



# STANMORE PRIMARY SCHOOL

c/n Dodmore & Montmore Road

Unit 17, Stanmore

Phoenix

4068

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## RE-ADMISSION FORM (2021)

### KINDLY NOTE THE FOLLOWING:

- This document gives updated contact details of parents. In the absence of such information, it becomes extremely difficult to contact parents when learners take ill or in the case of an emergency. Hence it is imperative that you submit this re-admission form to the school.
- An amount of R600 must be sent with the re-admission form as initial payment of school fees for 2021. **PLEASE ENSURE THAT YOU HAVE COMPLIED WITH PAYMENT OF SCHOOL FEES FOR THE PREVIOUS YEAR/S.**

### LEARNER'S DETAILS

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Grade (in 2021): \_\_\_\_\_ Admission no: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Identity number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Language: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Telephone no (home) \_\_\_\_\_

Cellphone no: \_\_\_\_\_

Health problems (if any) \_\_\_\_\_

Details of Brothers/ sisters in this school (neighbour if no siblings in this school)

Name	Grade

## PARENT'S DETAILS

	Father	Mother
<b>Full Name</b>		
<b>Identity no</b>		
<b>Occupation</b>		
<b>Name of Employer</b>		
<b>Tel no (Home)</b>		
<b>Tel no (Work)</b>		
<b>Cell phone no</b>		
<b>Marital Status</b>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Single Parent <input type="checkbox"/>
<b>Learner resides with (please tick)</b>	Both parents <input type="checkbox"/> Grandparents <input type="checkbox"/>	Father <input type="checkbox"/> Safe House <input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/>

### NEXT OF KIN

Please provide contact details of another relative we can contact if you and/or your spouse is/are unavailable.

Name: \_\_\_\_\_

Contact nos: \_\_\_\_\_

### **NB: IN CASE OF A MEDICAL EMERGENCY**

The parent will be contacted. If we obtain no response from the parent, an ambulance will be called to transport the child to the nearest state clinic/ state hospital.

### DECLARATION BY PARENT/GUARDIAN

I undertake:

- To ensure that my child/ward attends school regularly and should my child/ward be absent from school for any reason, I will notify the form teacher in writing stating the reasons for absence.
- To ensure that my child/ward follows the school Code of Conduct and will accept sanctions imposed for violation of the school Code of Conduct.
- To contribute to the school fees set annually in terms of section 39 and 40 of the South African School's Act 1996 (Act No. 85 of 1996)
- To pay all costs incurred for damage done or losses caused by my child/ward to school property, equipment and books given on loan to him/her.
- To inform the school timeously about any change to the information that has been supplied.

Full Name of Parent: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_