



(Association Incorporated under Section 21)

Registration No: 96/09 156/08

**BRYANSTON GRADE 0 &  
FOUNDATION PHASE SCHOOL  
GRADE 3**

**APPLICATION FOR ADMISSION**

**2022**

**Child's Name:** \_\_\_\_\_

**SUBMISSION OF APPLICATIONS TO PLEASE BE EMAILED TO [bryanstongrade0@triplex.co.za](mailto:bryanstongrade0@triplex.co.za)**

<b>Telephone</b>	011 463-7926
<b>Cell phone</b>	0832833770
<b>Contact</b>	Wendy Bolle - Administrator
<b>Email</b>	<a href="mailto:bryanstongrade0@triplex.co.za">bryanstongrade0@triplex.co.za</a>

# Application for Admission

## 2022

Child's Name: \_\_\_\_\_

PLEASE PRINT CLEARLY, USING A BLACK OR BLUE PEN

### DOCUMENTATION - PLEASE SUPPLY COPIES OF ALL DOCUMENTS (NO ORIGINALS)

NB: The following must be submitted with the application, without any of these, your application will not be considered.

- 1 Learner's official Unabridged birth certificate or Abridged birth certificate
- 2 Learner's latest school report
- 3 Copy of Father/Guardian ID document
- 4 Copy of Mother/Guardian ID document
- 5 Legal guardianship documents or supporting documents must be provided when the parent is not the natural parent of the child.
- 6 Where parents are divorced we need a copy of the Divorce Decree
- 7 Copy of Municipal or Eskom account - **(APPLY TO HOME OWNERS ONLY)**
- 8 Copy of Lease Agreement and Statement - **(APPLY ONLY TO PROPERTY LEASING)**  
(must be original - not older than 2 months). If rental from friend or relative - provide affidavit
- 9 Proof of Mother/Guardian work address (Letter from company or a business card)
- 10 Proof of Father/Guardian work address (Letter from company or a business card)
- 11 Copy of CK/CC documentation in a case of Self employment
- 12 Copy of Immunisation card
- 13 R150.00 non-refundable Administration Fee - **We do not have card machine - EFT only**  
**(Bank details : Bryanston Grade 0, Standard Bank, Fourways Crossing,  
Branch Code: 009953, Acc No: 023358270 for EFT payments)**

#### **Parents / Guardians who are not South African Citizens, must submit the following additional documents:**

- a) Certified copy of the work permit in respect of the parents / guardians.
  - b) Certified copy of the temporary or permanent resident permit from the South African Department of Home Affairs.
  - c) Certified copy of the refugee permit for both the applicant and the applicant's parents. If your permit is due to expire before the child's studies are finished - then provide suitable proof for an extension.
  - d) In all other cases - a certified copy of the temporary residence document for the applicant and the applicant's parent. A study permit is not required at the time of application, however, upon admission for enrolment, the applicant must have the permit showing Foundation phase approved.
- \* ALL OTHER SUPPORTING DOCUMENTS LISTED 1-13 ABOVE ARE ALSO REQUIRED.

**Applications WILL NOT be processed unless accompanied by ALL documentation.**

- Sections:
- A Learner's Particulars
  - B Learner's Known Medical Conditions
  - C Parent / Guardian's Particulars
  - D Alternative Emergency Contact Information
  - E Indemnity Form
  - F Collection Information
  - G **School Rules - Keep information but return signed page**

**SECTION A: LEARNER'S PARTICULARS**

Surname				Initial			
First Name/s		Gender		Male		Female	
Current School				Tel No:			
Home Language		Date of Birth					
ID (SA)		Residents Permit No					
Immigrant Country of Origin		Immigrant date of entry into SA					
Home Address (where learner lives)		Learner lives with: ie. Both parents, mother / father / guardian (please specify)					
Relationship to Registering Person		Child	Ward	Other			
<b>Older Brother / Sisters</b>							
First name and Surname				School and Grade			
First name and Surname				School and Grade			
First name and Surname				School and Grade			
<b>Younger Siblings</b>							
First name				D.O.B.			
First name				D.O.B.			

**SECTION B: LEARNER'S KNOWN HEALTH AND MEDICAL CONDITIONS**

DOES THE LEARNER SUFFER FROM ANY OF THE FOLLOWING / IS ALLERGIC TO? (tick)							
<input type="checkbox"/>	Bee Sting	<input type="checkbox"/>	ADD/ADDHD	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Has Glasses	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hearing Problem	<input type="checkbox"/>		Food Allergies	
<input type="checkbox"/>	Blackouts	<input type="checkbox"/>	Additional:				
PROHIBITED FOODS DUE TO RELIGION							
CHRONIC MEDICATION:		Please list the medication your child takes regularly, the time and the dosage.					
I, Parent / Guardian of _____ hereby give permission for the Principal of Bryanston Grade 0 (or the class educator) to take my child / children to hospital in the case of an emergency (should I be uncontactable).							
Signed: _____				Name: _____			

