



Laerskool DORINGKLOOF Primary
Tel: 012 030 1141
gerda@dories.co.za

Dear Parent/Guardian:
Thank you for your application.
Handing in the application does not
automatically ensure that your
child/children will be placed in our
school.

2025 Gr R Application

THE FOLLOWING DOCUMENTS MUST BE ATTACHED: **BORN 2019**

- 1) Copy of **birth certificate**:
- 2) **Clinic Card**: First page with child's name on,
as well as written part of vaccinations, from birth - 6 years.
- 3) **ID's** of both South African parents.....
- 3.1) Passport of Non South African parents.....
- 3.2) Valid Work permit of Non-SA parents.....
- 4) **Proof of home address required**:

Home owners:

- Municipal account not older than 3 months in the name of the applicant parent bearing the full residential address.

Tenants/Renters:

- Landlord's ID.
- Lease agreement signed by the landlord or tenant, not older than 3 months bearing the full residential address.

Only once all documents are received and attached will the application be listed on a waiting list.

***Please take note: Gr 1 applications and placement for 2026 are done by the Department of Education and the school cannot guarantee a place for any Gr R learner.**

OFFICE USE:

Date handed in _____

Learner: _____

Waiting List, A (Living/working in Area) _____

Waiting List B (Not in our Area) _____

In terms of Section 39 of the South African Schools Act, parents are liable to pay COMPULSORY SCHOOL FEES, THIS IS A STATUTORY OBLIGATION.

GR R APPLICATION FOR ADMISSION – 2025

PLEASE COMPLETE WITH BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY ENROLLED AT LAERSKOOL DORINGKLOOF PRIMARY?

Name and Grade of other learner(s) (brother/sister) currently in our school:

1. _____ 2. _____

LEARNER INFORMATION

LEARNER:

Full Names: _____

Surname: _____

Preferred name: _____

Date of Birth: _____

ID Number: _____

Nationality: RSA Other

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: Afr Eng
 Other: _____

Pre-primary education attended:

Formal Other

Registered for social grant: Yes No

Method of transport

Private Taxi

Name of Driver: _____

Contact Number: _____

NEXT OF KIN INFORMATION (NOT PARENT)

Name: _____

Contact Number: _____

Alternative Number: _____

Relation: (Grandparent/Uncle/Aunt etc.)

OFFICE USE ONLY

Admission nr: _____ Waiting list A B

Register Class: _____

ID Copy: Yes / No

Birth Certificate: Yes / No

FAMILY INFORMATION

Family Status:

- Both Parents Living together
 Single parent Foster care
 Re-composed Single Parent Other
 Widow/Widower

LEARNER HEALTH INFORMATION:

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Medical Aid number: _____

Primary member's name: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS

PLAYGROUP/NURSERY SCHOOL Yes No

First registration in Gauteng?

Learner attends crèche currently?

If Yes (Y), which Province/Country? _____

Current playgroup/nursery? _____

Telephone number: _____

Address: _____

BIOLOGICAL PARENT/LEGAL GUARDIAN 1

INFORMATION

Title: _____

Full Names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID Number: _____

Home Language Afr Eng
Other: _____

Form of communication preference:

SMS E-mail

Cell phone number: _____

Home tel: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupational status: Own employer Non-Professional

Own employer Professional

House wife Part time

Contract worker Pensioner

Student Temporary

Unemployed Full time

Occupation: _____

Employer: _____

Work Tel No: _____

Employer physical address: _____

Is the child living with this parent? Yes No

BIOLOGICAL PARENT/LEGAL GUARDIAN 2

INFORMATION

Title: _____

Full Names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID Number: _____

Home Language Afr Eng
Other: _____

Communication preference:

SMS E-mail

Mail

Language preference: _____

Cell phone number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupational status: Own employer Non-Professional

Own employer Professional

House wife Part time

Contract worker Pensioner

Student Temporary

Unemployed Full time

Occupation: _____

Employer: _____

Work Tel No: _____

Employer physical address: _____

Is the child living with this parent? Yes No

DECLARATION BY BOTH PARENTS/GUARDIAN

We, _____,

(Name of parent/guardian), hereby declare that the information supplied in this form is true and just and that I, by way of my signature here under, authorize the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed 1. _____ 2. _____
on _____ day of _____ 2024/25.

