



APPLICATION FOR ADMISSION

PRE-GRADE 2025

This is an APPLICATION to study at King's Kidz School in 2025

CLOSING DATE FOR SUBMISSION OF ALL APPLICATION FORMS: 31 JULY 2024

TAKE NOTE

**INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED AND THE APPLICANT'S
ADMISSION COULD BE DELAYED OR HAMPERED**

APPLICATION FEES:

- The application form must be submitted to school with a **non-refundable application fee of R200.00**.
- Any forms submitted after the closing date will attract a **non-refundable late application fee of R300.00**. The applicant will be placed on a waiting list. There is no guarantee of admission!
- The application form must be fully and honestly completed.
- All applications received will be processed on a "first come first served" basis.
- No application will be processed with incomplete documentation or incomplete payment.

BANKING DETAILS

PLEASE ATTACH THE ORIGINAL PROOF OF PAYMENT TO YOUR APPLICATION FORM.

Our banking details are as follows:

- **Account Name:** KING'S KIDZ
Bank: Standard Bank
Branch Code: 051001
Account Number: 10152979741
Account Type: Cheque
Reference: Child's name and Surname

1. PERSONAL DETAILS

FOR OFFICE USE ONLY

ATTACH
PHOTO OF
CHILD
HERE

SURNAME

NAME(S)

GENDER

☐

MALE

☐

FEMALE

DATE OF BIRTH

DD/MM/YYYY

GRADE APPLYING FOR

INTERVIEW DATE

STATUS

REJECTED/REASON

NOTIFICATION

ADMISSION NUMBER

2. CHECKLIST

DOCUMENTS WHICH MUST ACCOMPANY YOUR APPLICATION FORM: KINDLY ARRANGE THE DOCUMENTS BELOW IN THE ORDER THEY ARE LISTED

1. A copy of child's birth certificate ☐
2. A copy of child's clinic (immunization) card ☐
3. A copy of Mother/father/Guardian's I.D. documents ☐
4. Proof of residence ☐
5. 2 x Passport photos of child ☐
6. Copy of Medical Aid card (front and back) ☐
7. Progress Report from Previous School ☐
8. Work or Study Permit for non-South African parents ☐
9. Transfer letter (if applying from another school) ☐
10. Certificate of Conduct (if transferring from another school) ☐
11. Copy of most recent pay slip ☐

3. REGISTRATION REQUIREMENT

Should your application be successful, you will be required to indicate your intention to take up the place offered to your child by doing the following:

- Arrange with your bank for a school fees debit order payment of the amount you have indicated below for 11 months (January to November) to be paid into the school account monthly for 11 months or a once-off annual payment.
- Submit to the school proof of this arrangement from your bank immediately upon receipt of the acceptance letter.

If the above are not done, the offer of admission will become invalid and your child's spot will be given to another.

- Cancellation of a debit order without prior consent of the school is an offence which may result in expulsion of your child from the school.
- Fees are payable for 11 (eleven months (January to November). Find below the hours and fee schedule for 2025. Please choose the one that best serves your needs and **mark with an X** in the box provided.

4. SCHOOL FEES STRUCTURE FOR 2025

7am – 1:00pm	R1100.00	FOR 11 MONTHS <input type="checkbox"/>
7am – 2:00pm	R1100.00	FOR 11 MONTHS <input type="checkbox"/>
7am – 3:00pm	R1130.00	FOR 11 MONTHS <input type="checkbox"/>
7am – 4:00pm	R1150.00	FOR 11 MONTHS <input type="checkbox"/>
7am – 5:00pm	R1150.00	FOR 11 MONTHS <input type="checkbox"/>

I HEREBY AGREE TO PAY SCHOOL FEES IN THE AMOUNT STATED ABOVE.

