



Rijk Tulbagh Private School
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APPLICATION FOR ADMISSION TO RIJK TULBAGH PRIVATE SCHOOL

This application must be completed when a learner applies for admission.

The information requested herein will be used for internal purposes and will be dealt with as strictly confidential.

A. LEARNER DETAILS

SURNAME: FULL NAME:

NICKNAME:

RESIDENTIAL ADDRESS:

SEX:

| | | | |
|------|--|--------|--|
| MALE | | FEMALE | |
|------|--|--------|--|

HOME LANGUAGE:

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|-----------|--|---------|--|-------|--|-------|--|
| AFRIKAANS | | ENGLISH | | XHOSA | | OTHER | |
|-----------|--|---------|--|-------|--|-------|--|

SPECIFY OTHER:

DATE OF BIRTH:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

ID-NUMBER:

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GRADE FOR APPLICATION:

NAME OF LAST SCHOOL ATTENDED:

TELEPHONE NUMBER OF SCHOOL:

DATE OF LAST DAY ATTENDED:

REASON FOR LEAVING LAST SCHOOL:

HIGHEST GRADE PASSED: YEAR:

DISEASES FOR WHICH LEARNER HAS BEEN IMMUNIZED:
 Tuberculosis(BCG) Poliomylitis White throat Tetanus (DT) Whooping cough(DPT)
 Haemophilus Influenzae Tipe B (HIB) Measles German measles Mumps

DISEASES THAT LEARNER HAD:
 Measles German measles Whooping cough Chickenpox Mumps

DOES THE LEARNER HAVE ANY ALLERGY OR HEALTH CONDITION THAT THE SCHOOL NEEDS TO BE AWARE OF? YES / NO
 IF "YES", SPECIFY:

DOES THE LEARNER RECEIVE TREATMENT FOR ABOVE MENTIONED CONDITIONS? YES / NO
 IF "YES", SPECIFY:

FAMILY DOCTOR: CONTACT NUMBER:

NUMBER OF CHILDREN IN FAMILY: LEARNER IS

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

 CHILD IN FAMILY.

OTHER CHILDREN IN RIJK TULBAGH SCHOOL: GRADE:

CHILDREN PREVIOUSLY IN RIJK TULBAGH SCHOOL: YEAR:

FAITH:

B. DETAILS OF PARENT(S) OR GUARDIAN(S):

(The information requested below must be provided in respect of each parent or guardian.)

FATHER

FULL NAMES AND SURNAME:

OCCUPATION:

ID-NUMBER (IF SA RESIDENT):

PASSPORT NUMBER (IF FOREIGNER):

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RESIDENTIAL ADDRESS:

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.....POSTAL CODE:.....

E-MAIL:

TELEPHONE NUMBER (CELL): ()

(WORK): ()

NAME AND ADDRESS OF EMPLOYER:

.....

.....POSTAL CODE:.....

MEDICAL AID: NAME:

MEMBERSHIP NUMBER:

MOTHER

FULL NAMES AND SURNAME:

.....

OCCUPATION:

.....

ID-NUMBER (IF SA RESIDENT):

PASPORT NUMBER (IF FOREIGNER):

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RESIDENTIAL ADDRESS:

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.....POSTAL CODE:.....

E-MAIL:

TELEPHONE NUMBER (CELL): ()

(OTHER): ()

NAME AND ADDRESS OF EMPLOYER:

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.....POSTAL CODE:.....

MEDICAL AID: NAME:

MEMBERSHIP NUMBER:

GUARDIAN

FULL NAMES AND SURNAME:

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NATURE OF GUARDIANSHIP (ex. Foster parent, uncle, aunt, grandma, etc.):

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(In case of legal guardianship or foster parents, documents must be submitted.)

OCCUPATION:

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ID-NUMBER (IF SA RESIDENT):

PASSPORT NUMBER (IF FOREIGNER):

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RESIDENTIAL ADDRESS:

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POSTAL ADDRESS:

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.....POSTAL CODE:.....

TELEPHONE NUMBER (HOME):

()

(WORK): ()

NAME AND ADDRESS OF EMPLOYER:

.....

.....POSTAL CODE:.....

MEDICAL AID: NAME:

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MEMBERSHIP NUMBER:

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WHO IS THE PERSON RESPONSIBLE FOR THE LEARNER?

FULL NAMES:

.....

TELEPHONE NUMBER IN CASE OF EMERGENCY:

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C. BASE LINE ASSESSMENT

The Principal or Selection Committee is entitled to request that a new applicant take a baseline assessment test. The assessment will only be used as an indicator to determine what curriculum level (ie grade) will best accommodate the student.

Assessment of learners may take place before or on the first day of school. The baseline assessment will be conducted in Mathematics, Afrikaans and English. In both the junior and senior phases, the learner will have to complete an assignment that will become progressively more difficult in order to determine his/her level of expertise.

The principal or Selection Committee may also request a scholastic function evaluation according to age requirements from a registered Occupational Therapist, if a sufficient report from the learner's previous school is not available.

