GLENVIEW PRIMARY SCHOOL

Proudly Shaping The Future Together

Admissions Checklist

ALL DOCUMENTS MUST ACCOMPANY THIS FORM

Grade:_____

Date completed and returned:	

Office use only

1.	Original unabridged birth certificate / study visa / refugee status / passport		
2.	Please ensure all documents are certified		
3.	Most recent school report		
4.	Clinic card with relevant immunizations including child's name and surname		
5.	Proof of sibling attending Glenview (Report card)		
6.	6.1 Proof of residence **i. <u>Home owner</u>** ● Lights and Water Account **ii. <u>Renting</u>** ● Legal lease agreement/water and lights/invoice **iii. <u>Living with someone on ther property</u>** ● Home owner's water and lights account and their ID ● 3 months statement from any account in that address **(NO BANK STATEMENT)**		
7.	Confirmation letter from work		
8.	Copy of medical aid membership card (if applicable).		
9.	Identity Documents of both parents/guardians/sponsors.		
10.	In the case of deceased parent(s) – a Death Certificate is required.		
11.	In the case of Legal Guardianship/Adoption – copies of legal documents produced by the Courts are required.		

Please read and sign in the box below:

I / We confirm that I / we are the biological parent(s) legal guardian(s) of the learner(s) detailed below. ☐

I / We acknowledge that an application is NOT a guarantee of acceptance at Glenview Primary School. ☐

I / we confirm that I / we understand that Glenview Primary School is a FEE-PAYING School and accept the responsibility to pay any fees due, unless I / we have been granted full ☐ exemption.

I / we confirm that I understand and accept that the Language of Learning and Teaching (LOLT) of Glenview Primary School is English. ☐

Parent 1 Initial: _____

Parent 2 Initial: _____

INFORMATION SHEET

Please read the APPLICATION FORM FOR POSSIBLE ADMISSION carefully and provide all relevant information. Please ensure that all the required documentation is submitted with the form.

If the required information is incorrect or fraudulent or not attached it will invalidate the application.

THE APPLICATION FORM FOR POSSIBLE ADMISSION must be hand delivered to the school.

Please note the following:

1. The language of instruction at the school is English.

2. Learners are required to comply with the Code of Conduct and School Rules of the School. This is to ensure a disciplined and purposeful school environment dedicated to the maintenance and improvement of the quality of the learning process. A copy of the Code of Conduct is Conduct is available from the Admission Officer for inspection during school hours.

3. In the greater Brackenhurst area, there are three primary schools within a two and half km distance of the other, (within the same district). While you are welcome to make application at any of the three schools kindly note that in accordance with legislation, we are obliged to accept children whose parents live closest to our school. Any child whose parents live further afield will only be considered for placement should there be space available.

4. All correspondence from the school will be posted to the indicated residential address. Should any information set out in this APPLICATION FOR POSSIBLE ADMISSION FORM change at any time, please notify the school immediately in writing.

5. Glenview Primary School maintains standards of excellence in academic, cultural and sporting achievements because there is a culture of fee payment at the school.

   Glenview Primary School is a State-Aided School fees pay Public School and payment of school fees is compulsory. Over the years, the parent body has consistently voted in support of the tabled budgets. Furthermore, they have given the Governing Body mandate to ensure that the culture of fee payment is maintained and, to take whatever action is necessary to collect fees.

6. In terms of the South African Schools Act No. 84 of 1996 a parent is liable to pay school fees approved on an annual basis in terms of the Act. The annual school fees for 2026 Grade 1-7 were set at R13,500.00 per annum, Grade R were set at R18,000.00 per annum and are indicative only. Subsequent to the ratification of the 2027 budget in November 2026 the fee schedule for the year 2027 will be available from Finance Office during school time.

7. **The Admissions Committee reserves the right to verify any information submitted as part of the application for admission to Glenview Primary School**.