5. SCHOOL FEES POLICY

1. School fees must be paid **in advance**.
2. School fees are payable in full, regardless of number of school days attended.
3. School fees are due and payable as long as the learner remains registered at the school. A parent who wishes to deregister their child from the school must give one month's notice or pay one month's fees in lieu of such notice. Until such action is taken, a learner remains registered and therefore liable to pay fees.
4. School fees are payable for **11 months**. You may pay **monthly, quarterly, or annually**. There is a 5% discount for a once-off annual payment.
 - 4.1 There is also a 5% discount for a third child where all three children are siblings from the same parents. Cousins living in the same household are not included.
 - 4.2 Fee discount is not applied automatically. It is the parent /guardian's responsibility to apply or request this discount. The parent must submit all relevant documents to support this application for a discount.
 - 4.3 The school reserves the right to reject this application for the discount if the necessary conditions have not been met.
5. This discount expires at the end of each year. It is not cumulative or carried over into the following year. It is not applied retroactively. This offer is only applicable for the current year.

Name of Parent/Guardian responsible for payment of fees

ID number_____

Contact number(s)_____

SIGNATURE

DATE

6. CONSENT AND INDEMNITY

- During the school year learners may be involved in learning experiences which take them out of the school. These excursions will be curricular or educational activities, where learners will be under the supervision of staff. To allow your child to participate you are asked to give your consent by signing below.
- Learners may on occasion have to travel in private cars driven by parents/staff. In the event of an accident, your son/daughter may receive emergency/surgical/dental treatment as considered necessary by the medical authorities present. Parents/guardians will be informed as appropriate.
- In case of an emergency or in the event of serious ill health of my child I hereby authorize King's Kidz School to consult a medical practitioner/institution and obtain the necessary medical attention, on behalf of my child.
- I hereby consent to my child participating in any trips or outings organized by King's Kidz School.
- I hereby indemnify King's Kidz School against any claims which may arise as a result of injury to a person or loss of personal belongings.
- I accept that school fees are payable in full, regardless of number of days attended.
- I understand that school fees are payable in advance
- I realize and accept that while my child is registered at the school, I am liable to pay the agreed upon fees. Should I wish to deregister my child from the school, I am obliged to give one month's notice or pay one month's fees in lieu of such notice.
- I hereby agree that should I fail to pay all relevant fees, my account will be handed over to the school's attorneys and I remain liable to pay the amount owing, including all interests accrued on the account and all charges incurred in the process of such debt recovery.
- I hereby agree to participate in all fund-raising activities organized by the school.

Name & Surname of Parent/Guardian: _____

ID number: _____

Contact number(s): _____

Signature

Date

7. DECLARATION BY PARENT/GUARDIAN:

1. I/We declare that all particulars furnished by me/us on and attached to this form are true and correct.
2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the abovementioned child.
3. I/We hereby agree to:
 - accept the ethos of the School;
 - abide by the Code of Conduct set out in the School Rules and all the rules, regulations and policies of King's Kidz School as may be amended from time to time;
 - acknowledge the authority of the Principal, the teachers and staff
 - accept responsibility for my child's transport to and from the School;
 - ensure that my child's personal belongings are adequately marked and accept that while every reasonable effort will be made to prevent losses or damage to their belongings, the School cannot be held liable for such;
 - reimburse the School for any damage to school property that may be caused by my child;
 - jointly and severally undertake to pay the stipulated school fees and I/we fully understand the following:
 - In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory school fees.
 - In terms of Section 40 of the South African Schools Act, the School may enforce the payment of these compulsory fees. The parties to this application undertake to pay all legal costs, including attorney/client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees.
 - Fees are due and payable in 11 equal monthly instalments by the first day of each month from January to November.
 - If payment is not received by the 7th day of the month following due date for payment, the school reserves the right to charge interest on all overdue amounts at the rate of 25% p.a.
 - Notify the Principal, in writing at least one month in advance, in the event of my child leaving the school.
 - In addition, I/we undertake to ensure that my child attends school regularly and, should my child be absent from school for any reason, inform the school of such absence.;
 - Whilst involved in school activities, I/we authorize the Principal (or appointed staff member) to act in loco parentis, including granting consent for medical treatment in the case of an emergency, once all reasonable efforts to contact the child's parents have been made;
 - I/We understand that the School reserves the right to verify all information supplied herein and to take appropriate legal steps in the event of misinformation;
 - I/We undertake to support and abide by the School's constitution, codes, rules and policies, as defined and implemented by the School Governing Body;
 - This commitment in its entirety will be valid from the day on which it is signed by the parents or guardian to the day on which the child officially leaves the School.

- I/We declare that I/we am/are entitled to sign this document, fully understand its contents and shall be bound hereto both as parent/guardian, and in my/our personal capacity

Signed at thisday of20.....

SIGNATURE OF PARENT/GUARDIAN:

APPLICATION FOR ADMISSION

KING'S KIDZ SCHOOL

2025 APPLICATION FORM



Note: This form must be completed in full. All changes to be initialled or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applied For:

Highest Grade Passed:

Year When Grade Was Passed:

Accession No:

8. PERSONAL DETAILS

Surname:

Initials:

First Name:

Nick Name:

Date of Birth:

Other Names:

Race:

Gender:

Male:

Female:

Country Of Residence:

ID / Pass No:

Citizenship:

If SA, indicate province of residence

9. CONTACT DETAILS

CONTACT APPLICANT'S DETAILS

Physical
Address:

City/Suburb:

Home Telephone:

Code:

Emergency Telephone:

Learner Cell:

Learner Email:

Deceased Parent:

Mother

Father

Both

Religion:

Mode of transport:

For Grade 1 only: Indicate pre-primary education

Mother

Father

Both

10. LANGUAGE

Home Language:

Preferred Language Of Instruction:

11. PREVIOUS SCHOOL INFORMATION

Name Of Previous School:

Previous School Address:

Code:

Province:

Country:

12. LEARNER MEDICAL INFORMATION

Medical Aid Number:

Medical Aid Name:

Medical Aid Main Member:

Doctor Name:

Doctor No:

Doctor
Address:

Medical
Condition:

Special Problems Requiring Counselling

Dexterity of Learner:

Right Handed

Left Handed

Ambidextrous

Reg. Social Grant:

YES

NO

Rec. Social Grant:

YES

NO

If the learner is accepted, the following documents must be submitted to the school:

1. Copy of Immunisation Records.
2. Progress Report from Previous School
3. Copy of Birth Certificate
4. Transfer Letter from Previous School

13. SIBLINGS

Number of other Children at this school:		Position in the family (e.g. First):	
Please supply full names below:		Grade:	
1			
2			
3			

14. PARENT / GUARDIAN INFORMATION

Complete a SEPARATE parent form for each parent living at a different physical address

Title:		Initials:		Surname:				
First Name:				Gender:	Male:		Female:	
Home Language:				Race:				
ID No / Passport Number:								
Account Payer:	YES		NO					
Residential Street Address:								
City/Suburb							Code:	
Occupation:				Employer:				
Surname of Spouse:								
First Name:				Occupation:				
Learner resides with this parent/s:	YES		NO					
Spouse ID Number:								
Relationship to Learner:								
Marital status of parent:								

15. CORRESPONDENCE DETAILS

Title:		Surname:						
Postal Address:								
City/Suburb							Code:	

16. OTHER CONTACT DETAILS

Home Telephone:		Work Telephone:	
Fax Number:		Cell Number:	
Spouse Cell Number:		Spouse Work Telephone:	
E-Mail Address:			
Spouse E-Mail Address:			

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print): _____

Signature of Parent / Guardian: _____

Date: ____/____/____

17. OFFICE USE ONLY

1. Date:		2. Accepted:	
3. Accession Number:		4. Rejected:	
5. Reason for Rejection:			
6. Documentation Received:			
6a. Immunisation Record:		6b. Birth Certificate:	
6c. Progress Report from Previous School:		6d. Transfer Letter from Previous School:	