



UMnyango WezeMfundo
Department of Education

Lefapha la Thuto
Departement van Onderwys



LAERSKOOL FLEUR PRIMARY

P.O. Box 22022, Lyttelton, 0140
Hans Strydom Avenue 236, Lyttelton, 0140

Tel. 012 – 664 5796/7
Fax: 012 – 664 6189

E-mail: fleur@lsfleur.co.za

GUIDELINES ON HOW TO COMPLETE THE ADMISSION FORM

Dear prospective parents and learners

To complete the admission form you must:

1. Complete the form in **full** and ensure that all the information on the form is correct.
2. Submit **all** the required documentation:
 - **Transfer Card (Gr2-7)**
 - **Final (last) Report (Gr2-7)**
 - **Copy of both Parent's ID**
 - **Copy of learners birth certificate**
 - **Copy of learners immunization (clinic) card**
 - **Proof of residential address**

AN INCOMPLETE FORM WILL DELAY THE ADMISSION PROCESS.
3. Receive a number in writing when you hand in the form. This number will advise you of your position on:
 - Waiting list A if you live or work in the feeder zone.
 - Waiting list B if you live outside the feeder zone.
4. By the end of October of this year, you will be informed as to whether your child's application has been successful or not.
5. If you are unsuccessful, you will be given reasons in writing and the address of the MEC so that you may lodge an appeal if you wish to.
6. R500 Deposit is due with this form which will be part of the first monthly installment of the school fees. You will receive a receipt for this payment. School fees are payable in advance in the beginning of each month.
7. You may be required to complete or sign another form, but these are not a condition for admission to the school.

Thank you for submitting an application form to our school. Should you have any further queries, please do not hesitate to contact the school, using the details supplied above.

NUMBER ON WAITING LIST A : _____

NUMBER ON WAITING LIST B : _____

DATE OF RECEIPT OF ADMISSION FORM : _____

SIGNATURE OF SCHOOL OFFICIAL : _____



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Geagte ouer. Dankie dat u u kind by Laerskool Fleur kom registreer. Neem asseblief kennis dat volgens departementele opdrag mag slegs die skoolwapen by die vorms gevoeg word en is die vorms dus slegs in Engels beskikbaar. Ons vra dus verskoning vir enige ongerief in hierdie verband.

RIGLYNE OM TOELATINGSVORM TE VOLTOOI

Om die toelatingsvorm te voltooi moet u die volgende doen:

1. Voltooi die vorm **volledig**. Maak seker dat al die inligting op die vorms korrek is.
2. Dien **alle** verlangde vorms in.
 - **Oorplatingskaart (Gr2-7)**
 - **Finale (laaste) rapport (Gr2-7)**
 - **Afskrif van die leerder se geboortesertifikaat.**
 - **Afskrif van die leerder se immunisasie (kliniek) kaart.**
 - **Afskrif van albei ouers se ID's.**
 - **Bewys van woonadres (water en ligte of huurkontrak).****ONVOLLEDIGE VORMS SAL DIE TOELATINGSPROSES VERTRAAG.**
3. U moet 'n ontvangsbewys met 'n toegekende nommer ontvang tydens inhandiging. Hierdie nommer sal u adviseer t.o.v. u posisie van:
 - Waglys A – indien u in die skool omgewing woon en/of werk, of
 - Waglys B – indien u buite die skoolomgewing woon.
4. R500 deposito is betaalbaar wat deel uitmaak van die eerste skoolfooipaaierment. Skoolfooie is vooruit betaalbaar elke maand. U sal ook 'n kwitansie ontvang vir betaling gemaak.
5. Teen die einde van Oktober 2010, behoort u ingelig te word of u registrasieaansoek suksesvol is aldan nie.
6. Indien onsuksesvol sal u 'n geskrewe antwoord ontvang met die nodige inligting van die MEC in geval van 'n appél.
7. U kan ook versoek word om 'n ander vorm te voltooi en/of te teken, maar hierdie vorm is nie 'n voorwaarde vir toelating vir u kind in die betrokke skool nie.

Dankie dat u dié aansoek voltooi het. Indien u enige navrae het, kontak asseblief die skool by bo-staande inligting.

NOMMER OP WAGLYS A : _____
NOMMER OP WAGLYS B : _____
DATUM VAN ONTVANGS VAN REGISTRASIEVORM : _____
HANDTEKENING VAN BEAMPTTE : _____

Transfer Card /Oorplaasingskaart	Report Card /Rapport	Parent's ID /Ouers ID	Birth Cert /Geboortesertifikaat	Clinic Card /Kliniek Kaart	Proof of address /Bewys van woonadres	R500 Registration fee/R500 Registrasie fooi.
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APPLICATION FOR ADMISSIONS TO A PUBLIC SCHOOL

DATE OF APPLICATION: _____

DATE OF ADMISSION : _____

LEARNER DETAILS:

NAME OF LEARNER:	SURNAME:			
	FIRST NAME(S):			
DATE OF BIRTH: ID Number:				
SEX: Male or Female				
GRADE APPLYING FOR:				
LEARNER STAY WITH:	BOTH PARENTS	MOTHER	FATHER	OTHER DETAILS:
LEARNER'S HOME ADDRESS:				

PARENT'S DETAILS:

FATHER/GARDIAN:	SURNAME:		TITLE: Dr/Rev/Mr/Mrs	
	FIRST NAME(S)			
HOME ADDRESS: (if differs from above)				
POSTAL ADDRESS:				
CONTACT DETAILS:	HOME:	WORK:	CELL:	FAX:
WORK ADDRESS:				
MOTHER/GARDIAN:	SURNAME:		TITLE: Dr/Rev/Mr/Mrs	
	FIRST NAME(S)			
HOME ADDRESS: (if differs from above)				
POSTAL ADDRESS: (if differs from above)				
CONTACT DETAILS:	HOME:	WORK:	CELL:	FAX:
WORK ADDRESS:				

NEXT OF KIN/FRIEND/RELATIVE'S DETAILS:*(Who would be contacted in case of an emergency)*

SURNAME AND INITIALS:			FULL NAME:	
RELATIONSHIP TO THE LEARNER:				
ADDRESS:				
CONTACT DETAILS	HOME:			CELL PHONE:

LANGUAGE PREFERENCES OF LEARNER:

HOME LANGUAGE:			
LANGUAGE OF EDUCATION:	AFRIKAANS	ENGLISH	

PREVIOUS SCHOOL ATTENDED *(if relevant)*

NAME OF SCHOOL:	
ADDRESS OF SCHOOL:	
TELEPHONE NR:	

SPECIAL NEEDS OF LEARNER:*(If parent/guardian requires that special attention is required for the learner, this could be given here, e.g. epilepsy, allergies, use of wheelchair, etc.)*

FAMILY DOCTOR'S DETAILS:

NAME:		TEL. NR.	
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PARENT'S SIGNATURE : _____

For office use only:	
Waiting list number: _____	School account number: _____
Status of admission: Approved: <input type="checkbox"/>	Not approved: <input type="checkbox"/>
Reason(s) if not approved: _____	
Signature: _____ Date: _____	

FORMS ROUTE: (Handover date and signature of official)

N. Jacobs to H Venter	H Venter to A Marais	A Marais to H Blaauw	FILED
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