



COLIN MANN SCHOOL

Sixth Avenue Lambton
 Germiston 1401
 PO Box, 5167
 Delmenville 1403

PHONE : 011 827 5580
 FAX : 011 824 4936
info@colinmannschool.co.za

Date Applied _____

Grade _____

APPLICATION FOR ENROLMENT 2019

Thank you for applying at Colin Mann School. Please complete the application form in block letters and return together with **COPIES** of the following documents to the school. Please note **WE DO NOT MAKE COPIES**

- * Unabridged Birth Certificate of Learner.
- * Most Recent School Report
- * Clinic card with relevant immunisations
- * Copy of Clinic/Inoculation card.
- * If a legal guardian, a legal document as proof to be provided
- * Proof of residence must be a recent Rates/ Water & lights account. A letter from the owner, a downloaded internet lease or an affidavit will NOT suffice.
- * One recent ID photo of learner
- * Copy of both parents Identity document.
- * Study permit for foreign nationals

LEARNER INFORMATION

Learner's Surname: _____ Learners Identity number _____

First Names: _____ Language of learning at previous school _____

Known as : _____ Date of birth: _____

Learners home language _____ Gender : _____

Last School (Nursery school) / Town _____

Ethnic Group: Asian / Black / Coloured / White Brothers/sisters at Colin Mann & Grade _____

(Department of Education requirement)

Emergency contact name (not parents) _____

Phone/Cell phone number of Emergency Contact _____

Address at which Learner Permanently Resides. _____

	PARENT / GUARDIAN A Please indicate: Dr / Mr / Mrs / Ms / Miss	PARENT / GUARDIAN B Please indicate: Dr / Mr / Mrs / Ms / Miss		
SURNAME:				
FIRST NAMES:				
PARENTS ID NUMBERS				
PHYSICAL ADDRESS:				
HOME TELEPHONE NUMBERS:				
CELL PHONE NUMBERS:				
e-MAIL ADDRESS:				
OCCUPATION:				
EMPLOYER:				
EMPLOYER ADDRESS:				
WORK TELEPHONE NUMBERS:				
LEGAL GUARDIAN OF LEARNER:				
LEARNER USUALLY LIVES WITH:				
CORRESPONDENCE and				
ACCOUNTS TO:				
MARITAL STATUS:	MARRIED	UNMARRIED	DIVORCED	WIDOW/ER
IF MARRIED PLEASE INDICATE:	Ante-nuptial	Community of Property	Customary marriage	Hindu/Moslem Other

I, the undersigned _____
(Parents full name and surname)

Hereby apply to the Principal of Colin Mann School for admission for my child,
_____ to Colin Mann School, with effect from
(Name and surname of Learner)

(date)

PLEASE NOTE:

- 1 Please complete the Application and return it to the General office with ALL supporting documents between **16 April – 28 May 2018** . Any application received after 28 May 2018 will be considered as a **LATE** application and the chances of enrolment is highly unlikely.
2. No application will be accepted without all the required documentation.
3. In the event of fraudulent documentation or information being submitted, the school reserves the right to lay criminal charges of fraud against any of the parties involved in the application,
4. Please note that the submission of " An application for Admission " form **DOES NOT** guarantee admission to Colin Mann School. Please do not purchase any uniform until written confirmation from the school indicating that you were successful, has been received.
5. A payment of R2 500,00 is payable only on **ACCEPTANCE**, which includes the Stationery fee and the remainder will be deducted from your school fee account in 2019.

DECLARATION: FAMILY 1

I _____ hereby declare that the information
(Name and Surname of both parents) which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the Colin Mann Primary School Governing Body, or his designate, permission to check and confirm any of the details listed by me. I understand that should any of the information supplied by me is found to be false, action may be taken against me.

Signed this _____ day of _____ 20_____

SIGNATURE – PARENT 1/ GUARDIAN

SIGNATURE – PARENT 2 / GUARDIAN

ID NUMBER: _____

ID NUMBER: _____

PARENTS AGREEMENT RE PAYMENT OF SCHOOL FEES

Parents are liable to pay compulsory fees in terms of section 39 of the South African Schools act. In terms of Section 40 and 41 of the South African Schools act, the school may enforce the payment of compulsory fees.

PARENT 1: _____ PARENT 2: _____

SIGNED: _____ SIGNED: _____

DATE: _____ DATE: _____



GAUTENG PROVINCE

EDUCATION
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF EDUCATION ADMISSIONS APPLICATION FORM

1. SCHOOL DETAILS

1.1 Gauteng Registration (EMIS) number **160275** 1.2 District **ES** 1.3 Type of School **Ordinary**
1.3 School entry Grade **1** 1.4 School exit grade **7**

PLEASE COMPLETE (IN FULL) NUMBERS 2 ; 3 ; 4 and 5

2. DETAILS OF LEARNER

2.1 Date of application: _____ 2.2 Surname : _____
2.3 First name _____ 2.4 ID number _____
2.5 Passport number (for foreigners) _____ 2.6 Grade applying for _____
2.7 Certified birth and immunization certificate attached YES / NO

3. DETAILS OF PARENTS / GAURDIANS

3.1 Home address _____ 3.2 Work Address _____

Postal code : _____ Postal code : _____
3.3 Name _____ 3.4 Surname _____ Contact number _____
3.4 Identity number _____ 3.5 Specify Parent / Guardian

4. GENERAL DETAILS

4.1 Based on the school at which the application is made, indicate the following: Does the parent

4.1.1 Live in the area YES / NO 4.1.2 Work in the area YES / NO 4.1.3 Has a child/ sibling in the school YES / NO

4.2 For application in Grade 2 -7

4.2.1 Previous school attended Public Ordinary / Independent

4.2.2 Reasons for leaving previous school

4.2.2.1 Unaffordability	YES / NO	4.2.2.6 Expulsion	YES / NO
4.2.2.2 Behaviour problems	YES / NO	4.2.2.7 Failing grade once or more	YES / NO
4.2.2.3 School provided a transfer card without explanation	YES / NO	4.2.2.8 Disciplinary problems	YES / NO
4.2.2.4 Repeating a grade	YES / NO	4.2.2.9 Relocation within Gauteng	YES / NO
4.2.2.5 Relocation from another province	YES / NO	4.2.2.10 Relocation from another country	YES / NO

4.2.2.5.1 Which Province _____ 4.2.2.11 Which Country _____

5. NEXT OF KIN / RELATIVE(S) OTHER THAN PARENT OR GAURDIANS

Surname _____

First Name _____

Relationship with Learner _____

Address _____

Telephone number _____

Family Doctor Name _____

Telephone number _____

Parent/ Guardian Name _____

Signature _____

Parent / Guardian Cell no. _____

Date _____