



2024 APPLICATION FOR ADMISSION

Date you wish your child to start at We Friends? _____

1) CHILD

Surname: _____

First Names: _____

Date of Birth: _____ Place of birth: _____

Citizenship: _____ Identity Number: _____

Gender: _____ Religion: _____

Church attended (if any): _____

Home language/s: _____

Last school (if applicable): _____ Phone no: _____

Consent given to We Friends finance team to contact last school for financial history
yes no

Playgroup applicants only:

How many days a week would your child attend school: 3 days 5 days

2) POSITION OF CHILD IN FAMILY: (1st, 2nd, 3rd, 4th etc.)

Other children in the family

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

3) AFTERCARE

I am interested in **FULL TIME** After Care until: 2:30pm 5pm

Please note: Playgroup children are **not** automatically accepted into Aftercare.
The Principal will liaise with parents regarding a suitable start date.

If your child is attending Aftercare, please complete the **Aftercare Sign Up Form**, available on request.

4) **FAMILY**

Father or Legal Guardian

Surname: _____

First Name: _____

ID Number: _____

Marital Status: _____

Citizenship: _____

Residential address: _____

_____ Code: _____

Tel Home: _____

Cell No: _____

Email Address: _____

Employer's Name or
Name of Company if self-employed:

Address: _____

_____ Code: _____

Occupation: _____

Business Tel: _____

Mother or Legal Guardian

Surname: _____

First Name: _____

ID Number: _____

Marital Status: _____

Citizenship: _____

Residential address: _____

_____ Code: _____

Tel Home: _____

Cell No: _____

Email Address: _____

Employer's Name or
Name of Company if self-employed:

Address: _____

_____ Code _____

Occupation: _____

Business Tel: _____

5) **GUARDIANSHIP/CUSTODY**

The child lives with _____ (mother, father, legal guardian etc.)

If divorced, who has legal custody? _____

6) **FINANCIAL INFORMATION**

Full name and surname of the person responsible for paying fees: _____

Email address that invoice should be emailed to each month: _____

How will the fees be settled: EFT cash deposit (fees incurred will be added to your account)

When will fees be settled: annually per term monthly

If the person responsible for paying fees is not the parent/guardian, then please supply his/her details:

I.D. no./Passport no. of person responsible for paying the fees _____

Tel Home: _____ Cell No: _____

Postal Address: _____

7) CONTACT NUMBERS

Contact person **should parent not be available** in case of emergency

1) Name: _____ 2) Name: _____

Relationship: _____ Relationship: _____

Tel No: _____ Tel No: _____

Cell number: _____ Cell number: _____

The onus is on the parent/guardian to ensure that these details are regularly updated.

8) MEDICAL PARTICULARS

Which immunisations has the child had?

Polio _____ DPT _____ MMR/Measles _____ BCG _____

Name any other diseases against which he/she has been immunised:

Family doctor: _____ Tel No: _____

Is the child covered by medical aid? _____

If so, name of Medical Aid: _____ Med Aid No: _____

Any other medical conditions the school should be aware of?

Any allergies the school should be aware of?

Any learning difficulties the school should be aware of? (ADHD/ADD/ Dyslexia)?

If yes, please give full details and note what support has been given. (therapies, medication, extra lessons)

9) PHOTO PERMISSION

We occasionally share photos taken of the children at We Friends on our website, Instagram, Facebook page, or in a newspaper. Please indicate below if you give permission for us to use your child's photo (please tick one).

I give permission

I do not give permission

10) WHATSAPP GROUPS

The primary mode of communication between We Friends and parents/guardians, is via WhatsApp. Please indicate below if you give permission to We Friends to add your telephone numbers to the group.

I give permission

I do not give permission

The class rep/'class mom' creates a second WhatsApp group. Please indicate below if you give permission to We Friends to send your telephone numbers to the class rep.

I give permission

I do not give permission

11) SCHOOL FEES and ANNUAL LEVY

A non-refundable application fee of **R600** is payable.

Upon acceptance **R680** is due for a uniform pack (t-shirt, backpack, hat, lunch cooler) and **one month's school fees** are to be paid upfront and held as a non-refundable deposit that will be deducted from the first month's school fees.

Banking details:

First National Bank

We Friends

Acc no: 624 0167 9173

Branch: 220526

Ref: Child's name + Surname

Please forward confirmation of payment to: finance@wefriends.co.za

- a) **School fees** are a compulsory requirement.
- b) The **annual levy** is payable at the beginning of the year and will reflect on your first statement of the year.
- c) Fees are due by the fourth (4th) of every month for ten months or by arrangement: quarterly or annually.
- d) **Annual fees paid for '5-days a week' in full by the fourth (4th) February of the current school year, will qualify for a 7% discount on the annual 5-day school fee rate.**

10) DOCUMENTS REQUIRED WITH THIS APPLICATION

- a) Copy of child's birth certificate/identity document or passport.
- b) Copy of child's immunisation card.
- c) Copy of parents Identity documents or passports.
- d) Proof of address (utility bill, rental agreement etc.).
- e) A photo of your child.

11) DECLARATION AND CONSENT

In completing and signing this application form, I undertake to:

- a) Pay school fees by the specified due date.
- b) Inform the school in writing of any change of address or telephone number.
- c) Inform the school of any infectious illness.
- d) Ensure that my child attends school regularly, is delivered punctually and collected timeously.
- e) Accept the Christian values and teaching which are the basis of the school programme and derived from the Glenridge Church Statement of Faith and Constitution (available on request).
- f) Comply with the rules and regulations of the school.
- g) Give consent for my child to participate in all school extra-curricular activities including educational visits and tours.
- h) As the enrolling parent/guardian, I will be responsible for the payment of school fees.
- i) Give the required one term's notice of withdrawal, in writing, in lieu of which a term's fees are required. Should special circumstances apply; the Principal will use her discretion.
- j) Agree that the Principal or designates may act in loco parentis in the event of any injury or accident in which my child/ward may be involved.
- k) Agree that while We Friends Preschool will ensure all reasonable due care is taken of the children, the staff of We Friends (including learner teachers at the school and any other person authorised to assist the school), the Board, and Glenridge Church will not in any way be liable whether ex contractu or ex delictu for any personal injury, damage of patrimonial loss, that might occur while in their care whether at the premises or in the course of an excursion.
- l) Agree to give consent for We Friends Preschool to perform a Credit Check on the parent/guardian who will be responsible for payment of school fees.
- m) Recognise that the personal information supplied will be entered into the We Friends Preschool electronic database and used internally as necessary.

Signed at _____ on _____ of _____ 20_____

Signature of Parent (Mother)/
Legal Guardian

Signature of Parent (Father)/
Legal Guardian

1) _____
Witness

2) _____
Witness

(Ex contractu - Breach by way of contract • Ex delictu - Breach by way of Delict eg: defamation
Patrimonial Loss - Any monetary loss eg: loss of valuable items)