

WARTBURG KIRCHDORF SCHOOL

Official use only

School Stamp

Signature



Photo

MISSION STATEMENT

The Wartburg Kirchorf 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			ADMIN NO	
Academics				
Previous School			TRANSFER CARD	LURITS NO
Discipline			CONFIDENTIAL REPORT	
Finance		MOM	DAD	SPONSOR
Boarding		NO	WKS TRUST HOSTEL	OTHER
Sports House		BLUE	GREY	
Sports	TERM 1	TERM 2	TERM 3	TERM 4
Interview			UNIFORM FITTING	
Application Status	APPROVED	UNSUCCESSFUL	WAITING LIST	DEPOSIT

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to facilitate double-sided printing*

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

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.**

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:	<table border="1"><tr><td>Male</td><td>Female</td></tr></table>	Male	Female	
Male	Female			
Ethnic group:	_____			
Home language:	_____			
Preferred tuition language:	English			
Dexterity:	<table border="1"><tr><td>Left-handed</td><td>Right-handed</td><td>Both</td></tr></table>	Left-handed	Right-handed	Both
Left-handed	Right-handed	Both		
Learner mobile number:	_____			
Learner e-mail address:	_____			
Grade in current year:	_____			
Years in current grade:	_____			
Years in current phase:	_____			
Pre-primary education attended:	<table border="1"><tr><td>Formal</td><td>Informal</td><td>Other</td></tr></table>	Formal	Informal	Other
Formal	Informal	Other		
Registered for social grant:	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	
Yes	No			
Receives social grant:	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	
Yes	No			
Media consent:	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	
Yes	No			
Do you want to apply for hostel residence?	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	
Yes	No			
Name of hostel:	WKS Trust Hostel			

FAMILY INFORMATION									
Family status:	<table border="1"><tr><td>Both parents</td><td>Single parent - Unmarried</td></tr><tr><td>Foster care</td><td>Children's home</td><td>Single parent - Divorced</td></tr><tr><td>Other</td><td>Re-composed</td><td>Widow/Widower</td></tr></table>	Both parents	Single parent - Unmarried	Foster care	Children's home	Single parent - Divorced	Other	Re-composed	Widow/Widower
Both parents	Single parent - Unmarried								
Foster care	Children's home	Single parent - Divorced							
Other	Re-composed	Widow/Widower							
Parents deceased:	<table border="1"><tr><td>Mother</td><td>Father</td><td>None</td></tr></table>	Mother	Father	None					
Mother	Father	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:	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
Learner attended school last year:	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
If yes, in which Province/Country:	_____		
Previous school:	_____		
Telephone number:	_____		
Address:	_____		
Province:	_____		
Highest grade in previous school:	_____		
Reason for leaving the school:	_____		

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

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

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
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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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

- 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

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- 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	

Office Use only:	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**

Date: _____

Signature of Principal _____

School Stamp

We thank you for your time.

Please email report directly to:

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

Wartburg Kirchorf School: "Dennoch fest und frei – Always steadfast and free."



9 Fountain Hill Road
Wartburg
3233
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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 _____