**SECTION C: PARENT'S / GUARDIANS PARTICULARS**

**PERSONAL INFORMATION**

FATHER / GUARDIAN					MOTHER / GUARDIAN				
<i>Surname</i>					<i>Surname</i>				
<i>First Name</i>					<i>First Name</i>				
<i>Title</i>					<i>Title</i>				
<i>Cell No</i>					<i>Cell No</i>				
<i>Email address</i>					<i>Email address</i>				
<i>Date of Birth</i>					<i>Date of Birth</i>				
<i>Home Language</i>					<i>Home Language</i>				
<i>Marital Status</i>					<i>Marital Status</i>				
<i>Married</i>	<i>Div</i>	<i>Sep</i>	<i>Single</i>		<i>Married</i>	<i>Div</i>	<i>Sep</i>	<i>Wid</i>	<i>Single</i>
<i>ID Number</i>					<i>ID Number</i>				

**IMMIGRATION INFORMATION(only for non-SA citizens)**

<i>Immigrant's Permit Number</i>		<i>Immigrant's Permit Number</i>	
<i>Immigrant's Country of Origin</i>		<i>Immigrant's Country of Origin</i>	
<i>Immigrant's Date of Entry into SA</i>		<i>Immigrant's Date of Entry into SA</i>	

**RESIDENTIAL INFORMATION**

<i>Home Street Address</i>		<i>Home Street Address</i>	
<i>Home Tel</i>		<i>Home Tel</i>	

**EMPLOYMENT INFORMATION**

<i>Employer</i>		<i>Employer</i>	
<i>Work Tel</i>		<i>Work Tel</i>	
<i>Work Fax</i>		<i>Work Fax</i>	
<i>E-mail</i>		<i>E-mail</i>	
<i>Business Address</i>		<i>Business Address</i>	
<i>Nature of Business</i>		<i>Nature of Business</i>	
<i>Position</i>		<i>Position</i>	
<i>Occupation</i>		<i>Occupation</i>	

**SECTION D: ALTERNATIVE EMERGENCY CONTACT DETAILS**

<u><b>NOT PARENT / GUARDIAN INFORMATION</b></u>				
Title	Name & Surname			
Initials				Relationship to child / children
Area code followed by the number				
Cell Number		Work Number		
<b>MEDICAL AID DETAILS</b>				
Medical Aid		Number		
Scheme Name		Main Member		
Membership Start Date		Membership Expiry Date		
Telephone Number				
Preferred Hospital (in case of emergency)		Please select one	Private	State
<b>FAMILY DOCTOR DETAILS</b>				
Name		Tel Number		

**SECTION E: INDEMNITY FORM**

**DECLARATION**

We undertake and accept to abide by the code of conduct of the school, and such rules and regulations as are put in place by the school or Management from time to time. I/We accept further that my/our child will be under the disciplinary control of the school from the date on which he/she commences his/her studies at the school.

**INDEMNITY**

The Principal or her nominee is authorised to make any decision in loco parentis when specific authority cannot reasonably be obtained in time. In particular, if in the opinion of the Principal or her nominee, an emergency has arisen, she is authorised to permit a Medical Practitioner to carry out any treatment that may be considered necessary.

I, \_\_\_\_\_ (full names of parents / legal guardians) record that I have the following child / children at the Bryanston Grade 0 School which is run by the Directors, Officers and Staff of Bryanston Grade 0 School (Association Incorporated under Section 21), Registration Number: 96/09156/08. Name/s of child / children \_\_\_\_\_ I appreciate that whereas reasonable care is taken to protect my child / children from harm or injury, such harm or injury may befall said child whilst in the care and control of the staff of the school.

I hereby, on behalf of myself and on behalf of said child, waive any claim for damages arising from harm or injury to said child caused by any action or failure to act by the School or its staff or the driver of the vehicle transporting the children on a school outing, **other than wilful or grossly negligent actions or failures to act**, and undertake not to institute any claims in this regard.

The school is not responsible for the loss of any property misplaced during school hours.

The School and its agents does not take responsibility for any child left on school property out of official hours of 06h50 to 13h45, unless enrolled in Aftercare.

I/We indemnify the school and its' Directors, Officers or Staff against the claim which may arise as a result of my/our child's attendance at school. I undertake to indemnify the school, Directors, staff and other agents from all medical and hospital costs occasioned thereby. I, by my signature hereto, acknowledge that I am parent/guardian of, or person responsible for: \_\_\_\_\_ (full names and surname of learner) and that I have read and fully understand the terms of this indemnity.

