



Fish Hoek Primary School

ESTABLISHED 1928

GRADES: Pre R - 7

Grade 1 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

T: (021) 782-6113 F: (021) 782-2326 • Address: Upper Recreation Road, Fish Hoek, 7975

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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 NO

MEDICAL AID SCHEME & NUMBER:

MAIN MEMBER'S NAME & SURNAME:

IF REQUIRED, MY CHILD MUST BE
TAKEN TO A: (please circle)

PRIVATE HOSPITAL

STATE HOSPITAL

NAVAL HOSPITAL

NB: ALL COSTS FOR PARENTS' OWN ACCOUNTCAPE MEDICAL RESPONSE MEMBER: YES NO 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 **X** in the block)MARRIED ANC / MARRIED CoP DIVORCED/SEPARATED REMARRIED LIFE PARTNERS SINGLE SPOUSE DECEASED CHILD RESIDES WITH: MOTHER FATHER BOTH PARENTS OTHER

(please specify): _____

FIRST PARENT/GUARDIANRELATIONSHIP TO LEARNER: PARENT: LEGAL GUARDIAN: GRANDPARENT: STEP PARENT:
OTHER: _____ Indicate with an **X** in the block.GENDER: MALE FEMALE

ID/PASSPORT NUMBER:

TITLE: FIRST NAME:

SURNAME:

PHYSICAL ADDRESS:

POSTAL ADDRESS: (if differs from physical address)

PHONE NUMBERS: HOME: WORK: CELLPHONE:

E-MAIL ADDRESS:

OCCUPATION: EMPLOYER:

EMPLOYER'S ADDRESS: EMPLOYER'S TEL. NO.:

SECOND PARENT/GUARDIANRELATIONSHIP TO LEARNER: PARENT: LEGAL GUARDIAN: GRANDPARENT: STEP PARENT:
OTHER: _____ Indicate with an **X** in the block.GENDER: MALE FEMALE

ID/PASSPORT NUMBER:

TITLE: FIRST NAME:

SURNAME:

PHYSICAL ADDRESS:

POSTAL ADDRESS: (if differs from physical address)

PHONE NUMBERS: HOME: WORK: CELLPHONE:

E-MAIL ADDRESS:

OCCUPATION: EMPLOYER:

EMPLOYER'S ADDRESS: EMPLOYER'S TEL. NO.:

ACADEMIC HISTORY

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.

In the case of non-payment, parents will be asked to remove the child from FHPS and 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"/>
TERMLY 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 CONSENT TO FHPS REQUESTING CREDIT INFORMATION FROM ANY CREDIT BUREAU. 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