**Ting-A-Ling Pre Primary School**

**20 Karenteen, Meerensee**

**Tel. 083 6617 522**

**Email: tingalingpreprimaryschool@gmail.com**

**Email: Tingalingpreprimaryschool**

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**E**

Enrollment Form 2025

This form is to be completed by the Parent / Guardian. Please note all sections of this form has to be completed in order for this application to be successful.

**Please provide the following documents** :

1. Copy of I.D documents of both parents

2. Copy of unabridged birth certificate of child

3. Copy of clinic card

4. Proof of residence

5. Latest school Report (if possible)

DETAILS OF CHILD

Surname (Child) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Names (Child) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Child known as : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DETAILS OF FATHER

Father's Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Id Number of father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residential address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DETAILS OF MOTHER

Mother's Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Id Number of Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residential address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation of Mom \_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Work telephone no of Mom\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_ Work address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number of Mom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please inform us immediately of any change of your contact details**.

DETAILS OF GUARDIAN

Guardian's Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DETAILS OF TRANSPORT

Driver’s Name & Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell No of Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Vehicle Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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MEDICAL HISTORY

Family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immunization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous illnesses (please mark with an X)

Measles

German Measles

Chicken Pox

Scarlet Fever

Mumps

Hepatitis

Tuberculosis (TB)

Operations (Please mark with an X)

Tonsillectomy

Circumcision

Other (please specify)

5

Prone to infections (please mark with an X )

Ear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Throat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bladder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child develop high temperature and have fever convulsions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Medical History

Epilepsy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enclose a copy of the immunization card.

**PLEASE COMPLETE THE MEDICAL PAGES COMPLETELY, DO NOT LEAVE BLANK SPACES. IF YOUR CHILD HAS A MEDICAL PROBLEM…. PLEASE PROVIDE US WITH DETAILS.. FOR EXAMPLE ASTHMA, IS THE CHILD USING ANY PUMPS / MEDICATION?**

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MURAL ACTIVITIES AT SCHOOL

The following extra mural activities will be presented at the school by

our own Teachers.

▪ Movement Activities

▪ Music and Dance Activities

▪ Puppet Shows

**▪** Fantacy

Therefor all the children in the school will have the opportunity to participate in all the activities at no extra costs.

LUNCH AND SNACK TIME

○ We do not provide food.

○ Kids must please eat breakfast at home.

○ Kids must please bring their own lunch.

○ Full day kids must bring enough food for lunch and snack times.

○ Only healthy food please. No sweets, cake etc are allowed.

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MEDICINE

○ Please hand in all medicine at the office, please do not put it

in your child's bag.

○ Please remember to sign the medicine book which is at the

back of your child’s note book. No medicine will be given

without a parent's signature in the medicine book

MONTHLY PLANNER

○ Monthly Planners will be posted on Whatsapp during the first week of the month. All monthly activities are stipulated on the calender. Please let us know if you cell number change

CLOTHES, TOYS and BELONGINGS

○ Please make sure all your child's clothing and belongings are clearly marked with his / her name on it. A lot of clothes and shoes are getting lost because it is not marked. We don't take responsibility for any lost items from your child.

○ Please also make sure there is an extra set of clothes and a plastic bag in your child's bag in case of an emergency.

○ No toys, Cell phones or Ipads are allowed at school.

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PARENTS CONSENT /ACKNOWLEDGEMENT OF RULES & REGULATIONS

I Hereby give consent for my son / daughter to take part in the extra mural activities of the school, including games, athletics, educational tours and country excursions of historical or geographical interest, aswell as to make use of educational and play equipment at the school.

I fully understand accept that all tours and excursions and school activities shall be undertaken at my child's own risk and I indemnify, hold harmless and absolve the Principal and her permanent staff and paid or unpaid temporary assistants against and from any claim whatsoever that may arise in connection with any loss or damage to property or injury to the person of my child aforesaid in the course of any such tour excursion or school activity, in the knowledge that the Principal and her staff and paid or unpaid temporary assistants will nevertheless, take all the reasonable precautions for the safety and welfare of my child.

NB. PARENT OR LEGAL GUARDIAN TO SIGN THE FORMS

I, (Full Name & Surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The parent / legal guardian of :