Parent 1 Initial: _____
Parent 2 Initial: _____

Learner Details
(Please write clearly & legibly)

Accession Number: _____ (Office use only)

Grade for Admission: _____ Highest Grade Passed: _____

Year When Grade was Passed_____ For Grade 1 only: indicate pre-primary ☐ ☐ education: None ☐

Non-Formal Formal

Dexterity of Learner: Right-handed ☐ Left-handed ☐ Ambidextrous ☐

Surname:

_____

First Names: _____

Preferred Name: _____

Birth Cert/I.D. Number: _____

Passport Number: _____

Date of Birth: _____

Gender: _____

Mode of Transport: _____

Reg. Social Grant: _____ Social Grant Number: _____

Family Details
(Please write clearly & legibly)

No. of Children in the family: _____

Position in the family: _____

Name and Surname of Siblings at Glenview: _____

_____

Home Language: _____

Religion: _____

Country of Origin: _____

Race: _____

Parent 1 Initial: _____

Parent 2 Initial: _____

Learner resides with: ☐ Both parents ☐ Mother ☐ Father
☐ Legal Guardian ☐ Other/Caregiver

Family status: ☐ Married parents ☐ Unmarried parent

☐ Foster care ☐ Children's home ☐ Widow/Widower

☐ Other ☐ Divorced

Parents deceased: ☐ Mother ☐ Father ☐ None

Next of Kin Details

Name and Surname: _____

Relationship to Learner: _____

Address: _____

Telephone (H): _____ Telephone (W): _____

Cell No: _____

Emergency Details
(Please write clearly & legibly)

Contact Person in Case of an Emergency: _____

Emergency Telephone Number: _____

Family Doctor: _____

Physical Address for Doctor: _____

Telephone Number for Doctor: _____

Allergies: _____

Medical Aid Details

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

Parent 1 Initial: _____
Parent 2 Initial: _____

Learner health information

Chronic diseases: _____

Allergies: _____

Neurological & Physical Disabilities

Please tick if applicable:

☐ ADD ☐ ADHD ☐ Autistic Spectrum Disorder ☐ Cerebral Palsy

☐ Epilepsy ☐ Dyslexia ☐ Hard of Hearing ☐ Colour Blind

☐ Partially Sighted ☐ Physically Disabled

Other conditions (Please specify) _____

_____

Academic Difficulties

Please tick if applicable:

☐ Reading ☐ English Language ☐ Mathematics

Previous School: _____

Language of Learning and Teaching at Previous School: _____

First Additional Language Taught at Previous School: _____

Address of Previous School: _____

Previous School Tel No.: _____

BIOLOGICAL PARENT 1 DETAILS

Surname: _____

First Names: _____

Initials: _____

Title: Dr/Rev/Mr/Mrs/Ms: _____

ID / Passport No. _____

Date of Birth. _____

Marital Status:

Married	Single	Divorced	Separate	Widowe

Relationship to child:

Biological	Foster Care	Adopte	Legal Guardian	Authority

Cellphone No.: _____

Email: _____

Telephone (H): _____

Home Address: _____

_____

Postal Address: _____

_____

Occupation: _____

Employer/Company Name: _____

_____

Telephone (W): _____

Work Address: _____

_____

BIOLOGICAL PARENT 2 DETAILS

Surname: _____

First Names: _____

Initials: _____

Title: Dr/Rev/Mr/Mrs/Ms: _____

ID / Passport No. _____

Date of Birth. _____

Marital Status:

Married	Single	Divorced	Separated	Widowed

Relationship to child:

Biological	Foster Care	Adopted	Legal Guardian	Authori

Cellphone No.: _____

Email: _____

Telephone (H): _____

Home Address: _____

_____

Postal Address: _____

_____

Occupation: _____

Employer/Company Name: _____

_____

Telephone (W): _____

Work Address: _____

_____

Parent 1 Initial: _____
Parent 2 Initial: _____

PLEASE NOTE:

- ***OFFER TO PURCHASE AND AFFIDAVITS*** **<u>are not</u>** regarded as bona fide proof of residence.
- Learners will be placed in alternative school in cases where the application to preferred schools are unsuccessful due to the school being declared full by the Head of Department.
- The placement of learners shall be guided by the regulations for admission of learners to public schools, and Glenview Primary's Admission Policy.
- Learners who do not apply within the admission period have no right to the preferential placement as contemplated in sub regulations (1) and (2)
- The provision of falsified information will lead to legal action being taken against the applicant and de-registration and consequent placement at relevant school.

