



# COLIN MANN SCHOOL

Sixth Avenue Lambton  
 Germiston 1401  
 PO Box, 5167  
 Delmenville 1403

PHONE : 011 827 5580

[info@colinmannschool.co.za](mailto:info@colinmannschool.co.za)

Date Applied \_\_\_\_\_

Grade \_\_\_\_\_

## APPLICATION FOR ENROLMENT 2024

Please complete the application form in block letters and return together with certified **COPIES** of the following documents to the school. Please note **WE DO NOT MAKE COPIES. Please write clearly.**

- \* Unabridged Birth Certificate of Learner
- \* Most Recent School Report
- \* Study permit for foreign nationals
- \* Clinic/ IMMUNISATION card (we require the page that shows all INJECTIONS have been administered.)
- \* If a legal guardian, a legal document as proof to be provided (NON NEGOTIABLE)
- \* Proof of residence must be a recent Rates/ Water & lights or Legal Lease agreement or Rental statement.
- \* One recent ID photo of learner
- \* Copy of both parents Identity document.

**A LETTER FROM THE OWNER / DOWNLOADED / BOUGHT LEASE OR AFFIDAVIT WILL NOT BE ACCEPTED.**

### LEARNER INFORMATION

Learner's surname: \_\_\_\_\_ Learners Identity number: \_\_\_\_\_

First Names: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Learners home language: \_\_\_\_\_

Last School OR Nursery school: \_\_\_\_\_

Ethnic Group: Asian / Black / Coloured / White Biological Brothers/sisters at Colin Mann & Grade \_\_\_\_\_  
 (not cousins)

(Department of Education requirement)

	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 AND CELL PHONE NUMBERS					
e-mail ADDRESS					
OCCUPATION:					
EMPLOYER:					
WORK TELEPHONE NUMBERS:					
LEGAL GUARDIAN OF LEARNER:					
ADDRESS OF LEARNER AND WHO HE/SHE USUALLY LIVES WITH:					
CORRESPONDENCE and ACCOUNTS for attention					
EMERGENCY CONTACT PERSON / NOT PARENT/ and the RELATIONSHIP CELL NO OF CONTACT PERSON					
MARITAL STATUS:	MARRIED	UNMARRIED	DIVORCED	WIDOW/ER	
IF MARRIED PLEASE INDICATE:	Ante-nuptial	Community of Property	Customary marriage	Hindu/Moslem	Other

**ARE YOU AWARE THAT COLIN MANN SCHOOL IS A FEE PAYING SCHOOL: Yes / No  
(please circle)**

I, the undersigned \_\_\_\_\_  
(Parents full name and surname)

Hereby apply to the Principal of Colin Mann School for admission for my child,

\_\_\_\_\_ (Name and surname of Learner)

to Colin Mann School, with effect from

\_\_\_\_\_ (date)

**PLEASE NOTE:**

- 1 Please complete the Application and return it to the General office with ALL supporting documents. For Grade 1 between 15 June to 14 July 2023 and for Grade R and grade 2-7 from 15 June to 30 September. Any application received after October 2023 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 R3000,00 is payable only on **ACCEPTANCE**, which includes the Stationery fee and the remainder will be deducted from your school fee account in 2024.

**DECLARATION: FAMILY**

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 \_\_\_\_\_ 2023

\_\_\_\_\_  
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 school 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: \_\_\_\_\_