If it transpires that a learner's results (from the aforementioned assessments and/or reports) do not meet the required standards, he/she may, after approval is forthcoming from the Principal, Phase Head and Teacher, be recommended for the following:-

- Extra classes after school
- Private tutors
- A specialist unit or school
- Repeat current grade

The assessment is conducted simply to determine the level at which a new learner will best perform. The result will in no way determine any further academic assessment of the learner. All results and decisions will be dealt with as strictly confidential.

D. PAYMENT OF SCHOOL FEES

- The payment of school fees is compulsory and must be discharged by the parent(s) or other responsible person/guardian.
- If school fees in respect of a learner, remain outstanding for two or more months, on written notice to the learners' parents/guardians, the Governing Body may refuse the learner access to the school.

ENTRANCE FEES 2022:

The once-off sum is payable on notification that the application for the learner's admission has been confirmed and includes the first month's school fees. NOTE: THE ENTRANCE FEE IS NOT REFUNDABLE IN THE CASE OF THE LEARNER'S WITHDRAWAL.

Entrance fee per child:
Grade R: R3 111.10 + R525.00 book fee
Grade 1 – 3: R3 548.85 + R525.00 book fee
Grade 4 – 7: R3 548.85

SCHOOL FEES 2022:

Grade R:
R24 040.20 per year per child payable as follows: 12 monthly installments of R2 003.35 payable on or before the 7th of the month.

Grades 1 – 7:
R29 293.20 per year per child payable as follows: 12 monthly installments of R2 441.10 payable on or before the 7th of the month..

Inclusive class:
R35 720.40 per year per child payable as follows: 12 monthly installments of R2 976.70 on or before the 7th of the month.

DISCOUNT:

If one family has 3 or more children in the school at the same time, the 3rd child will receive a 25% discount on school fees.

BANK DETAILS:

Rijk Tulbagh Privaatskool
Bank: ABSA
Branch code: 630 207
Account number: 406 2779 140 (cheque)
Reference: Learner's name and surname

CLAUSE 13.12 OF THE SCHOOL CONSTITUTION:

“ If school fees in regards of a learner is in arrears for two months or more, the Governing Body may refuse the learner access to the school, on written notice to the parents/guardian.”

SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT:

DETAILS OF OTHER LEARNERS AFFILIATED TO PARENT(S) OR GUARDIAN:

| NAME AND SURNAME | GRADE |
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E. DECLARATION OF PARENT/GUARDIAN

I,

the undersigned parent/guardian of(name of learner)

- Declare that the information provided herein, to the best of my knowledge, is true and accurate.
- I undertake to notify the school if any of the above information changes.
- I declare that I have read and understand, inter alia, the following policy of the school: (available on website)
 - Code of conduct for learners
 - Admission policy
 - Language policy
 - Disciplinary policy
- I undertake to support my child in complying with the School's Code of Conduct and Disciplinary Policy.
- I further commit to all undertakings give in Section D above and I accept liability for monies due at any time under the agreement set out above.

SIGNED AT on this
..... day of(month)(year).

.....
SIGNATURE OF PARENT OR GUARDIAN

.....
PRINT NAME IN FULL

F. DOCUMENTATION

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE APPLICATION:

| Document | Attached |
|--|----------|
| Signed, completed application form | |
| Copies of ID documents of parents/guardians | |
| Certified copy of learner's birth certificate | |
| Proof of immunization/clinic card | |
| Copy of latest report | |
| Previous school transfer document, if applicable | |
| CEMIS-transfer if from another school in the Western Cape | |
| Proof of paid-up school fees from previous school | |
| Proof of residential address of parent responsible for payment, e.g Municipal account | |
| Signed consent form of Accountability, included in application form. Signed by person responsible for payment. | |
| Proof of both parents' work address. Indicate if one parent is not working. | |
| Three months' bank statements of person responsible for payment of account or auditor's letter confirming income. | |
| Non-South African citizens: certified copy of residence permit or official study permit for learner. | |
| Non-South African citizens: certified copies of both parents' valid work permit, residence permit and passports. | |

G. INDEMNITY/PERMISSION TO TAKE PART IN ALL ORGANIZED ACADEMIC-, SPORT- AND CULTURAL ACTIVITIES

I, parent/guardian ofgrant my permission and authorization that he/she may take part in all extra mural school activities, with inclusion of exercise, matches and other sport meetings, educational-, cultural- and social meetings, as well as transport to and from these activities and meetings.

I accept that he/she will take part in any tour, trip and activity on own risk and it will remain our responsibility. I indemnify the teachers, Governing Body or any proxy from Rijk Tulbagh Private School for any loss or accident against the learner or his property during any of above mentioned activities.

This indemnity is binding on myself, my executor(s) and successors and includes my child.

SIGNED AT on this
 Day of(month)(year).

.....
SIGNATURE OF PARENT/GUARDIAN

.....
PRINT FULL NAME

H. DECISION ON ADMISSION OF LEARNER (for office use)

It is hereby confirmed that(name of learner) complies with the minimum age requirements for school admission and that his/her latest final examination report has been found to be genuine.

His/her admission to grade has been approved.

Comments:
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Signature of Principal: Date:

OR

It is hereby confirmed that
(name of learner)'s application for admission is unseccessful.

Comments:
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Signature of Principal: Date: