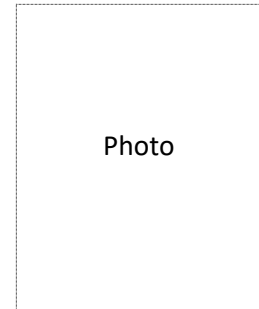


WARTBURG KIRCHDORF SCHOOL



MISSION STATEMENT

The Wartburg Kirchdorf School is committed to creating a happy, Christian based environment wherein all learners can, through constructive interaction with motivated facilitators, achieve their full individual academic, cultural and sporting potential, thereby enabling them to achieve self-reliance and responsible citizenship.

APPLICATION FOR ADMISSION

Year applying for: _____

Grade applying for: _____

Male

Female

Name and Surname of learner: _____

ID of Learner: _____

Office use only:	1	2	3
Application			
Academics			
Discipline			
Finance			
Boarding			
Sport			
Progress			

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to facilitate double-sided printing*



WARTBURG KIRCHDORF SCHOOL

EST 1881

Dear Parents / Guardians

Thank you for your interest and applying to Wartburg Kirchorf School. Please complete the attached application form and return it to the school as soon as possible. If the classes are full, we will have to add you to a waiting list.

Please take note of the following information:

WARTBURG KIRCHDORF SCHOOL IS A FEE-PAYING SCHOOL

Please include the following documents:

1. **Certified copies of previous end of year report and all current year reports with school stamp.**
2. **Certified copy of the learner's unabridged Birth Certificate**
3. **Certified copy of immunisation card**
4. **Recent coloured passport photograph of the learner**
5. **Certified copy of the Parent's / Guardian's ID**
6. **Latest Salary Slip from Both Parents / Guardians**
7. **Certified copy of a recent utility account e.g Municipality or Telkom (not older than 3 months) to verify your residential (street) address etc.**
8. **Certified copy of deceased parent/s Death Certificate (if applicable)**
9. **Letter from person / sponsor responsible for school fees and a copy of person / sponsor's ID and utility account.**
10. **Affidavit with explanation for any outstanding documents.**

Office Use only:

PLEASE SUPPLY A CURRENT EMAIL ADDRESS. ALL CORRESPONDENCE WILL BE EMAILED

Should your communication details change, please notify the school by email at school@wartburg.co.za

PLEASE DO NOT SEND IN ANY ORIGINALS, ONLY CERTIFIED COPIES WILL BE ACCEPTED. PLEASE NOTE: DOCUMENTS SUBMITTED CAN NOT BE RETURNED AFTERWARDS!

Please ensure that the ***School Fee Clearance Certificate*** is completed by the applicants' present school and submitted with the application.

IF ANY OF THE ABOVE DOCUMENTS ARE OUTSTANDING, WE WILL BE UNABLE TO PROCESS YOUR APPLICATION.

ADMISSION SECRETARY

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blank to facilitate double-sided printing*



APPLICATION FOR ADMISSION

PLEASE COMPLETE WITH A BLACK PEN
DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes	No
-----	----

If Yes, name of learner(s) : _____

LEARNER INFORMATION	
LEARNER	
Full names:	_____
Surname:	_____
Preferred name:	_____
Date of birth:	_____
ID number:	_____
Nationality:	_____
Religious denomination:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic group:	_____
Home language:	_____
Preferred tuition language:	English
Dexterity:	<input type="checkbox"/> Left-handed <input type="checkbox"/> Right-handed <input type="checkbox"/> Both
Learner mobile number:	_____
Learner e-mail address:	_____
Grade in current year:	_____
Years in current grade:	_____
Years in current phase:	_____
Pre-primary education attended:	<input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Other
Registered for social grant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receives social grant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Media consent:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to apply for hostel residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of hostel:	WKS Trust Hostel

Method of transport:	_____
Vehicle registration number:	_____
Name of driver:	_____
Contact number:	_____

