



Attach ID photo of learner here

FOR OFFICE USE ONLY

Received on:

Decision: Accept / Regret / Waiting List

Annual & Facility Fee payment:

Accession No:

INSTRUCTIONS FOR COMPLETING THIS APPLICATION FORM

- **Please print clearly**
- All sections need to be completed in FULL for your application to be submitted
- Completing this document does not guarantee acceptance into the school

YOUR CHECKLIST: Please ✓ each item below, confirming that copies of the following document are attached.

- | | |
|--|--|
| <input type="checkbox"/> ID Photograph of learner | <input type="checkbox"/> Biological Father ID book / death certificate |
| <input type="checkbox"/> Copy of learner's birth certificate | <input type="checkbox"/> Biological Mother ID book / death certificate |
| <input type="checkbox"/> Copy of learner's latest school report | <input type="checkbox"/> Guardian ID book and court appointed letter |
| <input type="checkbox"/> Copy of learner's clinic card | <input type="checkbox"/> Father payslip / proof of income |
| <input type="checkbox"/> FOREIGN NATIONAL copy of learner's passport | <input type="checkbox"/> Mother payslip / proof of income |
| <input type="checkbox"/> FOREIGN NATIONAL copy of learner's study permit | <input type="checkbox"/> Proof of address |

GRADE APPLYING FOR (please circle)

R	1	2	3	4	5	6	7
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Current School: Grade:

DETAILS OF LEARNER

Surname:

First Name/s:

Birth date:

Parent Names: Father: Mother:

Applicant lives with: Both Parents Father Mother Guardian Other:

School Office
041 391 9300
secretary@ericaprimery.co.za

Accounts Office
041 391 9306
accounts@ericaprimery.co.za



Bayview Avenue, Mount Croix,
Port Elizabeth, 6001.

www.ericaprimery.co.za

EMIS No. 200100209

DETAILS OF LEARNER cont...

Population group (as req'd by Dep. Of Ed) African/Black Asian/Indian Coloured White

Nationality: ID Number:

Study Permit (if applicable): Passport No. (if applicable):

Home Language: Religious Affiliation:

Position of learner in family: 1st 2nd 3rd 4th 5th

Number of children in family: 1 2 3 4 5

Do you have an older daughter who has attended Erica? No Yes, her name is:

Name/s of **SISTER/s** currently at Erica (NOT COUSINS OR FRIEND)

Name: Name:

Grade: Grade:

Does the learner suffer from any medical condition or learning problem? Yes No

Details:

.....
.....

Medication:

Is your daughter left or right-handed? Left Right

PHOTO CONSENT

Do you grant Erica Girls' Primary School permission to publish individual photographs of your daughter on its social media platforms? Yes No

CONSENT AND INDEMNITY

I (FULL NAME IN CAPITALS) parent / guardian of do hereby give my consent for my child to take part in the extra-mural activities of the School, including games and cultural activities, educational tours and excursions of historical, geographical or cultural interest or in the Aftercare Centre while attending the Erica Girls' Pre-Primary and Primary School.

I fully understand and accept that all tours and excursions shall be undertaken at my child's own risk and I undertake on behalf of myself, my executors, my spouse and child aforesaid to indemnify, hold harmless and absolve the Eastern Cape Education Department, the Principal and Staff of Erica Girls' Pre-Primary and Primary School and any other person conveying them on behalf of or in connection with loss of or damage to the property or injury to the person of my child aforesaid, in the course of any such tour, excursion or activities, in the knowledge that the Principal and Staff will nevertheless take all responsible precautions for the safety and welfare of my child.

SIGNED:

DATE:

The details of the biological father and mother must be completed even if the learner does not live with the parents.

Communication to:	<input type="checkbox"/> Both parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
Parents deceased: Please submit death cert.	<input type="checkbox"/> None	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both

BIOLOGICAL FATHER'S DETAILS

(If re-married, please complete Step-Mother's details on the next page of this application)

Surname: Title: Dr / Prof / Rev / Mr (please circle)

First Name/s: ID No:

Marital Status: Single Married Separated Divorced Remarried Widowed

Contact No's: (H) (W) (C)

Email:

Residential Address:
..... Postal Code:

EMPLOYMENT DETAILS

Employer: Work Address:

.....
.....

Occupation: Postal Code:

Gross Salary: Net Income:

BIOLOGICAL MOTHER'S DETAILS – Are you an Ex-Erica Pupil? No Yes Last year at Erica:

(If re-married, please complete Step-Father's details on the next page of this application)

Surname: Title: Dr / Prof / Rev / Mrs / Miss (please circle)

First Name/s: ID No:

Marital Status: Single Married Separated Divorced Remarried Widowed

Contact No's: (H) (W) (C)

Email:

Residential Address:
..... Postal Code:

EMPLOYMENT DETAILS

Employer: Work Address:

.....
.....

