

CHECKLIST

Please note your application will not be considered unless all documentation is included

		√	OFFICE USE
1.	* The Application must be signed by BOTH Biological Parents. * If a single Biological Parent is genuinely unaware of the whereabouts of the second Biological Parent, a Sworn Affidavit is required		
2.	Copy of child's Clinic Card / Immunization Card – If lost, a Sworn Affidavit is required confirming that the child was vaccinated. CERTIFIED		
3.	Copy of Child's Unabridged / Birth Certificate. If Child and Biological Parents' surnames differ, a CERTIFIED copy of Unabridged Birth Certificate (or proof of application) of Child is required.		
4.	Latest school report – Grade R – 7 / Transfer form (required by WCED).		
5.	One passport size photograph of your child attached in space provided. (PAGE 1)		
6.	CERTIFIED. Copies of BOTH Parents' ID documents or Current Passport. 2 copies EACH		
7.	Support documents: Death Certificate; Divorce Agreement; Marriage Certificate (re-married); Adoption Paper; Foster Care Order. CERTIFIED		
8.	Verification of PHYSICAL residence – Home Owners: a copy of Municipal Rates Account. Lessees (rented accommodation): Copy of the Lease Agreement PLUS a copy of electricity / telephone (not more than 3 months old) CERTIFIED.		
9.	NON- SA CITIZENS: PERMANENT RESIDENTS of RSA - CERTIFIED copy of Green South African ID book and Permanent Resident Permit.		
10.	NON- SA CITIZENS: TEMPORARY RESIDENTS: Current legal documentation giving Child's refugee status. CERTIFIED copy of Temporary Residence Visa and or Asylum Seekers Permit and a Current copy of Child's study permit required. Full school fees are payable.		
11.	SPONSORS: CERTIFIED copies of Sponsor's: ID, proof of PHYSICAL address (Municipal Rates, Telkom account - not older than 3 months or fully signed Lease Agreement.		
12.	Fee form signed by BOTH biological parents		
13.	Debit Order Form – if paying by EFT please put a line through the form.		
14.	CEMIS Form – needed by the Department of Education https://wcedonline.westerncape.gov.za/circulars/forms/CEMIS_registration.pdf (The form can be found at the above link)		
15.	WCED Online Application Confirmation		

Name: _____

Grade Applying For: _____

I hereby confirm that all the requested documentation has been provided and I understand that my application will not be accepted if documentation is incomplete.

Signature: _____

Date: _____

PLEASE NOTE:
APPLICATIONS FORMS TO BE DROPPED OFF AT OUR JUNIOR CAMPUS (LOWER 10TH AVENUE, FISH HOEK) FROM 10:00 – 12:00

Bay Primary School

Every Day, Every Child



JUNIOR PRIMARY CAMPUS

(Grades R - 4)
Lower Tenth Avenue
Fish Hoek
7975
Tel: 021 782 2065
Email: secretary@bayprimary.co.za

SENIOR PRIMARY CAMPUS

(Grades 5 - 7)
Clairvaux Road
Kalk Bay
7975
Tel: 021 788 4660
Email: admin@bayprimary.co.za

Name of Learner:	
ID Number of Learner:	
Grade Applying for:	
Enrolment Year:	2023

Please
Attach
Photo
Here

General Application Information and Requirements:

1. Please print clearly and complete ALL sections.
2. **The application must be accompanied by the checklist, as incomplete applications will not be accepted.**
3. The supplying of false information will invalidate this application. Please supply a physical address as well as a postal address if applicable.
4. By signing this application, you are binding yourself to all the rules as attached and as amended from time to time.
5. In the case of a divorce, irrespective of the divorce agreement, both parents will be held responsible for the school fees, therefore both parents must sign the application form.
6. If you have any objections to compulsory participation in sport or gym, these must be made in writing and attached to this application for consideration.
7. Our current year fee structure is given as a guideline (see Page 5 of Application for Admission Form)
8. Application forms and all documents to be returned directly to **BAY PRIMARY SCHOOL**.
For any queries, please contact: Senior Campus: 021 788 4660
Junior Campus: 021 782 2065
9. Applications must be hand delivered as they need to be checked and date stamped.
10. Families will be advised as to the outcome of their application before the end of June.
11. It is our duty to point out that not all applicants will be successful, as we receive many more applications than can be accommodated. Having a sibling at Bay Primary does not guarantee your child a position at the school.
12. Applications can be lodged throughout the year and will be considered on a term to term basis as and when positions become available within a grade.
13. Transferring enrolments: After acceptance and before entry of a pupil, a transfer form from the transferring school must be provided by the parent.