EMERGENCY INFORMATION	
Name:	_____
Contact number:	_____
Alternative contact number:	_____
Relation:	_____

FAMILY INFORMATION		
Family status:	<input type="checkbox"/> Both parents <input type="checkbox"/> Single parent - Unmarried	
Foster care	<input type="checkbox"/> Children's home <input type="checkbox"/> Single parent - Divorced	
Other	<input type="checkbox"/> Re-composed <input type="checkbox"/> Widow/Widower	
Parents deceased:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> None	

LEARNER HEALTH INFORMATION	
Chronic disease:	_____
Allergies:	_____
Medication:	_____

MEDICAL AID INFORMATION	
Name:	_____
Telephone number:	_____
Member number:	_____
Primary member:	_____

FAMILY DOCTOR INFORMATION	
Name:	_____
Telephone number:	_____
Business address:	_____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY	
First registration of learner in KwaZulu Natal:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learner attended school last year:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in which Province/Country:	_____
Previous school:	_____
Telephone number:	_____
Address:	_____
Province:	_____
Highest grade in previous school:	_____
Reason for leaving the school:	_____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status:

Common law marriage	Divorced		
Married	Separated	Single	Widowed

Communication preference:

Email	SMS	By hand
-------	-----	---------

Communication language: **English** _____

Mobile number: _____

Mobile number 2: _____

Home tel: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status:

Own Employer Professional	
Own Employer Non-Professional	
House wife	Part time
Contract worker	Pensioner
Student	Temporary
Full Time	Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?

Yes	No
-----	----

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status:

Common law marriage	Divorced		
Married	Separated	Single	Widowed

Communication preference:

Email	SMS	By hand
-------	-----	---------

Communication language: **English** _____

Mobile number: _____

Mobile number 2: _____

Home tel: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status:

Own Employer Professional	
Own Employer Non-Professional	
House wife	Part time
Contract worker	Pensioner
Student	Temporary
Full Time	Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?

Yes	No
-----	----

ACCOUNTABLE PERSON'S INFORMATION

Biological Parent 1

Biological Parent 2

Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication preference:

Email	SMS	By hand
-------	-----	---------

Communication language: **English** _____

Mobile number: _____

Mobile number 2: _____

Telephone number: _____

E-mail: _____

Residential address: _____

Postal address: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Communication language: **English** _____

Contact number: _____

Alternative contact number: _____

Business address: _____

Postal address: _____

PAYMENT PLAN

I/We undertake to pay the annual School Fees due as follows: (Please tick appropriate block)

- *A single payment on or before end February each year with a discount of 5%*
- *A single payment on or before end March each year with a discount of 3%*
- *Two (2) equal payments on or before 28th February and 31st July each year*
- *Ten (10) equal payments from February to November each year*
- *Would like to apply for exemption*

Biological Parent / Legal Guardian 1

Name	Relation	Signature

Biological Parent / Legal Guardian 2

Name	Relation	Signature

1. APPLICATION FOR ENROLMENT

This application for enrolment, on signed and accepted by the Governing Body of the School, will become an agreement dealing with the terms and conditions for enrolment to the school.

2. SCHOOL FEES:

- 2.1 School fees are payable annually in advance on or before 28/29 February of each year.
- 2.2 Notwithstanding clause 2.1 above, Parents may sign an annual Agreement to pay School Fees that entitles them to pay school fees in monthly or quarterly instalments or such other terms of payment offered by the Governing Body, from time to time.
- 2.3 Should Parents elect to sign an annual Agreement to pay School Fees in terms of clause 2.2 above, each years' signed Agreement to pay School Fees must be returned to the school before 28/29 February of every year, or in the event of the admission of a learner after 28/29 February of any given year, within ten (10) days of admission, failing which the Parents will be obliged to settle the school fees in full on or before 28/29 February of every year or within ten (10) days admission, as the case may be.
- 2.4 Should an attorney be instructed to collect any amount due as a result of any breach of this Agreement or of the Agreement to pay School Fees, then the Parents will be jointly and severally liable for the payment of school fees and the School may recover its costs on the scale as between attorney and client, including collection commission and tracing fees.
- 2.5 I/We hereby authorise the Governing Body of the School, or its duly authorised representative, to conduct a full credit investigation in and to my/our affairs and to report me/us to any Credit Bureau upon non-payment or late payment of any amount due and payable.