Occupation: Postal Code:

Gross Salary: Net Income:

STEP-FATHER'S DETAILS

Surname: Title: Dr / Prof / Rev / Mr / Mrs / Miss (please circle)
First Name/s: ID No:
Marital Status: Single Married Separated Divorced Remarried Widowed
Contact No's: (H) (W) (C)
Email:.....
Residential Address:
..... Postal Code:

EMPLOYMENT DETAILS

Employer: Work Address:
.....
Occupation: Postal Code:
Gross Salary: Net Income:

STEP-MOTHER'S DETAILS

Surname: Title: Dr / Prof / Rev / Mr / Mrs / Miss (please circle)
First Name/s: ID No:
Marital Status: Single Married Separated Divorced Remarried Widowed
Contact No's: (H) (W) (C)
Email:
Residential Address:
..... Postal Code:

EMPLOYMENT DETAILS

Employer: Work Address:
.....
Occupation: Postal Code:
Gross Salary: Net Income:

GUARDIAN'S DETAILS

Surname: Title: Dr / Prof / Rev / Mr / Mrs / Miss (please circle)
First Name/s: ID No:
Marital Status: Single Married Separated Divorced Remarried Widowed
Contact No's: (H) (W) (C)
Email:.....
Residential Address:
.....Postal Code:

EMPLOYMENT DETAILS

Employer: Work Address:
.....
Occupation:Postal Code:
Gross Salary: Net Income:

IN CASE OF EMERGENCY CONTACT (not living with learner)

Relationship to the learner:

Surname: Name:
Contact No's: (H) (W) (C)

FINANCIAL INFORMATION

Erica Girls' Primary School is a *proudly fee-paying school*.

SCHOOL FEE POLICY: Terms and Conditions

1. It has been resolved by the parents at the Annual General Meeting that School Fees will be charged at this School, and that the school can legally enforce the payment of school fee as per the South African Schools Act (1996)
2. Both Parents / guardians are jointly and severally liable to pay school fees
3. Terms of Payment: Annual fees are payable over 10 months (Feb-Nov)

Divorced Parents: In the event of the parents being divorced, both parents are jointly and severally responsible for the payment of school fees, irrespective of any maintenance order or verbal agreement.

Who is responsible for paying fees?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Guardian
I hereby give consent to Erica Girls' Primary School to run a credit check	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Guardian

ONLY COMPLETE THIS SECTION IF THE SCHOOL FEES ARE TO BE PAID BY A TRUST OR A GUARDIANS FUND

TRUST FUND / GUARDIAN'S FUND

Name of Trust: Reference No:

.....

Address of Trust:

Contact Person: Email:

Telephone No: Kindly supply proof of a Trust/Guardian's Fund. A copy of statement to this effect is required.

DECLARATION BY PARENT / GUARDIAN

The information provided in this application is true and correct in all respects. I / We agree that if any information is found to be incorrect and/or this form is incomplete, the School may refuse to consider this application. I / We consent to my / our employers / referee being contacted.

SIGNED: _____ DATE: _____
Father / Guardian

SIGNED: _____ DATE: _____
Mother / Guardian

ACKNOWLEDGEMENT / DECLARATION BY PARENTS OR GUARDIANS LIABLE FOR THE PAYMENT OF SCHOOL FEES
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We have read and understand the School Fee Payment Policy and accept the terms and conditions thereof.

We acknowledge and accept that the payment of School Fees at Erica Girls' Primary is compulsory and that as parents / guardians we are jointly and severally responsible for the payment thereof as prescribed by Erica. We warrant that we are in a financial position to pay the prescribed fees. In the event of non-payment, action against BOTH parents regardless of any maintenance agreements, which may exist, will be taken.

We further acknowledge and agree that whilst we are in employment, should we fail to pay the prescribed compulsory school fees within seven (7) days from date of demand, the full outstanding balance of the school fees shall immediately become due and payable. In the event of any legal proceedings, as a result, of our failure to pay, we hereby consent to judgement in terms of Section 58 of the Magistrate's Court Act 32 of 1944 as amended and the issue of an Emoluments Attachment Order against my employers for the payment of the said school fees. We further consent that this document may be used for the previously mentioned purposes.

We consent to paying attorney and client costs, including collection commission in the event of being handed over for collection.

The address indicated on this form is our chosen *domicillum citandi of executandi* (home address)

Daughter: _____
First Name
Surname
Grade

Father Parent (full name):	
ID Number:	
Home Address:	
Signature:	Date:

Mother Parent (full name):	
ID Number:	
Home Address:	
Signature:	Date:

Guardian Parent (full name):	
ID Number:	
Home Address:	
Signature:	Date:



REFERENCE LETTER

TO BE COMPLETED BY YOUR CHILD'S PRESENT SCHOOL

To whom it may concern,

The following learner is applying to attend Erica Girls' Primary School. Kindly complete this form and email it to admissions@ericapprimary.co.za

Kind regards

B Coetzee
Principal.

Name of learner:

Present grade: No. of years at this school:

Name of school:

School Contact No:

Behaviour / Attitude (please ✓ the most appropriate)

Exemplary	Good	Satisfactory	Unsatisfactory
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Comment:

Extra-mural Activities:

Please indicate if fees are paid up to date: YES NO

How has the account been paid? Cash Debit Order Electronically Stop Order

Any other information that you think we should know:
.....
.....
.....

Date:

Principal Signature:

