



Wellington Preparatory School

P.O. Box 991, Wellington, 7654
E-mail: wellingtonprep@telkomsa.net
Telephone: 021 864 3369 Fax: 086 5166671

APPLICATION FOR ADMISSION

A. PUPIL INFORMATION			
SURNAME			
FULL NAMES			
RESIDENTIAL ADDRESS			
POSTAL ADDRESS			
DATE OF BIRTH	YEAR	MONTH	DAY
DATE OF ADMISSION	YEAR	MONTH	DAY
PREVIOUS SCHOOL ATTENDED			
GRADES PASSED	GRADE	YEAR	
OTHER SCHOOLS ATTENDED			

B. PARENT INFORMATION		
MARITAL STATUS		
IF DIVORCED, PLEASE INDICATE CUSTODIAL PARENT		
FATHER'S SURNAME		
FATHER'S FIRST NAME		
FATHER'S OCCUPATION		
FATHER'S EMPLOYER		
FATHER'S CONTACT DETAILS	CELL PHONE	EMAIL
	HOME	WORK
MOTHER'S SURNAME		
MOTHER'S FIRST NAME		
MOTHER'S OCCUPATION		
MOTHER'S EMPLOYER		
MOTHER'S CONTACT DETAILS	CELL PHONE	EMAIL
	HOME	WORK
PARENT RESPONSIBLE FOR ACCOUNT		

C. DOCUMENTS ATTACHED	YES	NO
BIRTH CERTIFICATE / I.D. DOCUMENT		
LATEST SCHOOL REPORT		
INDEMNITY FORM (signed and completed)		
MEDICAL INFORMATION (signed and completed)		

MEDICAL INFORMATION

NAME OF CHILD:	EMERGENCY CONTACT NUMBERS MOTHER: FATHER: OTHER:
FAMILY DOCTOR:	TEL. NUMBER:
DENTIST:	TEL. NUMBER:
MEDICAL AID SCHEME:	
MEDICAL AID NUMBER:	
MEDICAL AID OPTION:	
PRINCIPLE MEMBER OF MEDICAL AID:	
ANY ILLNESS YOUR CHILD SUFFERS FROM e.g. diabetes, asthma, epilepsy	
CHRONIC MEDICATION:	
PREVIOUS ACCIDENTS / OPERATIONS A DOCTOR MAY NEED TO KNOW ABOUT:	
CHILDHOOD ILLNESSES YOUR CHILD HAS HAD e.g. chicken pox, measles etc.	
DATE OF LAST ANTI-TETANUS INJECTION RECEIVED:	
ANY OTHER MEDICAL INFORMATION YOU WISH THE SCHOOL TO KNOW ABOUT:	

SIGNED: Father _____ **Mother** _____

DATE: _____



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INDEMNITY

I, _____
(full names of parent or guardian)

of _____
(residential address)

being the parent / guardian of _____
full names of pupil

hereby acknowledge that the above mentioned child attends Wellington Preparatory School subject to the mission statement and philosophy attached, to which I agree and consent.

I fully understand and accept that such attendance will be at the sole risk of myself and the above mentioned child and I hereby indemnify, hold harmless and absolve on behalf of myself, the above mentioned child, my wife / husband and our executors, the Western Cape Education Department, the Management Committee and its individual members, the teachers and all the staff at the aforesaid school, against and from any claims whatsoever that may arise in connection with any loss or damage to property in the above mentioned child's possession or injury to the person of the said child, whilst in attendance at the above school during normal school hours or otherwise, or whilst participating in sport or any other activities presented by the school or activities presented by any other party on the school premises or whilst on an excursion arranged and/or supervised by any of the aforesaid parties, whom I hereby indemnify and hold harmless as aforesaid.

Dated at _____ this _____ day of _____ 20

AS WITNESSES:

1. _____

2. _____

Signature of parent / guardian _____



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UNDERTAKING

I, the undersigned, _____

Parent / guardian of _____

Undertake to pay the prescribed fees as set out in the Fees schedule annexed hereto. I understand that the school fees are compulsory and by law and, should I fail to pay the school fees on due date, I am liable for prosecution by Wellington Preparatory School for the recovery of such fees, together with any costs incurred in the collection thereof.

SIGNATURE _____

DATE _____