Signed at \_\_\_\_\_ day of \_\_\_\_\_ 2021/22 \_\_\_\_\_

\_\_\_\_\_  
**Mother Name & Signature**

\_\_\_\_\_  
**Father Name & Signature**

**BOTH PARENTS NEED TO SIGN**

## SECTION F: (COLLECTION INFORMATION)

***It is essential that we know your individual arrangements for fetching children at the end of the day.***

It is the responsibility of the Parents to collect children from the school premises by 13h15. Children who do Extra Murals will be collected at school no later than 13h45.

Educators will be on duty until 13h45 by which time all children must be collected.

If a person other than the biological or step-parents, even another mother, friend or driver is collecting your child, this must be submitted in writing (with a copy of the person responsible for collection ID) to the Educators on the morning that it is going to happen. The person collecting the child must produce their ID. Should plans change during the morning, this should be emailed to [bryanstongrade0@triplex.co.za](mailto:bryanstongrade0@triplex.co.za). No child is permitted to be collected by an older sibling. Children may only be collected by a parent or pre-authorized adult.

The same procedure must be followed with aftercare children.

***The school will NOT, under any circumstances, release a child into the care of anyone who has not followed the procedure as set out above.***

***NO LEARNER IS PERMITTED TO WAIT AT THE GATE OR OUTSIDE THE SCHOOL AREA.***

## **SECTION H: SCHOOL RULES**

### **SCHOOL HOURS**

The school hours are 08h00 to 13h15.

Children may be dropped at school from 06h50 from which time there will be supervision. They must be in class by 08h00 when the academic day begins. No child will be allowed on school property before 06h50 - this is the time that the teachers use to set up and prepare for the day.

Classes finish at 13h15. Children **MUST** be collected at this time unless they are booked into aftercare.

**NO RESPONSIBILITY** is taken for children outside official school hours of 6h50 - 13h40. There is however an aftercare facility available at the School. This can be used on a monthly or occasional basis. Aftercare begins at 13h40. If your child is left on the premises after this time, you will be charged for aftercare accordingly.

### **PERSONAL DETAILS**

Should there be any change of postal or physical address, telephone contact numbers, email address, legal guardianship of the child, or any other changes to the information supplied on the Enrolment Form, the school must be notified immediately. This information is critical, as it may be needed in the case of an emergency.

### **HEALTH**

Children must have had all the required inoculations prior to attending school. Please notify the school office or class teacher should your child contract any contagious or infectious illness, or need to be kept at home due to any ailment. Children may not attend school if they are ill.

### **PHOTOS**

I/we as parents accept that there will be placement of photos on the schools social media platform. Please advise if no photos of your child may be published.

### **SCHOOL TERMS 2022**

Gauteng Department of Education school terms will be followed. See below.

Term 1: 27 January - 31 March
Term 2: 13 April - 25 June
Term 3: 13 July - 23 September
Term 4: 5 October - 8 December

### GENERAL

Toys MAY NOT be brought to school. They WILL be confiscated until the end of term.  
Birthdays are to be arranged with the class teacher.  
***This is a nut free school - No nuts allowed.***

### UNIFORM

**Summer** –Navy shorts/skorts with a Navy golf shirt.

**Winter** - School Tracksuit, T-shirt and any shoes.  
This uniform is COMPULSORY and should be well labelled.

### LUNCHES

The school does not provide food. Each child should bring a healthy, full mid-morning snack to school for snack time. If your child attends aftercare, they will be provided with a cooked lunch and a drink at 14h00.

### SCHOOL FEES

As the Grade 0 School operates without the support of the Gauteng Department of Education, and is an independent school and therefore dependent on fees for its successful operation, the following applies:

**Bank Details :**  
**Standard Bank, Fourways Crossing, Branch Code – 009953,**  
**Account Number - 023 358 270**

No reduction in school fees is given if children cannot attend school due to extended holidays, illness etc or should the school be closed due to strike action or circumstances beyond our control.

Under extreme circumstances, due to COVID-19, the school will consider a payment plan to accommodate specific financial challenges on presentation of supporting documentation by the parents.

The school must be given **ONE FULL TERM'S NOTICE** (in writing) of the parent's intention to withdraw a child from the school. If this is not received by Bryanston Grade 0, parents will be liable for the term's fees.

We note that the payment of school fees is compulsory - Parents are jointly liable for the payment of school fees, irrespective of their marital status. Any divorce order is only binding on the parents and doesn't affect the parents liability to the school with regard to the payment of the full annual school fees.

***The Directors of the NPC shall be entitled to instruct its attorneys to attend to the collection of outstanding accounts. Parents or guardians will then be liable for payment of costs so incurred.***

**PS - KINDLY COMPLETE FORM ON NEXT PAGE**



**SECTION H: SCHOOL RULES (TO BE SIGNED AND RETURNED)**

**Name of Parents / Guardians** .....

**Child**.....

**Group** .....

I have read the School Rules and agree to the terms and conditions. I furthermore declare that the information supplied by me in these documents is, to the best of my knowledge and belief, true and correct.

**Date**.....

**Signature**.....

Father

.....

Mother

***Kindly note both parents need to sign***