PARENT 1 SIGNATURE:

I, _____ (ID NO. _____)
PARENT/GUARDIAN OF _____ HEREBY DECLARE THAT THE ENCLOSED INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE. I UNDERSTAND THAT ANY FALSE, MISLEADING OR INCORRECT INFORMATION OR DOCUMENTATION SUBMITTED MAY RESULT IN THE APPLICATION BEING DECLARED INVALID, REJECTED OR DISQUALIFIED.

SIGNATURE: _____

DATE: _____

PARENT 2 SIGNATURE:

I, _____ (ID NO. _____)
PARENT/GUARDIAN OF _____ HEREBY DECLARE THAT THE ENCLOSED INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE. I UNDERSTAND THAT ANY FALSE, MISLEADING OR INCORRECT INFORMATION OR DOCUMENTATION SUBMITTED MAY RESULT IN THE APPLICATION BEING DECLARED INVALID, REJECTED OR DISQUALIFIED.

SIGNATURE: _____

DATE: _____

GLENVIEW PRIMARY SCHOOL

11 Appelgrein Street
Brackenhurst
1448

reception@gview.co.za

Tel: (011) 867-5976/7

SCHOOL FEES AGREEMENT

1. I, the undersigned,

_____

(Hereinafter referred to as the "PARENT)

ID Number: _____

Home Address: _____

_____

Tel Home: _____

Tel Work: _____

Work Address: _____

_____

Learner Full Name(s): _____

Do hereby acknowledge that I am liable for payment of school fees to GLENVIEW PRIMARY SCHOOL (hereinafter referred to as the "SCHOOL") determined and charged by the School in terms of the South African Schools Act, 84 of 1996 which amount is due owing and payable.

2. It is expressly acknowledged and agreed that:

2.1) If I fail to comply timeously or at all with any term or condition in this agreement resulting in any legal action or any other action being taken at the option of the School to enforce compliance with this agreement, I shall be liable for all or any costs incurred by the School including costs as between Attorney and client.

2.2) I shall be liable for pay to the School's Attorneys collection commission and such other collection fees for which the School may be liable in respect of recovery of the aforesaid amount.

2.3) The instalments shall be allocated in the first instance in reduction of costs, collection charges and interest and only thereafter in reduction of the capital.

2.4) If I fail to comply with any term or condition of this agreement or be sequestrated, or my estate be surrendered as assets or my assets be attached or a compromise entered into with any of my Creditors then in such case, the total outstanding annual amount, interest and any costs which may arise from this agreement shall immediately become due and payable to the School and in which event the School shall without notice to myself be entitled to apply for judgement of the amount or the Outstanding balance of the capital sum, interest and costs and / or for an order payment of the Judgement debt and costs in instalments or otherwise in accordance with this agreement..

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2.5) I choose my domicillium citandi et executandi for all purpose which may arise in terms of this Agreement, the Home address reflected on the face hereof.
2.6) I further consent and authorise the School to issue an Emoluments Attachment Order which may be issued at any time.

2.7) I hereby consent that the contents of this document may be incorporated in an order of the court and the School may collect any monies in terms of this agreement in terms of Section 57 alternatively Section 58 of the Magistrate's Court Act 32 of 1944.

2.8) I undertake to inform the School immediately and within 14 (fourteen) days of any change of address by email and proof thereof.

2.9) I agree that a certificate signed at any time by the Principal of the School for the time being setting out the amount owing the School and/or the fact that the due date for the payment of any amount has arrived shall be prima facie proof of my indebtedness to the School.

3. This document constitutes the complete agreement between the parties and no amendment, addendum or cancellation of any of the terms herein contained, or any concession made by the School to myself or shall be of any legal force unless it shall be reduced to writing and signed by both myself and the School and in such event, the amendment addendum or cancellation shall be of legal force only in terms of the particular object for which it was recorded.

Dated at Alberton on this _____ day of _____ 20____.

_____ _____
Parent / Guardian Witness

_____ _____
School Witness

Please ensure that you fill in the required information and provide your signature.

I/we hereby declare that the information which I have recorded in this form is true and correct and by my/our signature below, I/We give the Chairperson of the Governing Body or his designate, permission to check and confirm any of the details listed by me/us.

I/We understand that should any of the information supplied by me/us is found to be false; action may be taken against me/us.

_____ _____
Parent / Guardian 1 Sign Parent / Guardian 1 Full Name

_____ _____
Parent / Guardian 2 Sign Parent / Guardian 2 Full Name

Date: _____