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Laerskool Doringkloof Primary and 1. _____ 2. _____
(Name of parent / guardian) with regards to the payment of school fees.

1. Laerskool Doringkloof Primary is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) – National norms and standards of School Funding.
2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act.
3. Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.
NO SUBSIDY GRANTED FOR GR R. (Functions independently from the school, run as a private entity)
4. Payment of school fees to Laerskool Doringkloof Primary will be made as follows:
(Please tick the applicable block with a cross)

- Full payment (Once-off) on or before the last date as determined during the annual parent meeting in Nov 2024.
Payment over 11 months.

5. Should payments of school fees be in arrears, I shall be accountable for the payment of the fees that may arise in the effort to collect the fees on an attorney and client scale. My child will lose his/her space and the next learner on the waiting list will be accommodated.
6. I choose the following address as my domicilium citandi et executandi for delivery or serving of any notices or pleadings.
Residential address (**NOT A POSTAL ADDRESS**).

7. We: the parents / guardian of _____ undertake to honor the agreement as set out above.

BOTH Parent's signature / Guardian: 1. _____ 2. _____

Date: _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURAL ACTIVITIES

1. I, parent / guardian of _____ hereby give permission that he / she may participate in all academic, sport and cultural activities presented by the school in an organized manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid driver's licenses may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent/guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he / she is physically able to participate in any organized activities and he / she resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child and to obey the Code of Conduct and the disciplinary system of Laerskool Doringkloof Primary as included in the Policy of the School.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

BOTH Parent's signature / Guardian: 1. _____ 2. _____

Date: _____

INDEMNITY

We, the parents/guardian of _____ (name of learner) indemnify unconditionally and without restriction Laerskool Doringkloof Primary and/or the shareholders of Laerskool Doringkloof Primary or any person employed by Laerskool Doringkloof Primary or any person acting on behalf of Laerskool Doringkloof Primary against any losses, claims, injury or death that maybe caused to the above learner by his or her use of any of the facilities provided by Laerskool Doringkloof Primary.

Both parent's signature / Guardian: 1. _____ 2. _____

Date: _____

AFFIDAVIT OF PARENT WHO DOES NOT KNOW THE OTHER PARENT

I, the undersigned, do hereby make oath and state:

- I am an adult [female/male], with identity number _____ and am currently (occupation /employment), _____ residing at _____.
- The facts contained in this affidavit are to the best of my knowledge both true and correct. Unless the context indicates otherwise, they fall within my personal knowledge.
- I am the biological parent of _____ (learner's full names) who is currently attending Gr R at Laerskool Doringkloof Primary, declare as follows:
- I do not know the whereabouts of the father/mother of my child for the following reason/s:

- The father's/mother's details are as follows:

Full names: _____ Surname: _____

ID Number/ Date of Birth: _____

DEPONENT: _____

I hereby certify that the above mentioned deponent acknowledged to me that he/she knows and understands the contents of this affidavit, that it is to the best of his/her knowledge both true and correct, and that he/she has no objection to taking the prescribed oath and considers it to be binding on his/her conscience.

Thus signed and sworn before me, on this _____ day of _____ at _____ (place).

COMMISSIONER OF OATHS

POPIA DISCLAIMER

1. Laerskool Doringkloof Primary is a responsible entity for processing of personal information (such as name, surname, ID number and location data) requested from the data subjects (parents and learners) in discharging its constitutional obligation which is to provide basic education.
2. The personal information will be collected and be used for the purpose for which it was collected. The school reaffirms its commitment to the data subject that the information will not be shared in an unlawful manner with a third party without the consent of the data subject.
3. The personal information submitted by the data subject will be processed lawfully and in responsible manner that does not infringe on the privacy of the data subject.
4. The school will use personal information of a data subject which is in the schools possession to provide education which includes but is not limited to planning, enrolment, registration, assessment and any other educational programs of learners.
5. The school will take reasonably practicable steps to ensure that the personal information is complete, accurate, not misleading, and updated where necessary. The school will comply with the purpose for which, personal information is collected or further processed.

I / We have read and understand the content of the disclaimer. (Please tick)

Signature of parent: _____