FOR OFFICE USE ONLY:

Interview Date:		ACCEPTED:	YES	NO
Grade Applied for:				
Principal Signature:				
Account No:				



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Clairvaux Road
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APPLICATION FOR ADMISSION - 2023

DETAILS OF LEARNER:

SURNAME:		Initials:		
First names:		Gender:	MALE	FEMALE
Preferred name, if different to first name above:				

ADDRESS AND CONTACT DETAILS OF LEARNER:

Physical address:				
	Postal code:			

OTHER PERSONAL DETAILS OF LEARNER:

Identity number:		Birth date:		
Home language:		Nationality:		
Date of arrival in SA:		SA Citizenship:	Yes	No
Name of current school & address:				
Current/Proposed Grade:				
Siblings in this school	Name:	Grade:	House:	
	Name:	Grade:	House:	
Siblings in other schools				
Name:		School:	Grade:	
Name:		School:	Grade:	

MEDICAL DETAILS OF LEARNER

Doctor's Name:				
Practice Phone no:				
Cell number:				

EMERGENCY CONTACT (other than parents):

Name:		Tel. number:		
Relationship to learner:		Cell number:		

MEDICAL HISTORY OF LEARNER

Allergies:				
Routine medication:				
Recent injuries:				
Previous operations:				
Existing medical problems:	e.g.: asthma, epilepsy etc.			

Please indicate any appropriate information below. Failure to do so may result in your application being withdrawn:

Learning disabilities:				
Social disabilities:				

NON CITIZENS ONLY

Nationality		Passport No:	
Type of Permit:		Expiry Date of Permit:	
MEDICAL AID DETAILS			
Member's Name:		Medical Aid: e.g. Fedhealth	
Membership number:		Specific Plan: e.g. Maxima	
CORRESPONDENCE			
Please indicate who is to receive the school report.	Parent 1	Parent 2	Guardian/Sponsor
Please indicate who is to receive the fees account.	Parent 1	Parent 2	Guardian/Sponsor
WHO DOES THE LEARNER RESIDE WITH?			
Father	Mother	Guardian	Grandparent
Sponsor	Other		

DETAILS OF BIOLOGICAL FATHER / LEGAL GUARDIAN - 1

SURNAME:		Title:	
FIRST NAMES:			
Identity number:			
e-mail:			
Marital status:	Married:	Divorced:	Single Parent
			Re-married
If re-married, complete parent 3 details			
Home phone number:		Cell number:	
Business number:		Fax number:	
Physical address:		Postal code:	
Postal address: (If different to above)			
Name of Employer:			
Occupation:			

DETAILS OF BIOLOGICAL MOTHER / LEGAL GUARDIAN - 2

SURNAME:		Title:	
FIRST NAMES:			
Identity number:	e-mail:		
e-mail:			
Marital status:	Married:	Divorced:	Single Parent
			Re-married
If re-married, complete parent 4 details			
Home phone number:		Cell number:	
Business number:		Fax number:	
Physical address:		Postal code:	
Postal address: (If different to above)			
Name of Employer:			
Occupation:			

How are you married?