Child's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| FINANCIAL CONTRACT | | |
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| AGREEMENT WITH SCHOOL AND ACCOUNT PAYER. | | |
|  |  |  |
| The account payer as described in the Enrolment form, filled by you, | | |
| herewith accepts liability for the account, and binds himself/herself | | |
| as the person for all fees payable to the school. | | |
|  |  |  |
| If the R1300 Enrolment fee is not paid with the application form, it | | |
| can be assumed that the application is unsuccessful. | | |
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| TERMS OF PAYMENT | | |
|  |  |  |
| The School fees are payable **before or on the 1st day of each month**. | | |
| School fees will be payable upfront with at least 1 (one) month eg. | | |
| Payment made on 31st January will be for the month of February, etc. | | |
| If you get paid on the **15th of each month** and you want to pay on the 15th , please note that the **payment must be upfront** and not in arrear, eg. If you pay 15th January it will be for the month of February and not January. |  |  |
| LATE PAYMENTS | | |
|  |  |  |
| School Fees NOT paid on the 1st of each month will be considered as | | |
| overdue. | |  |
| Accounts overdue will be suspended / or handed over to our attorneys  and all costs incurred in the collection will be for the parent’s account. | | |
| 10 | | |
|  | | |
| In the event that your account is not paid on the 1st of each month, | | |
| the school reserves the right to refuse the learner(s) to entry the | | |
| school's premises until the breach has been remedied. | | |
| In the event that your account is outstanding with 7 days or more, the  school reserves the right to withhold the learner’s report until | | |
| the breach has been remedied. | | |
| BREACH OF CONTRACT    In the event where the undersigned surety, account holder(s) or guardian  commits a breach of contract of any of the terms of this Agreement  and fail to remedy such breach from date of default, the school may  in its sole discretion:     * This Agreement constitutes the whole agreement between the   parties relating to the subject matter thereof.     * As part of the rights with being a private school, the school has the   right to withhold the learner's report card, refuse the learner entry  into the school's premises due to overdue accounts and handover  the overdue account to our attorneys.    LEGAL FEE  In the event where the school takes legal action against the account holder(s)  they will be liable for all the legal fees involved with the attorneys.  11  CANCELLATION  The account holder(s) undertakes to give 1 (one) written notice to the  school.     |  |  | | --- | --- | | 2025 SCHOOL FEE |  | | PAYABLE OVER 11 MONTHS |  | | **TIME** | **AMOUNT PER MONTH** |  | | 06H45 - 13H00 | R1800 – 00 |  | | No meals | 11 months |  | |  |  |  | | 13H00 - 15H00 | R1900 – 00 |  | | No meals | 11 months |  | |  |  |  | | 15h00 – 17H00 | R2100 – 00 |  | | No meals | 11 months |  | | | |
| **REGISTRATION FEE ONCE OFF R1300 - 00** IS PAYABLE WITH ENROLLMENT FOR NEW COMERS ONLY AND IS **NOT REFUNDABLE. This includes 2 school t-shirts.**  **Sizes available : 3-4 years ; 5-6 years ; 7-8 years**  **Please confirm size of t-shirts.**    12  SCHOOL HOURS  School hours, Educational Programme : 06H45 to 13H00 or  06H45 to 15H00 or  06H45 to 17H00  AFTER CARE IS AVAILABLE : 13H00 to 17H00  ◊ The school gate opens at 06H45.  ◊ The gate closes at 8H00 when the classes will start. Please make sure you are on time.  **PLEASE TICK WHICH TIME YOUR CHILD WILL BE FETCHED FROM SCHOOL (so that we can invoice your accordingly)**  **13h00 \_\_\_\_\_\_\_\_\_\_ 15h00 \_\_\_\_\_\_\_\_\_\_ 17h00 \_\_\_\_\_\_\_\_\_\_**  R1800 Per month R1900 per month R2100 per month  Fees can be paid as follows:  **NO CASH PAYMENTS ALLOWED AT SCHOOL PLEASE**  ● EFT  ● DEBIT / STOP ORDER AT BANK    **PLEASE DO NOT PAY CASH AT ANY ATM INTO OUR ACCOUNT,** **THE CASH BANKING FEES ARE VERY HIGH. IF YOU DO, YOU WILL BE LIABLE TO PAY THE BANK COST FOR THAT TRANSACTION**    13  PERSON RESPONSIBLE FOR PAYMENT **OF SCHOOL FEES EACH MONTH:**  NAME AND SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CELL NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    BANKING DETAILS  NAME OF ACCOUNT : Ting-A-Ling Pre Primary School  BANK : ABSA RICHARDS BAY  ACCOUNT NUMBER : 2150 158 683  BRANCH CODE : 632 005  REFERENCE TO USE : **Please use your CHILD’S NAME and**  **SURNAME as REFERENCE**    If you use any other REFERENCE than your child’s NAME AND SURNAME when you do an EFT payment, we will not be able to pick up your payment, therefor your statement will show outstanding amounts.      14 |  |  |
| **PARENTS - ACCEPTANCE OF THE RULES AND REGULATIONS OF TING-A-LING PRE PRIMARY SCHOOL**  NB. PARENT OR LEGAL GUARDIAN TO SIGN THE FORMS  (Full Name & Surname **DAD**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The parent / legal guardian of :  Child's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Full Name & Surname **MOM**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The parent / legal guardian of :  Child's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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