



## APPLICATION FOR ADMISSION - 2022

| DETAILS OF LEARNER  |                |   |                |              |
|---|----------------|---|----------------|--------------|
| Surname:  |                | Name:                                   |                |              |
| Nickname:   |                | Sex:                                    |                |              |
| Language of instruction:  | Home Language: | Date of birth:                          |                |              |
| Any allergies:  |                | Mark illness(es) learner had/still have |                |              |
|   |                | Measles                                 | Chicken Pox    | Mumps        |
|   |                | Whooping cough                          | German measles | HIV positive |
|   |                |   |                | Tuberculosis |
|   |                |   |                | Hepatitis B  |
| Are there any physical defect or chronological sickness which we should take note of? |                |   |                |              |
| Are there any emotional, physical or psychological conditions that we should know?    |                |   |                |              |
| In case of an emergency, to which hospital must we take your child?                   |                |   |                |              |
| Do you belong to a medical scheme?  |                | Yes                                     | No             |              |
| Name of medical scheme:   |                |   |                |              |
| Medical aid number:   |                |   |                |              |
| General Practitioner:   |                | General Practitioner number:            |                |              |
| Who should we contact in an emergency?  |                |   |                |              |
| Name and surname:   |                | Tel. number:                            |                |              |
| Who will be fetching the child from school?   |                |   |                |              |
| Name:   |                | Number:                                 |                |              |

Tel/ Fax: 021 886 8557 / E-mail: akkerdoppiesstb@gmail.com / Web: www.akkerdoppies.co.za

Physical address: 1 Dr. Malan Street Stellenbosch / Postal Address: 24 Thibault Street Stellenbosch 7600

Bank Details: Akkerdoppies Pre-Primary NPO, Nedbank, Code: 149 821, ACC: 149 811 6337, Ref.: Name

Registration no: 2006/001307/08 - NPO: 050-213 - SARS Exemption PBO number 930022298

| <b>PARENTS DETAILS</b>      |               |               |
|-----------------------------|---------------|---------------|
|                             | <b>MOTHER</b> | <b>FATHER</b> |
| <b>Surname:</b>             |               |               |
| <b>Name:</b>                |               |               |
| <b>Mother tongue:</b>       |               |               |
| <b>Occupation:</b>          |               |               |
| <b>Residential address:</b> |               |               |
| <b>Postal address:</b>      |               |               |
| <b>E-mail address:</b>      |               |               |
| <b>Home Phone number:</b>   |               |               |
| <b>Work Phone number:</b>   |               |               |
| <b>Cell Phone number:</b>   |               |               |

|  |            |  |             |  |                     |  |
|--|------------|--|-------------|--|---------------------|--|
| <b>Payment method:</b>   | <b>EFT</b> |  | <b>Cash</b> |  | <b>Bank deposit</b> |  |
| <b>If your combined income is less than R6 000, you can apply for a bursary.</b> |            |  |             |  |                     |  |
| <b>Are you going to apply for a bursary?</b>                                     |            |  | <b>Yes</b>  |  | <b>No</b>           |  |
| <b>Starting date:</b>  |            |  |             |  |                     |  |

\* Please attach your child's birth certificate to the application.

**Indemnity and consent:**

1. I give permission for my child to go on excursions arranged by Akkerdoppies staff. The staff of Akkerdoppies will not be held responsible for injuries or accidents that might happen to my child.
2. I give permission for my child to climb and play on the playground equipment of Akkerdoppies. Akkerdoppies and its employees cannot be held responsible or liable for any injuries, illnesses or damages of any nature, whether by negligence of the staff or not.
3. I give permission for my child to be examined by a medical practitioner from time to time.

\_\_\_\_\_  
**SIGNATURE OF MOTHER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF FATHER**

\_\_\_\_\_  
**DATE**