3. APPLICATION FOR EXEMPTION

- 3.1 Parents who wish to apply for Exemption from payment of School Fees must do so annually, using the prescribed form to be obtained from the Finance Office of the School.
- 3.2 Parents who successfully apply for Exemption from payment of School Fees will receive either a full exemption, partial exemption or a conditional full or partial exemption on terms approved by the Governing Body.
- 3.2 Should no application for exemption from or reduction in school fees on the prescribed form be received before 28/29 February of every year, I/we will be ipso facto barred from applying for an exemption from or reduction in school fees, and the school fees determined at the annual meeting contemplated in terms of Section 38 and 39 of the South African Schools Act 84 of 1996, as amended, will be due and payable, regardless of whether I/we would otherwise have qualified for an exemption from or reduction in school fees.
- 3.2 A single Parent/Custodian parent may apply for exemption from or reduction in school fees, without the consent of the other biological Parent/Non-custodian parent, subject to the following conditions:
 - 3.2.1 That the single Parent/Custodian so applying, must complete and sign the prescribed affidavit setting out the grounds why application is made without the consent of the other biological Parent/Non-custodian parent;
 - 3.2.2 The full contact details of the other biological Parent/Non-custodian parent must be provided in the prescribed affidavit and a copy of the child/children's unabridged birth certificate(s) must be submitted with the prescribed affidavit;
 - 3.2.3 That the duly completed and signed prescribed affidavit must be submitted to the School Fee Secretary/Bursar before an application for exemption from or reduction in school fees may be submitted;
 - 3.2.4 That a single Parent/Custodian parent may not apply for exemption from or reduction in school fees until the prescribed affidavit has been submitted to the School; and
 - 3.2.5 That both the prescribed affidavit and applications for Exemption from or reduction in School Fees must be submitted to the School Fee Secretary/Bursar of the School on or before 28 February each year, or within 60 days of change of circumstances.
- 3.3 Interviews may be conducted to verify information given by a Parent(s) in respect of any aspect of the application for exemption from or reduction in school fees and the prescribed affidavit before an exemption is granted.
- 3.4 A Parent(s) may appeal to the Head of Department of the Department of Education against the decision of the Governing Body of the School regarding exemption from or reduction in school fees.

Initial: BP1/LG1 --- BP2/LG2 --- School

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- 3.5 Subject to paragraph 3.2 above, the Governing Body of the School will consider the combined gross income of the Parents as defined in the Regulations for Exemption of Parents from Payment of School Fees (as per Government Gazette R1052 published on 18 October 2006), when processing all applications for Exemption from or reduction in School Fees.
- 3.6 The Governing Body may delegate the handling of all applications for Exemption from or reduction in School Fees to the School Fee Secretary/Bursar.
- 3.7 Should no application for exemption from and reduction in school fees on the prescribed form be received on or before 28 February each year, or within 60 days of change of circumstances, a Parent(s) shall be ipso facto barred from them later applying for an Exemption from or reduction in School Fees.

4. ADDITIONAL CHARGES

- 4.1 It is acknowledged that additional charges for some subjects as well as excursions and other events will be payable. Payment for subjects must be made at the commencement of the year or course.
- 4.2 Should any school property, including, but not limited to, textbooks, library books and sports or other equipment, be lost or damaged by the learner, or as a consequence of his/her negligence, I/we shall be liable for the cost of replacing or repairing such school property.
- 4.3 Learners will be expected to supply their own stationery, and some textbooks as required by the teaching staff.

