

Grade RR & Grade R Head
Carike Van Rensburg
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27-31 Dirk Uys Straat, Umbilo
Tel: (031) 205 6369
Email: admin@portnatschool.co.za

APPLICATION FORM

(To be completed by both parents/legal guardians)

1. For the Learner to be eligible for admission to Portieland, he/she must comply with the admission criteria as determined by the regulations set out in the South African Schools' Act.
2. Admission to Portieland will not be finalised until ALL necessary documentation is submitted by you.
3. **If any facts reflected in this application form prove to be incorrect, Portieland reserves the right to cancel or reject the application, whether the application has been accepted. It is an offence to make a false statement about any item pertinent to this application**
4. By making this application for admission to Portieland, the Learner and their parents accept that on such admission, the Learner will be bound by the Code of Conduct and Rules (Value system) of Portieland, throughout the duration of the Learner's school career.

LEARNER					
DATE OF APPLICATION					
NAME					
SURNAME					
NICKNAME					
DATE OF BIRTH					
GRADE RR 4 – 5 YRS	YES		NO		Please tick
GRADE R 5 – 6 YRS	YES		NO		Please tick

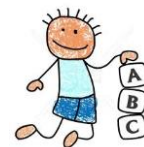
Certified copies of the following documents to be submitted with this form

A. Copy of unabridged Birth Certificate	
B. Learner's latest school report card	
C. Immunisation card / Clinic Card	
D. ID Document of both parent's / Guardian	
(Should either parent be deceased, a copy of the death certificate is required)	
E. Salary advice of Father and Mother	
F. Proof of residence	



Initials Here p. 1/7

SECTION A



1. LEARNER'S PARTICULARS

(Please supply a certified Identity Document/Unabridged Birth Certificate)

Surname												
Full Names												
Nick Name												
Date of Birth	D	D	M	M	Y	Y	Y	Y				
Current Age												
ID Number												
Home Language												
Gender	Boy		Girl									

2. MEDICAL INFORMATION

(Please attach a copy of immunisation certificate)

Please tick the appropriate block against which of the following diseases he/she has been immunised.

German Measles		Measles		Mumps	
Scarlet Fever		Chicken pox		Diphtheria	
Other					
Allergies					



3. MEDICAL AID (Please attach a copy of Medical Card)

Medical aid Name												
Membership Number												
Plan/Option												
Principal Member												

4. DOCTOR

Doctor's Name												
Contact Number												
Alternate Doctor												
Contact Number												

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SECTION B



5. PARTICULARS OF FATHER

(Tick relevant box – Attach copy of Identity document.)

Marital Status	Widower	<input type="checkbox"/>	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	<input type="checkbox"/>
Title									
Surname									
Full Names									
Identity Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address									
Postal Address									
Occupation									
Employer									
Department/Branch									
Work Address									
Work Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS									

6. PARTICULARS OF MOTHER

(Tick relevant box – Attach copy of Identity Document.)

Marital Status	Widow	<input type="checkbox"/>	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	<input type="checkbox"/>
Title									
Surname									
Full Names									
Identity Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address									
Postal Address									
Occupation									
Employer									
Department/Branch									
Work Address									
Work Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS									

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7. PERSON OTHER THAN THE PARENTS TO CONTACT IN CASE OF AN EMERGENCY

	Contact 1	Contact 2
Surname		
Name		
Contact Number		
Relationship to Learner		



8. PARTICULARS OF THIRD PARTY PICKUP/DROPOFF
(Tick relevant box – Attach copy of Identity Document.)

Title																		
Surname																		
Full Names																		
Identity Number																		
Home Address																		
Postal Address																		
Occupation																		
Employer																		
Department/Branch																		
Work Address																		
Work Telephone Number																		
Home Telephone Number																		
Cell phone Number																		
EMAIL ADDRESS																		



SECTION B

TUITION AGREEMENT BETWEEN

PORTIELAND

Herein represented by the Principal, duly authorised thereto by the School Governing Body of the School.

AND

(i) _____ (Full names and surname) _____ (Identity Number)

(ii) _____ (Full names and surname) _____ (Identity Number)

("THE PARENTS/LEGAL GUARDIANS")

For the tuition and development of

_____ (Full names and surname)
("THE LEARNER")

THE PARTIES HERETO AGREE AND UNDERTAKE AS FOLLOWS:

PAYMENT OF COMPULSORY SCHOOL FEES

1. The annual School Fees are determined by the School Governing Body.
2. I/We understand that my/our obligation to pay School Fees is **CONTRACTUAL** and shall be payable by the Parents/Guardians to the School.
3. The payment of School Fees is **COMPULSORY** and the Parents/Legal Guardians are liable for School Fees, jointly and severally, the one paying the other to be absolved.
4. No decree of divorce and/or settlement agreement absolves the Parents/Legal Guardians from their contractual obligation to pay School Fees. A copy of the Final Order of Divorce and/or Settlement Agreement must be submitted to the Principal of the School.
5. School Fees **MUST** be paid before or on the first of every month from January to November. School Fees are paid a month in advanced.
6. If the Governing Body elects to institute action for the recovery of any amounts due in terms hereof, the Parents/Legal Guardians:
 - 6.1 Accept liability for all legal costs incurred on the scale as between attorney and own client, inclusive of collection commission on any instalments, any tracing agent's fees and Sheriff's fees.
 - 6.2 consent to the jurisdiction of the Magistrate's Court.

