

# Kleuterskool Eugene Marais



**Adres:** 5 de laan 705, Mayville  
**E-pos:** emkleuterskool@telkomsa.net

**Tel / Faks:** 012 3358453

## AANSOEKVORM EN MEMORANDUM VAN OOREENKOMS TUSSEN KLEUTERSKOOL EUGENE MARAIS

(Hierna genoem die Skool)

en

Besonderhede van Ouer/voog: \_\_\_\_\_  
(Hierna genoem die Ouer)

**A: DATUM VAN AANSOEK:**

\_\_\_\_\_

**TOELATINGSDATUM VERLANG:**

\_\_\_\_\_

**B: BESONDERHEDE VAN KIND**

Van: \_\_\_\_\_

Volle name: \_\_\_\_\_

Noemnaam: \_\_\_\_\_

Geboortedatum: \_\_\_\_\_

Geslag: \_\_\_\_\_

Huistaal: \_\_\_\_\_

Tweede Taal: \_\_\_\_\_

Allergieë: \_\_\_\_\_

Meld asb. enige probleme van kind of probleme in familie se mediese geskiedenis, Bv.(spraak, swak sig ens.): \_\_\_\_\_

**C. ALGEMEEN:**

Aantal kinders in gesin: \_\_\_\_\_

Ouderdomme: \_\_\_\_\_

Wie gaan u kind skool toe bring? \_\_\_\_\_

Wie gaan die kleuter kom haal? \_\_\_\_\_

Kerkverband: \_\_\_\_\_

**D. NOODGEVALLE/MEDIES:**

Naam van Mediese fonds: \_\_\_\_\_ Plan: \_\_\_\_\_

Lidmaatskapnommer: \_\_\_\_\_

Naam van hooflid: \_\_\_\_\_

Huis dokter: \_\_\_\_\_ Tel: \_\_\_\_\_

E: **AANSOEKER**

VADER:

Voorletters en van: \_\_\_\_\_

Noemnaam: \_\_\_\_\_

ID nommer: \_\_\_\_\_

Beroep: \_\_\_\_\_

Werkgewer: \_\_\_\_\_

Rang: \_\_\_\_\_

Werkadres: \_\_\_\_\_

Werk Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Huis Tel: \_\_\_\_\_

Sel: \_\_\_\_\_

Fisiese adres: \_\_\_\_\_

Posadres: \_\_\_\_\_

MOEDER:

Voorletters en van: \_\_\_\_\_

Noemnaam: \_\_\_\_\_

ID nommer: \_\_\_\_\_

Beroep: \_\_\_\_\_

Werkgewer: \_\_\_\_\_

Rang: \_\_\_\_\_

Werkadres: \_\_\_\_\_

Werk Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Huis Tel: \_\_\_\_\_

Sel: \_\_\_\_\_

Fisiese adres: \_\_\_\_\_

Posadres: \_\_\_\_\_

Huwelikstatus: *Getroud/Geskei/Enkel/Voog*

F. **NAASBESTAANDES wat nie op perseel bly:**

Naam: \_\_\_\_\_ Tel: \_\_\_\_\_

Adres: \_\_\_\_\_

**Die volgende moet saam met die inskrywingsvorm ingehandig word :**

**Registrasiefooi**

**Afskrif van geboortesertifikaat**

**2x ID foto`s van kind**

**Askrif van kind se immuniseringskaart**

**Askrifte van ouers se ID dokumente.**

**VRYWARING**

- ♦ Ek verstaan dat my kleuter die terrein op eie risiko betree
- ♦ Ek gee toestemming dat my kind in ñ mediese noodgeval behandeling kan kry
- ♦ Ek het die Skoolreëls, Missie en Toelatingsvereistes bestudeer en ek onderneem om daarby te hou

Ek, die ondergetekende gee toestemming dat alle uitstaande skoolgelde vir die huidige jaar asook alle agterstallige fooie van vorige jare deur Invorderaars van my verhaal kan word.

**HANDTEKENINGE :**

\_\_\_\_\_  
VADER

\_\_\_\_\_  
MOEDER

\_\_\_\_\_  
VOOG

\_\_\_\_\_  
DATUM

# Kleuterskool Eugene Marais



**Adres:** 5 de laan 705, Mayville  
**E-pos:** emkleuterskool@telkomsa.net

**Tel / Faks:** 012 3358453

APPLICATION FORM AND MEMORANDUM OF AGREEMENT  
Between EUGENE MARAIS NURSERY SCHOOL  
(Hereinafter referred to as the School)  
And

Details of parent/guardian: \_\_\_\_\_  
(Hereinafter referred to as the Parents/Guardian)

A. DATE OF APPLICATION:

DATE OF ADMISSION:

\_\_\_\_\_

\_\_\_\_\_

B. INFORMATION OF CHILD:

Surname: \_\_\_\_\_

Full name/s: \_\_\_\_\_

First name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Home Language: \_\_\_\_\_

Second Language: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please mention all difficulties, including family history, e.g. speech, bad eyesight, etc.:

C. GENERAL:

Number of children in family: \_\_\_\_\_

Ages: \_\_\_\_\_

Who is responsible for drop off in the morning? \_\_\_\_\_

Who will collect the child from school? \_\_\_\_\_

Church: \_\_\_\_\_

D. EMERGENCIES/MEDICAL:

Name of Medical Aid: \_\_\_\_\_

Plan: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Name of Main Member: \_\_\_\_\_

GP's Name: \_\_\_\_\_

Tel: No: \_\_\_\_\_

**E. APPLICANTS' INFORMATION:**

**FATHER:**

Initials and Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Designation/Rank: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
Work tel. No: \_\_\_\_\_  
Home tel. No: \_\_\_\_\_  
Cell no: \_\_\_\_\_  
Email: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
Postal address: \_\_\_\_\_

**MOTHER:**

Initials and Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Designation/Rank: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
Work tel. No: \_\_\_\_\_  
Home tel. No: \_\_\_\_\_  
Cell no: \_\_\_\_\_  
Email: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
Postal address: \_\_\_\_\_

**Marital status:**    Married    Divorced    Single    Guardian

**F. RELATIVES (not living on the premises):**

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_  
Address: \_\_\_\_\_

**The following MUST accompany the registration form:**

1. Registration fee
2. Copy of birth certificate
3. 2 x ID photos of child
4. Copy of immunisation certificate
5. Copies of Parent's ID documents

**G. INDEMNITY:**

1. I understand that my child/children will enter the premises at own risk
2. I agree that my child/children have to receive medical attention in the case of an emergency
3. I have read and understood the Rules of the School, the Mission and Attendance Requirements and I undertake to adhere to them at all times.

**I, the under mentioned, hereby authorise that any and all outstanding school fees for the current year, as well as all outstanding amounts carried over from previous years, may be collected from me by the School via their designated Collection Service.**

**SIGNATURES:**

\_\_\_\_\_  
**FATHER**

\_\_\_\_\_  
**MOTHER**

\_\_\_\_\_  
**GUARDIAN**

\_\_\_\_\_  
**DATE:**