5. SCHOOL ATTENDANCE AND DISCIPLINARY MATTERS

- 5.1 I/We and the learner, will be acquainted with the schools Code of Conduct as supplied. I/We undertake to ensure, as far as possible, that the learner understands what is required of him/her and that he/she will comply with the standards and rules. We undertake to assist the Governing Body in the enforcement of the Code of Conduct and to upholding the school's mission.
- 5.2 I/We acknowledge the full authority of the Principal in all matters concerning the management of the School and the powers of the Governing Body as set out in the South African Schools Act, including the authority to adopt and enforce a Code of Conduct for learners.
- 5.3 I/We accept that punishment may be imposed following transgressions of the School's Code of Conduct.
- 5.4 I/We acknowledge that the public behaviour of a learner, including online behaviour, which brings the good name and reputation of the school into disrepute, whether the school uniform is being worn at the time or not, will be viewed as a punishable offence.
- 5.5 Any absence from school, on the grounds of illness or other urgent private family matters must be substantiated in writing on the learner's return. A medical certificate must support absence for more than 3 consecutive days. The Principal is entitled to request a medical certificate at any time, especially in the case of learner's whose attendance record is poor. A medical certificate will be required to support any absence from an examination.
- 5.6 It is accepted that excuses for a learner failing to honour any commitment must be presented in advance and in writing.
- 5.7 Unless a sound reason for not doing so is presented in writing to the Principal in advance, a learner will be expected to attend all classes in all subjects, which form part of the curriculum.

6. PROTECTION OF PERSONAL INFORMATION ACT ("POPIA")

- 6.1 I/We are hereby informed and accordingly consent to the processing of our personal information as set out in this agreement and any other agreement, form, document or application we complete and give to the School and the Governing Body for the duration of the enrolment of our child/ward at the School. The extent of the personal information relates to the personal, identifying, contact, residential, financial, correspondence, educational and behavioural information, as well as any assessments, evaluations and interpretations in respect of any of the aforesaid [hereinafter referred to as "Personal Information" as read with and otherwise contemplated in terms of the Protection of Personal Information Act 4 of 2013 ("POPIA")] and which Personal Information, subject to clause 6.5 the school and the Governing Body may collect, store, delete, outsource, transfer or otherwise process, as the context and circumstances may require from time to time, as contemplated in terms of POPIA.

Initial: BP1/LG1 --- BP2/LG2 --- School		
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 6.2 I/We are hereby further informed and accordingly consent(s) that Personal Information shall be collected for purposes relating to the relationship that will be formed between the School, the Governing Body and I/us upon the enrolment of the learner(s) at the School, and that will continue to exist for as long as the learner(s) is enrolled at the School (“relationship”) and all Personal Information required for processing incidental to the formation and continuation of this relationship. Such Personal Information shall only be processed by the School and the Governing Body or an authorised third-party operator for purposes relating to the aforesaid relationship, or any other third party where required in terms of applicable law, or where any additional information not incidental to the aforesaid relationship (if applicable) is processed by the School and the Governing Body in accordance with the circumstances, upon receiving prior consent from me/us.
- 6.3 I/We hereby acknowledge and accordingly consent that the School and Governing Body may outsource the processing of my/our Personal Information to third party operators from time to time as the relevant circumstances incidental to the relationship may require, in accordance with the relevant provisions of POPIA.
- 6.4 I/We undertake to inform the School and Governing Body of any change in my/our Personal Information during the duration of the relationship.
- 6.5 I/We shall be entitled to request reasonable access to the Personal Information held by the School and Governing Body, in accordance with sections 23 and 24 of POPIA, as well as the correction, reduction or deletion thereof, as the relevant circumstances may require.
7. DURATION
- 7.1 The liability of the signatories to pay annual school fees arises upon the admission of the learner to the school and the terms and conditions set out in this agreement will apply to the signatories hereto for the duration of the learner’s admission at the school.
- 7.2 Each signatory to this agreement declares that he/she/they are parents as defined by the South African Schools Act 84 of 1996, as amended, of the learner in respect of who he/she/they are applying for admission.