GENERAL CONDITIONS

7. **DURATION OF AGREEMENT**
This agreement shall commence on the date of signature of the Parents/Legal Guardian, regardless of the date that it was signed by the Principal.
8. **REMOVAL OF LEARNERS FROM SCHOOL**
 - 8.1. The Parents/Legal Guardians shall give **ONE CALENDER MONTH'S WRITTEN NOTICE** to the School before removing the Learner from the School and his/her obligation shall be applicable irrespective of the reasons for the removal of the Learner from the School.
 - 8.2. In the event of the Parents/Legal Guardians failing to give the required notice of removal mentioned in 8.1, the Parents/Legal Guardians shall remain liable for the prescribed School Fees.
9. **TEACHING OF LEARNERS**
The School shall teach the Learner in accordance with the curriculum and syllabus prescribed by the Kwa-Zulu Natal Department of Education, or any other way the Governing Body may decide.



10. DISCIPLINARY MATTERS

- 10.1. All disciplinary matters pertaining to the education of the Learner in all its facets shall be vested in the Principal/Governing Body of the School or a person authorised thereto in writing by the Principal.
- 10.2. Control, expulsion, suspension and discipline of the Learner shall be in accordance with the provisions of the South African Schools Act No.84 of 1996, the regulations thereto and as set out in the Code of Conduct of the School.

11. UNDERTAKINGS BY THE PARENTS/LEGAL GUARDIANS

The Parents/Legal Guardians undertakes to:

- 11.1. Indemnify the School, its employees, Board of Governors and officials against injury, harm to or other loss caused to any person other than the School on account of the conduct of the Learner.
- 11.2. Exempt the School, its employees, the Board of Governors and officials from liabilities incurred on account of any injuries to, or illness of the child and agrees that the School or any of its teachers may consent to any operation or medical treatment of the Learner should such consent be required for medical reasons on an urgent basis and should it not be possible for the parent of the Learner to be contacted/communicated with immediately.
- 11.3. To give consent for the Learner to take part in any and all activities of the School whether conducted on the school premises, including but not limited to, games, athletics and excursions of general vocational, educational, historical or scientific interest. I hereby waive any claim of whatsoever nature against the School that may arise from any damage, injury or loss due to participation in these activities.
- 11.4. To comply with the regulations pertaining to medical inspections as contained in the South African School's Act No.84 of 1996.
- 11.5. To have the Learner immunised against all normal infections and/or contagious diseases, and to submit proof for such immunisations.
- 11.6. To accept the constitution of the School Rules and Policy document, the Disciplinary Measures, Guidelines and the Standing Orders of the School and any amendment hereto from time to time.
- 11.7. **To mark all clothing of the child clearly before he/she enters Portieland.**
- 11.8. To exempt the School, its employees, Board of Governors, and officials from any liability for loss or damage suffered due to the damage or loss of articles brought onto the School property.
- 11.9. To provide the necessary transport for the Learner's timeous and regular attendance at the School.

12. BREACH

- 12.1. The Parents/Legal Guardians shall be deemed to be in breach of this agreement in the event of failure by the Parents/Legal Guardians to comply with the terms stated in this agreement and after the Parents/Legal Guardians has failed to remedy such breach within 4 (FOUR) days after written notice of the breach dispatched by the School to the Parents/Legal Guardians.
- 12.2. A certificate signed by the School or Principal reflecting the particulars of the amount owing by the Parents/Legal Guardians would be binding upon it and would constitute prima facie proof of the matters stated therein and the fact that such amount is due and payable by the Parents/Legal Guardians to the school. Such certificate shall be binding on the parties of this agreement and shall be a liquid document for the purposes of provisional sentence or summary judgment proceedings against the Parents/Legal Guardians.

13. REMEDIES

- 13.1. In the event of the Parent/Legal Guardian breaching or being deemed to be in breach of this agreement, the School shall have the right, but not in obligation, to enforce its rights in terms of this agreement by way of appropriate legal action. The School shall have the right to refuse the Learner further entry to the School until all outstanding School Fees are up to date.
- 13.2. The School's remedies under this clause shall not be exhaustive and shall be in addition and without prejudice to any other remedies in law that the School may have.

14. GENERAL

14.1. The Parents/Legal Guardians undertakes:

- 14.1.1. To inform the School in writing of any changes of address, contact telephone numbers and email addresses.
- 14.1.2. To inform the School in writing of any case of infectious illness in his household.
- 14.1.3. I acknowledge that by my signature on this document, I undertake to be bound by the terms of this Agreement of Tuition and upon signature hereof by the Principal in acceptance of the application for admission of child as Learner of this School, a valid binding agreement regarding tuition, discipline and the payment of school fees shall thereupon be concluded between me, Portieland and the Governing Body thereof.