Ante-Nuptial Contract	Community of Property	Custody	Hindu/Muslim	Other
DETAILS OF PARENT / LEGAL GUARDIAN - 3				
SURNAME:			Title:	
FIRST NAMES:				
Identity number:			e-mail:	
Home phone number:			Cell number:	
Business number:			Fax number:	
Physical address:				
			Postal code:	
Postal address: If different to above:				
Name of Employer:				
Occupation:				
Relationship to Learner:				
Adoptive	Step Parent	Foster Parent	Other - Define	
DETAILS OF PARENT / LEGAL GUARDIAN / SPONSOR / OTHER - 4 If this person is to be responsible for school fees <u>ALL</u> details must be given.				
SURNAME:				
FIRST NAMES:				
Identity number:			e-mail:	
Marital status:	Married:		Divorced:	
	Single parent:		Re-married:	
Home phone number:			Cell number:	
Business number:			Fax number:	
Physical address:				
			Postal code:	
Postal address:(If different to above)				
Name of Employer:				
Occupation:				

Unless you at any time instruct the school expressly and in writing to the contrary, your consent is given for the school to:

- a) collect, store and process information about you and any third party or divorced or separated parent responsible for payment of any or all amounts owing in school fees;
- b) collect, store and process names, contact details and information relating to yourself and your child, and to such information being made available to other parents/guardians, staff or responsible persons engaged or authorised by the school for school-related purposes to the extent required for the purpose of managing relationships between the School, parents/guardians, and current learners as well as providing references and communicating with the body of former learners;
- c) include photographs, with or without name, of your child in school publications, or in press releases to celebrate the School's or your child's activities, achievements or successes;
- d) supply information and a reference in respect of your child to any educational institution which you propose your child may attend. We will take care to ensure that all information that is supplied relating to your child is accurate and any opinion given on his/her ability, aptitude and character is fair. However, the school cannot be liable for any loss you or your child is alleged to have suffered resulting from opinions reasonably given, or correct statements of fact contained, in any reference or report given by us; and
- e) The school may not distribute or otherwise publish any of your personal information in its possession, unless you give your consent, in writing, to the school that it may do so. Should this be the case, the school may only distribute or otherwise publish the information specified in your consent to the people and for the purpose stated in your written consent.

SCHOOL FEES – Bay Primary guidelines
(see SEPARATE SCHOOL FEES FORM)

1. I/We hereby apply to have the child whose name appears on this form as a learner at BAY PRIMARY SCHOOL.
2. I/We hereby certify that I/we are the biological/adoptive parents and that I/we have legal custody and/or legal guardianship in respect of the above - named learner.
3. I/We take note and understand the School Fee Structure and payment terms: as approved at our annual AGM.
 - a) Annually in advance – we have a discount structure if paid by the 15th of February.
 - b) Monthly in advance – February to November
 - c) The payment options are: **DEBIT ORDER / E.F.T / DIRECT DEPOSIT / CREDIT CARD FACILITIES AVAILABLE**
 - d) **If accounts are in arrears by one instalment then the full amount becomes due and payable immediately.**
 - e) Biological/adoptive parents are jointly and severally liable for the payment of the school fees irrespective of their marital status.
 - f) In the event of non-payment of school fees the school will institute legal action against both parents irrespective of maintenance and court orders which may exist between the parties.
 - g) In terms of Section 39 of the South African Schools Act, parents are liable to pay compulsory school fees. **This is a statutory obligation.**
 - h) In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
 - i) In the event of the school having to take legal action for the recovery of school fees, all legal costs, including attorney/client fees and collection costs incurred by the school will be charged to the parent's account. Account details will be forwarded to our collection agency.
 - j) If parent/s fail to meet their school fee obligations the school may record the parent/s non-performance with a bureau.
4. I/We undertake to give **1 MONTHS notice** in writing of any intention to remove my/our child from the school and furthermore to return any books and/or equipment belonging to the school which our child may have.
5. The school may hold and process by computer or otherwise, any information obtained about parents as a result of their liability for payment of school fees.
6. The signatory hereto hereby chooses domicillium citandi et executandi as indicated below. **In the event of a change of address, parents are to notify the school in writing.**

ADDRESS: The signatory hereto hereby chooses domicillium citandi et executandi (official address)

as:

7. The above is valid from the day on which it is signed by the parent/guardian to the day on which the learner officially leaves the school.

DECLARATION: PARENT 1

Ihereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied is found to be false; action may be taken against me. (Signature of one parent binds both)

Signed on this day of 20.....

.....
SIGNATURE

DECLARATION: PARENT 2 / 3 / 4

Ihereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documents given by me. I understand that should any of the information supplied is found to be false; action may be taken against me. (Signature of one parent binds both)

Signed on this day of 20.....

.....
SIGNATURE

In addition to handing in this application form to Bay, the Western Cape Education Department requires all parents to apply online for 2023.

<https://admissions.westerncape.gov.za>



BAY PRIMARY SCHOOL

2023 – INTERIM FEES (expect ±10% increase, 2022 fees listed below)

CHOICE OF PAYMENT AND STATUTORY OBLIGATION TO PAY SCHOOL FEES

At Bay Primary School, we firmly believe that each child is entitled to a sound education. In order to sustain the quality of education that is offered at Bay, it is the responsibility of every parent to pay school fees. While striving to provide this, we are also strongly aware of the need to keep fees affordable.

School fees, as determined by the Board of Governors and approved by parents at the Annual Budget Meeting held on 20 October 2021, are compulsory and are due and payable by 28 February each year. However, it is our policy to allow payment to be made monthly.

Name of Child/Children attending Bay Primary School IN 2023			
1		ID:	Grade:
2		ID:	Grade:
3		ID:	Grade:

PAYMENT OPTIONS FOR 2023 (PLEASE NOTE: FEES INCREASE BY APPROXIMATELY 10% EVERY YEAR & WILL BE FINALISED IN OCTOBER 2023) (There is no discount for more than one child at the school)			AMOUNT	PLEASE ✓
GR R	ANNUAL PAYMENT	<u>Due in full by 28 February 2022</u>	R30 395	<input type="checkbox"/>
GR R	MONTHLY PAYMENT	Per month over 11 months at R2 960 (1 January – 1 November) <u>Due in full by 15 November 2022</u>	R2 960	<input type="checkbox"/>
GR 1	ANNUAL PAYMENT	<u>Due in full by 28 February 2022</u>	R26 080	<input type="checkbox"/>
GR 1	MONTHLY PAYMENT	Per month over 10 months at R2 745 (1 February – 1 November) <u>Due in full by 15 November 2022</u>	R2 745	<input type="checkbox"/>
GR 2-7	ANNUAL PAYMENT	<u>Due in full by 28 February 2022</u>	R24 845	<input type="checkbox"/>
GR 2-7	MONTHLY PAYMENT	Per month over 10 months at R2 615 (1 February – 1 November) <u>Due in full by 15 November 2022</u>	R2 615	<input type="checkbox"/>
DEBIT ORDER (Only complete if you intend to continue with an existing debit order)	Debit Orders – 1 st or 15 th of the month. (Kindly complete DEBIT ORDER FORM if NEW or if CHANGES NEED TO BE MADE). All existing debit orders will automatically be increased as approved by the parent body. _____		✓ YES for DEBIT ORDER X NO for DEBIT ORDER	1 st <input type="checkbox"/> 15 th <input type="checkbox"/> <input type="checkbox"/>
SIGNATURE				

IMPORTANT NOTICE ABOUT DIRECT DEBITS

- If you have NOT been paying by debit order, but wish to do so in 2023 - PLEASE COMPLETE THE DEBIT ORDER FORM ATTACHED TO THIS LETTER, AND RETURN IT TO THE SCHOOL no later than 1 December 2021. DEBIT ORDERS WILL BE PROCESSED ON THE 1st or 15th OF EACH MONTH starting February 2023.
- **FOR THOSE PARENTS WHO ALREADY HAVE AN EXISTING DEBIT ORDER PAYMENT WITH THE SCHOOL, YOU DO NOT NEED TO FILL IN ANOTHER FORM AS WE WILL ADJUST THE AMOUNTS EACH YEAR.**
- If for any reason your account remains in arrears by 30 November 2023, the school will automatically process another debit order against your account on 1 December 2023 and will continue to do so until your account is settled in full.

DATA PERTAINING TO THE PAYMENT OF SCHOOL FEES			
I/We understand that Bay Primary School is a fee - paying school, and I/we are willing and able to meet my/our obligations in this regard in full.			<input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE COMPLETE THE FOLLOWING INFORMATION (BLOCK LETTERS) – BOTH PARENTS			
<u>PARENT/GUARDIAN 1</u>			
Details of Parents/Guardians responsible for School Fees: Please circle whether you are the child's biological parent / guardian / foster parent / sponsor			
Name:		Surname:	
Postal Address:			
Tel (h):		Cell:	
Tel (w):		Email:	
I.D.			CERTIFIED COPY TO BE ATTACHED
<u>PARENT/GUARDIAN 2</u>			
Name:		Surname:	
Postal Address:			
Tel (h):		Cell:	
Tel (w):		Email:	
I.D.			CERTIFIED COPY TO BE ATTACHED
BANKING DETAILS: Bay Primary School ABSA Bank, Fish Hoek Branch Code 632005 Acc NO: 0102 027 4880 Reference: Pupil's Name & Surname and Account No. (If known)			
IMPORTANT INFORMATION			
<ul style="list-style-type: none"> By signing this application, I/we acknowledge liability for payment of all fees and that if this application has been signed by more than one parent, the liability of the signatories will be joint and several. I/We choose domicilium citandi et executandi for any correspondence or the service of any court processes at the residential address recorded on the application form and acknowledge liability for all attorney and own client costs, plus collection commission in the event of any outstanding accounts being handed over to the school's attorneys for collection. 			
<u>Parent/Guardian 1:</u>		<u>Parent/Guardian 2:</u>	
Name _____		Name _____	
Signature _____		Signature _____	
Date _____		Date _____	

PLEASE RETURN ALL FEE FORMS WITHIN ONE WEEK OF RECEIVING THEM



SCHOOL FEES DEBIT ORDER INSTRUCTION - 15th of each month

Existing debit orders will continue automatically with the revised amount for School Fees, unless written notice has been received instructing us to cancel the debit order. Debit orders will be processed on the 15th day of each month starting 15th February 2023.

AUTHORISATION FOR THE MONTHLY PAYMENT OF SCHOOL FEES	
I/We, the undersigned, hereby authorise Bay Primary School to debit my/our account with the amount of R	
Learner's name/s:	
Grade/s:	

I understand and accept the following conditions in respect of authorisation:

1. That my/our account be debited with R_____ on the 15th day of each month, commencing from 15th February and continuing to November.
All such withdrawals from my bank by you shall be treated as though they had been signed by me/us personally.
2. If for any reason your account remains in arrears by 30th November 2023, the school will automatically process another debit order against your account on 15th December 2023 and will continue to do so until your account is settled in full.
3. This authorisation will remain in operation until all fees owing to Bay Primary School are paid up, unless terminated by me/us by means of 30 days' written notice to Bay Primary School.
4. I/We undertake to keep Bay Primary School up to date as to details of account changes at all times.
5. I/We understand that the withdrawals hereby authorised will be processed through a system known as the ACB Magnetic Service, and I/we also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.
6. I/We agree to pay any bank charges relating to this debit order instruction. I/We understand that I/we shall not be entitled to any refunds of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank/building society (whichever it is or will be).

I/We acknowledge that the party hereby authorised to effect drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent. I may not delegate any of my/our obligations in terms of this contract authority to any third party without prior written consent of the authorised party.

Signed at _____ on this _____ day of _____ 20____

Signature _____

BANK DETAILS											
Account Holder's Name:											
Bank Name:											
Type of Account: (please tick)			<i>Cheque</i> <input type="checkbox"/>			<i>Savings</i> <input type="checkbox"/>			<i>Transmission</i> <input type="checkbox"/>		
Branch Code											
Account Number											