



# Victoria Primary School Application for Admission

Beaufort Street  
PO Box 531  
MAKHANDA/GRAHAMSTOWN

Tel: 046 622 4850  
Fax: 046 622 5246  
Email: [application@victoriaprimarv.co.za](mailto:application@victoriaprimarv.co.za)  
[www.victoriaprimarv.co.za](http://www.victoriaprimarv.co.za)

Name of pupil: .....

Declaration to be signed by parents or legal guardian, and the parent responsible for paying the school fees:

I hereby apply for admission to Victoria Primary School for the pupil named above. I agree that she will be bound by and undertake to ensure that she will conform to the rules and regulations of the school in force at this date or as may be amended from time to time.

Victoria Primary School is declared a FEE PAYING SCHOOL in terms of the relevant legislation and that by enrolling the child at the school I am accepting an obligation to contribute financially towards the education she receives. I/We

understand that the payment of fees is compulsory and undertake to pay school fees monthly over a ten month year (beginning January to beginning October) or annually in advance (before the end of February). I/We hereby accept personal responsibility for the punctual payment of such school fees. Should my fees remain unpaid for a period of 60 days or longer I understand that should legal action be taken against me for the recovery of fees, I will be liable to pay all legal costs on the scale of Attorney and Own client, including collection commission.

I choose as my *domicillum* (residential address) *citandi et executandi* .....

I understand that my application can only be considered only once it is evident that there is a space available in the classroom for the grade I have applied to be considered for.

I undertake that, upon removing the above pupil from the school to give at least one term's notice in writing to the Principal or in default thereof, to pay one term's fees in lieu of such notice.

Signed: ..... Mother /Guardian

Signed: ..... Father/Guardian

Signed: ..... Account payer (if not parent/guardian)

Date: .....

## Application for admission.

**This form must be completed in full and returned with copies of the UNABRIDGED Birth Certificate, Immunisation record, 2020 end of year report & first term 2021 report. Incomplete forms cannot be processed.**

**Please update application with school reports as they become available.**

**APPLICATIONS CLOSE ON 25 JUNE AT 12H00.**

### LEARNER INFORMATION

Surname:					
First names:					
Called name:		ID /Passport Number		Nationality:	
Date of Birth:		Home language:		Are you applying for Hostel (tick):	YES      NO
Applying for Grade:				Tel No of Previous School:	
Name and address of previous school:					
Physical Address of Learner:					
Closest public school to Learners Residence:					
Ailments / Injuries / Disabilities / Allergies:					

Names & Grades of siblings (sisters) living at the same address currently at VP:

Alumni (parent attended Victoria Primary):

**If applying for Grade 1 please supply this information:**

Pre Primary education:	FORMAL		NON FORMAL			
Name of Pre Primary School:						
Dexterity of Learner	RIGHT HANDED		LEFT HANDED		AMBIDEXTROUS	

### PARENT/GUARDIAN INFORMATION

	GUARDIAN/PARENT 1	Title:	
Name & Surname			
ID number			
Employer			
Occupation			
Telephone number	H:	W:	CELL:
E-mail address			
Postal address			
Home address			
Work address			
Marital status			
Relationship to Learner:			
Account payer:	YES		NO

PARENT/GUARDIAN INFORMATION cont.				
	GUARDIAN/PARENT 2	Title:		
Name & Surname				
ID number				
Employer				
Occupation				
Telephone number	H:	W:	CELL:	
E-mail address				
Postal address				
Home address				
Work address				
Marital status				
Relationship to Learner:				
Account payer:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name: ..... Signature:.....Date:.....

PERSON WITH WHOM THE APPLICANT RESIDES (if other than guardian/parent 1&2):				
	Title:			
Name & Surname				
ID number				
Employer				
Occupation				
Telephone number	H:	W:	CELL:	
E-mail address				
Postal address				
Home address				
Work address				
Marital status				
Relationship to Learner:				
Account payer:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name: ..... Signature:.....Date:.....

**PLEASE NOTE: If the school HAS NOT contacted you by September 2021, it is YOUR responsibility to make enquiries as to the outcome of your application. Contact will be made via email address. Completing this form does not necessarily mean that the learner has been accepted into the school.**