15. PENALTIES

- 15.1. A penalty fee of R50 will be charged to the Parent/Legal Guardian for late pickup of Learner.
- 15.1.1. A grace period of 15min will be given, after that a late pickup fee will be charged.
- 15.1.2. School Times: 07:00 – 12:00 Aftercare: 12:00 – 17:00

16. BULLYING

- 16.1. Portieland will not tolerate unkind remarks or actions, even when these are not intended to hurt. To stand by when someone else is being bullied is to support bullying. Learner should support one another by reporting all instances of bullying to a teacher.
- 16.1.1. Verbal harassment shall be defined as threats, gestures or verbal attacks on persons including attacks at one's racial, ethnic or religious background, physical or mental ability, appearance as well as any form of teasing.
- 16.1.2. Physical harassment shall be defined as any conduct, which threatens or harms a person physically, or conduct that causes physical distress. Acts of physical aggression will be viewed in a very serious light and further action will be taken regarding this issue.

17. IN THE INTEREST OF HEALTH

- 17.1. Children suffering from coughs, colds or any contagious disease must remain at home until it has cleared. It would be appreciated if you could notify the School of the reason for the child's absence as soon as possible. It is understood and agreed that the Principal shall have sole and complete discretion to decide whether a child shall attend the school, provided that this shall only be exercised on the ground of ill health.



I acknowledge further that the Principal is under no obligation to admit my child to the School.

if a Parent/Legal Guardian gained admission for his/her child to Portieland by making a false/fraudulent statement/s regarding his/her place of residence, the School is entitled to revoke the agreement which allows the Learner concerned admission to the School.

I declare that I have read and understood the contents hereof and that the particulars herein set out are to the best of my knowledge correct.

Signed at _____ on this _____ day of _____ 20 ____

FULL NAMES OF PARENT/LEGAL GUARDIAN (1)

SIGNATURE OF PARENT/LEGAL GUARDIAN (1)

FULL NAMES OF PARENT/LEGAL GUARDIAN (2)

SIGNATURE OF PARENT/LEGAL GUARDIAN (2)

WITNESS 1

WITNESS 2

IMPORTANT NOTICE

School Times:

Monday - Friday: 7:00 – 12:00
Portieland will be **CLOSED** during all school holidays.

School Fees:

Registration Fees: **R3000.00** 1st school fee payment
Compulsory Activities: **R300.00 payable every month in cash at the Portieland Admin Office.**

School Fees **MUST** be paid before or on the first day of every month from January to end October. School Fees are paid a month in advanced.



Banking Details:

Bank: ABSA BANK
Account Name: PORT NATAL SKOOL
Account Number: 0560640412
Account Type: Cheque
Branch Code: 632005
Reference: **ADMISSION NUMBER**
Please email/ send your proof of payment to:
admin@portnatschool.co.za

Initial Here. Bl. 7/7



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PERMISSION THAT MY CHILD'S PHOTO MAY APPEAR ON OUR SCHOOL'S FACEBOOK PAGE AND SCHOOL COMMUNICATOR.

I _____ parent of, _____
Hereby give permission that my child's photo may be posted on Port Natal School's Facebook and School Communicator pages.

DATE: _____

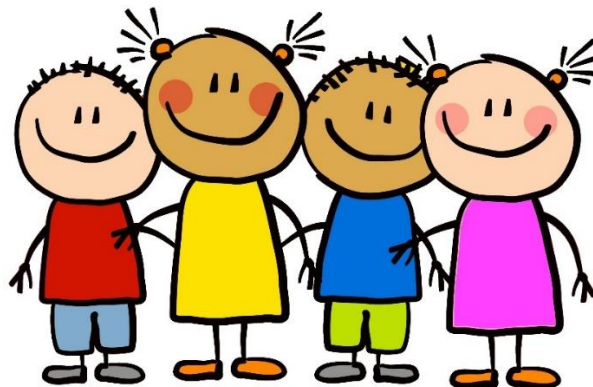
Signature of parent/guardian: _____





Grade RR & R Supplies

ITEM	AMOUNT
Tissues	1 Box
Wet Wipes	2 packs per term
Toilet Paper x9 in pkt	1 per term
Handsoap bar	1 per term
Extra clean clothes	COMPULSORY EVERYDAY
Photo of Child	1



Please ensure **ALL** your child's belongings are marked clearly with your child's name and surname.



CLASSROOM RULES

1. Do your best
2. Be ready to learn
3. Eyes forward and listen
4. Raise your hand
5. Be respectful
6. Say please and thank you
7. Keep your hands to yourself
8. Follow instructions
9. Try new things
10. Work hard and have fun
11. Believe in yourself
12. Love one another

