



Fish Hoek Primary School

ESTABLISHED 1928

GRADES: Pre R - 7

Grade 2 - 7 Enrolment

LEARNER:	
GRADE:	
STARTING DATE:	

Documents Required:	tick	Received by:
Child's Birth Certificate/ID: (Certified Copy)		
Parent 1 ID/Passport: (Certified Copy)		
Parent 2 ID/Passport: (Certified Copy)		
Proof of Residential Address:		
Clinic Card/Immunisation Certificate:		
Copy of Recent Reports:		
Transfer Form (from other school)		

FOR OFFICIAL USE ONLY:	
Date of Receipt of Application:	
Allocated Class:	
Principal's Signature:	

It's all about our kids

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E: reception@fishhoekprimary.co.za • www.fishhoekprimary.co.za • Fish Hoek Primary School @fishhoekpri

CHILD'S DETAILS (please print clearly)

FIRST NAME:	
MIDDLE NAME:	
SURNAME:	
ID NUMBER:	
DATE OF BIRTH:	
GENDER: (MALE/FEMALE)	
PHYSICAL HOME ADDRESS:	
POSTAL ADDRESS:	
PRESENT SCHOOL (if applicable):	
HOME LANGUAGE:	
BROTHERS & SISTERS AT FHPS:	NAME: GRADE:
	NAME: GRADE:
BROTHERS & SISTERS AT OTHER SCHOOLS:	NAME: GRADE: SCHOOL:
	NAME: GRADE: SCHOOL:
	NAME: GRADE: SCHOOL:

MEDICAL DETAILS

MEDICAL DOCTOR'S NAME:	
TELEPHONE NUMBER:	
DO YOU HAVE MEDICAL AID:	YES <input type="checkbox"/> NO <input type="checkbox"/>
MEDICAL AID SCHEME & NUMBER:	
MAIN MEMBER'S NAME & SURNAME:	
IF REQUIRED, MY CHILD MUST BE TAKEN TO A: (please circle) <small>NB: ALL COSTS FOR PARENTS' OWN ACCOUNT</small>	PRIVATE HOSPITAL STATE HOSPITAL NAVAL HOSPITAL
CAPE MEDICAL RESPONSE MEMBER: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Membership Number:	

ALLERGIES:**DIETARY REQUIREMENTS:****AFTERCARE**

Will your child be attending FHPS's Aftercare? YES NO

FAMILY INFORMATION (please print clearly)**MARITAL STATUS (please indicate with an)**MARRIED ANC / MARRIED CoP DIVORCED/SEPARATED REMARRIED LIFE PARTNERS SINGLE SPOUSE DECEASED CHILD RESIDES WITH: MOTHER FATHER BOTH PARENTS

OTHER (please specify): _____

FIRST PARENT/GUARDIAN**SECOND PARENT/GUARDIAN**

RELATIONSHIP TO LEARNER: (please indicate with an <input checked="" type="checkbox"/>)	PARENT: <input type="checkbox"/> LEGAL GUARDIAN: <input type="checkbox"/> GRANDPARENT: <input type="checkbox"/> STEP PARENT: <input type="checkbox"/> OTHER: _____	RELATIONSHIP TO LEARNER: (please indicate with an <input checked="" type="checkbox"/>)	PARENT: <input type="checkbox"/> LEGAL GUARDIAN: <input type="checkbox"/> GRANDPARENT: <input type="checkbox"/> STEP PARENT: <input type="checkbox"/> OTHER: _____
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GENDER:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	GENDER:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
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TITLE:		TITLE:	
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FIRST NAME:		FIRST NAME:	
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SURNAME:		SURNAME:	
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ID/PASSPORT NUMBER:		ID/PASSPORT NUMBER:	
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PHYSICAL ADDRESS:		PHYSICAL ADDRESS:	
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POSTAL ADDRESS: (if differs from physical address)		POSTAL ADDRESS: (if differs from physical address)	
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HOME:		HOME:	
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WORK:		WORK:	
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CELLPHONE:		CELLPHONE:	
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E-MAIL ADDRESS:		E-MAIL ADDRESS:	
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OCCUPATION:		OCCUPATION:	
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EMPLOYER:		EMPLOYER:	
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EMPLOYER'S ADDRESS:		EMPLOYER'S ADDRESS:	
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EMPLOYER'S TEL. NO.:		EMPLOYER'S TEL. NO.:	
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COMMUNICATION FROM SCHOOL:	SMS <input type="checkbox"/> E-MAIL <input type="checkbox"/>	COMMUNICATION FROM SCHOOL:	SMS <input type="checkbox"/> E-MAIL <input type="checkbox"/>
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ACADEMIC HISTORY

PLEASE PROVIDE COPIES OF THE LAST 2 YEARS' SCHOOL REPORTS (if possible)

Has your child ever repeated a school year? YES NO

If yes, which grade and year:

OTHER RELEVANT INFORMATION: EG: THERAPIES / INTERVENTIONS / MEDICAL HISTORY

Please indicate if any of the following professionals have been consulted. If so, please provide their name and contact details, the reason and duration for therapy. Please also include the most recent report from these professionals.

Professional	Contact Name and Number	Reason	Duration of Therapy
Paediatrician			
Physiotherapist			
Occupational Therapist			
Speech Therapist			
Audiologist			
Psychologist			
Counsellor			
Optometrist			
Remedial Teacher			
Other (please specify):			

MEDICAL HISTORY

Does your child suffer from any medical conditions that would have an impact on their daily lives at school? E.g.: asthma, nut allergies, epilepsy, diabetes, etc. Please supply details.

Is your child on any regular medication?

Medication	Reason	Dosage

SCHOOL FEE RESPONSIBILITIES

In order to provide quality education at Fish Hoek Primary School, it is the responsibility of every parent to pay school fees. Those parents who qualify for an exemption are supported by the paying parents and not the State. It is our responsibility to assist financially destitute parents within the Fish Hoek Community but it would be unfair to expect paying parents to assist those from outside the community if they have a school servicing their community.

In terms of Section 39 of The South African Schools Act, parents are liable for compulsory school fees. In terms of Section 40 of The South African Schools Act, the school may enforce the payment of school fees. In terms of Family Law, parents are jointly and severally liable for payment of learner's fees - regardless of maintenance agreements etc.

In the case of non-payment, action will be taken against both parents regardless of any maintenance agreements that may exist between parties. Parents will be held liable for any legal costs that arise out of such actions. The school may record failure to meet school fee obligations with a credit information bureau. This information will be available to other credit grantors and used in making credit risk management related decisions.

School fees are adjusted annually at the A.G.M. School fees are payable in advance.

WE WILL BE ABLE TO PAY THE SCHOOL FEES. PAYMENT WILL BE BY:

DEBIT ORDER	<input type="checkbox"/>
CHEQUE / CASH	<input type="checkbox"/>
MONTHLY IN ADVANCE	<input type="checkbox"/>
TERMPLY IN ADVANCE	<input type="checkbox"/>
EFT PAYMENTS	<input type="checkbox"/>

CARD FACILITIES AVAILABLE AT THE SCHOOL

WE, THE UNDERSIGNED, UNDERSTAND THAT IT IS OUR RESPONSIBILITY TO COVER THE SCHOOL FEES OF THIS CHILD'S TUITION. WE FURTHER UNDERSTAND THAT WE WILL BE LIABLE FOR ANY LEGAL COSTS INCURRED SHOULD NON-PAYMENT OCCUR.

SIGNED:	SIGNED:
FULL NAME:	FULL NAME:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:

BOTH SIGNATURES ARE REQUIRED