Biological Parent / Legal Guardian 1		
Name	Relation	Signature
Signed at	Date	

Biological Parent / Legal Guardian 2		
Name	Relation	Signature
Signed at	Date	

Principal / SGB		
Name	Position	School Stamp
Signature		
Signed at	Date	

**WE COMMIT OURSELVES TO
“Raising exceptional young men and women”**

WE STRIVE TO UPHOLD THE FOLLOWING VALUES

Respect, Commitment, Co-operation, Responsibility, Self-confidence, Equality, Honesty, Tolerance, School Pride

7. **Overall Recommendation**

Excellent		Good		Average			Below Average			Poor
10	9	8	7	6	5	4	3	2	1	0

8. **Management Comment**

Signature of Principal

Date: _____



We thank you for your time.

Please email report directly to:

Admissions
Wartburg Kirchdorf School
Email: school@wartburg.co.za



9 Fountain Hill Road
Wartburg
3233
www.wartburg.co.za

Tel: 033 5031 416
Tel: 033 8122 040
Email: school@wartburg.co.za

WARTBURG KIRCHDORF SCHOOL

EST 1881

TO WHOM IT MAY CONCERN

This confidential report represents an important part of our admissions process. We ask that you please complete the report as accurately as possible and email it directly to the Admissions Secretary at the above address.

Thank you for your co-operation.

**CONFIDENTIAL
FINANCIAL CLEARANCE CERTIFICATE**

Name of Learner: _____ Lurits Number _____

Date Of Birth / I.D. Number: _____ Race: _____

Full Names of Father: _____

I.D. Number: _____

Full Names of Mother: _____

I.D. Number: _____

Name of School at which Learner is currently enrolled: _____

Telephone Number: _____ Email: _____

Annual School Fees for current year: _____ Fees paid to date: _____

Fees outstanding: _____ Has this account ever been handed over: _____

Comments: _____

Signature Of Bursar/Principal

Date: _____

Name of Learner: _____ Current Grade: _____

1. **Academic**

English _____ % Maths _____ %

Please rate out of 10 and tick appropriate box:

	Excellent		Good		Average			Below Average			Poor
	10	9	8	7	6	5	4	3	2	1	0
English											
Mathematics											
Overall Academic Achievement											
Academic Attitude											

Additional Comments: _____

2. **General Character And Behaviour**

Please rate out of 10 and tick appropriate box:

	Excellent		Good		Average			Below Average			Poor
	10	9	8	7	6	5	4	3	2	1	0
Behaviour & Self Discipline											
Leadership Potential											
Relations With Peers											
Character & Personality											

Has the Learner been involved in, or accused of smoking/use of drugs/alcohol at school? **YES/NO.**

If YES, please comment: _____

Has the Learner been involved in, or accused of bad behaviour/disciplinary hearing? **YES/NO.**

If YES, please comment: _____

Additional Comments: _____

3. **Co-Curricular Ability and Involvement**

Please rate out of 10 and tick appropriate box:

	Excellent		Good		Average			Below Average			Poor
	10	9	8	7	6	5	4	3	2	1	0
Ability & Proficiency											
Extent Of Involvement											
Sportsmanship & Attitude											

Teams participated in and achievement:

4. **Parental Attitude:**

Please rate out of 10 and tick appropriate box:

	Excellent		Good		Average			Below Average			Poor
	10	9	8	7	6	5	4	3	2	1	0
Attitude Towards School											
Co-Operation With School											
Support Of School											

5. Has the learner repeated any Grades? **YES/NO.** If YES, please specify which grades

6. Has the Learner required Remedial Teaching or been referred to an Educational Psychologist? **YES/NO.**

If YES, please comment _____
