PIETERSBURG ENGLISH MEDIUM PRIMARY SCHOOL



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APPLICATION FORM: GRADE 1 -ONLY **ADMISSION 2023**

ACCOUNTS: Fax: 086 606 7961

E-mail: pempsaccounts@telkomsa.net

CONTACT NO: ___

Forms are available as from 24th May 2022. Please complete this form and return it to the School, as from the 6th June 2022, closing date for submissions is 29 July 2022. Please note that the school front office is open Monday to Thursday from 07:15 to 15:00 and Fridays 07:15 to 14:00. The school PAY OFFICE (SCHOOL FEE DEPT) is open Monday to Thursday from 07:15 to 15:00 and Fridays 07:15 to 13:30. You are reminded to attach the following documentation to this form:

- Certified copy of your child's birth certificate.
- Certified copy of your child's latest school report. 2.
- Official proof of residence (certified copy), e.g. Municipal Water and/or Lights account (the most recent), or lease 3. agreement on applicants name WITH AN AGENCY
- A certified copy of your child's Immunisation Card (Clinic Card). 4.
- A certified copy of your Medical Aid Card (both sides please). 5.
- Certified copies of parents' ID documents. 6.

(2) NAME:

Foreign students - study and residence permits If you are the guardian of this child, it is necessary that official legal proof is produced with this application.

PLEASE NOTE AN AFFIDAVIT IS NOT LEGAL PROOF OF GUARDIANSHIP.

	1 children should be born in 2016 and				
AVAILABLE AT 58 BUR	GER STREET on the 24th May 2022 a	nd return date for ap	plications is	from the 6th	June 2022 at GrR.
	NAME:				
FIR: (Plea	ST NAMES:ase underline name by which child is n	ormally called – as p	er birth cer	tificate)	
BOY OR GIRL:		DATE O	F BIRTH:	(Year / Mor	th / Day)
	# X 8	RELIGIO	ON (CHUK	OH);	
PROFICIENCY IN ENG	LISH: (Mark with a cross)	□ Very Good	□ Good	□ Poor	□ No English
NAME OF PRESENT SO	CHOOL/PRE-PRIMARY SCHOOL:				
	·			1 200 Maria (100 maria 100 mar	See Marie
TEL NO:	PRESENT GRA	DE:	GRADE	APPLIED F	OR:
NAME OF FATHER:	Surname)	(First Names)	10 ±		
		TO NO			
OCCUPATION:		5			•
EMPLOYER:		_ TEL NO	(W):		
NAME OF MOTHER:	(Surname)				
	(Surname)	(First Names)			
TEL NO (H):		CELL:			
OCCUPATION:		ID NO:		_	
EMPLOYER: MARITAL STATUS: (N *If Divorced, copy of Divo	Mark with a cross) MARRIED orce Agreement must be produced show	□ DIVORCED	SINGLE	PARENT at of School F	\square WIDOW
NEXT OF KIN: (1) NAM	ME:		CONTACT	Γ NO:	

	CDANDA DENTE
	WHOM DOES THE CHILD LIVE? - PARENTS - GRANDPARENTS - RELATIVES
	DENTIAL ADDRESS OF CHILD (Please do not use a friend's or false address as all applications are thoroughl
invest	igated)
NUM	BER OF CHILDREN IN FAMILY: BOYS GIRLS POSITION IN FAMILY: (e.g. 1st, 2nd, etc.)
	THER/SISTER CURRENTLY AT PEMPS: (N.B. Not cousins, only biological siblings) PMS
	YES, NAME AND GRADE OF CHILD/CHILDREN
IS TH	ERE ANYTHING REGARDING HOME CONDITIONS THAT YOU WOULD LIKE TO MENTION?
POST	AL ADDRESS OF PARENTS:
PERS	ON WHO WILL BE RESPONSIBLE FOR PAYMENT OF ACCOUNT
NAM	E:
	JMBER:
	LOYER:
	DENTIAL
POST	AL ADDRESS:
TELE	PHONE NO: HOME:
	BUSINESS:
D 344	CELL:
E-IVIA	IL ADDRESS:
ITHE	UNDERSIGNED, UNDERSTAND THAT THE FOLLOWING ALSO APPLIES:
1.	ADMISSION WILL FIRST BE GIVEN TO CHILDREN IN THE FEEDERZONE, THEN SIBLINGS OF CHILDREN ALREADY IN THE SCHOOL, (PROVIDED THEY ARE IN THE FEEDERZONE). Feeder Zones: Polokwane Central, Penina Park, Fauna Park, Bendor, Thornhill, Welgelegen, Eduan Park, Hospital Park, Ster Park
2.	IF YOU ARE THE GUARDIAN OF THIS CHILD, IT IS NECESSARY THAT OFFICIAL LEGAL PROOF IS
	IS PRODUCED WITH THIS APPLICATION. NOTE: AN AFFIDAVIT IS NOT OFFICIAL LEGAL PROOF OF GUARDIANSHIP.
	SHOULD IT AT ANY TIME APPEAR THAT A PUPIL HAS GAINED ADMISSION AT THE SCHOOL AS A RESULT OF FALSE INFORMATION, MISREPRESENTATION OR THROUGH ANY OTHER IMPROPER MEANS, THE SCHOOL RESERVES THE RIGHT TO WITHDRAW THE ADMISSION OF THE PUPIL AND TO LAY A CHARGE OF FRAUD.
3.	I undertake to be responsible for the proper keeping of LSM (Learner Support Material – Books) provided by the school and other relevant resources. I will personally (parent/guardian) ensure that such material is returned to the school in proper condition at the end of each academic year. In case of losses, I am liable for the replacement of such material.
NB! I	n addition, you hereby take note that (PEMPS) collects and processes personal information pertaining to the
prope	er functioning, management and governance of the school, as prescribed in the South African Schools Act 8
of 199	86 and other relevant education legislation and policies. The type of information will depend on the purpose
for w	nich it is collected, and will be processed for that purpose only.
I/We	declare that I/We have read the full content ants of this agreement with attention and understand it clearly.
<u>I, THI</u>	UNDERSIGNED, CONFIRM THAT ALL INFORMATION AS SUPPLIED IN THIS FORM IS CORRECT.
FULL	NAME & SURNAME:
CICN	ATTIDE.
SIGN	ATURE: DATE: