choice form completed	YES	NO		Gr 2 Gr 3	9	2013
8	Admission test attached	Pleas	e attac	h test to this form	Gr4	10	2011
	English	YES	NO		Gr 5 Gr 6	11	2010 2009
	Maths	YES	NO		Gr7	13	2008
	Afrikaans	YES	NO		Gr 8	14	2007
	Tswana	YES	NO		Gr 9 Gr 10	15 16	2006 2005
9	Study permit needed?	YES	NO		Gr 11	17	2004
10	Boarding Questionnaire and interview completed?	YES	NO		Gr 12	18	2003
P	ARENTS RESPONSIBLE FOR ACCOUNT INFORMATION	(mark	with X)	REMARKS			
1	Parents ID / Passport	YES	NO				
2	Medical aid card	YES	NO				
3	Salary advice or 3 months bank statements	YES	NO				
4	Proof of residence	YES	NO				
5	Parent information questionnaire	YES	NO	Please attach compl	eted blue	form	1
6	Parent Contract signed	YES	NO				
P	AYMENTS MADE	(mark	with X)	REMARKS			
1	Application fee: R150-00	YES	NO				
2	Registration fee: R2000-00	YES	NO				
3	School fees per month Gr R-3= R1600-00 Gr 4-9=R1700-00			00 per month			
NC	ACCEPTED STUDENT NUMBER AUTHORISED BY:  NOT ACCEPTED ACCEPTED FOR GRADE  Remarks to be considered for admission:  DATE: / /						