2026

APPLICATION FORM

AANSOEKVORM

GRADE (RR) R – 7

Laerskool

Charlo

Primary School

SURNAME / VAN:	
FULL NAMES/ VOLLE NAME:	
GRADE/GRAAD:	

****PLEASE ENSURE THAT YOU HAVE SIGNED THE APPLICATIONS REGISTER ON SUBMISSION OF THE APPLICATION AT THE SCHOOL OFFICE** (No email applications accepted)**

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OFFICE USE ONLY.

Admissions Officer Signature: _____

Submission Date: _____

ALLE AFDELINGS IS VERPLIGTE INLIGTING / ALL SECTIONS ARE COMPULSORY INFORMATION

SECTION 1: PUPIL'S DETAILS				**AFDELING 1: LEERDERINLIGTING**		
SURNAME / VAN:				**GENDER / GESLAG:**	**MALE / MANLIK**	**FEMALE / VROULIK**
FULL NAMES/ VOLLE NAME:				**CALL NAME / NOEMNAAM:**		
DATE OF BIRTH / GEBOORTEDATUM:				**ID NUMBER: ID-NOMMER:**		
HOME LANGUAGE / HUISTAAL:		**RACE/RAS** (DOE requirement)		**RELIGION / KERKVERBAND:**		
Language of Instruction Taal van Onderrig		**Year applied for/Jaar waarvoor aansoek gedoen word**		**Agree with POPIA and PAIA Policy of the School**	YES / NO	
HOME ADDRESS / HUISADRES:						
PUPIL RESIDES WITH / LEERDER WOON BY:	**MOTHER & FATHER MOEDER & VADER**	**MOTHER / MOEDER**	**FATHER / VADER**	**OTHER - PLEASE INDICATE: ANDER - DUI ASB. AAN:**		
CURRENT GRADE / HUIDIGE GRAAD:			**GRADE REPEATED / GRAAD HERHAAL:**			
NAME OF CURRENT SCHOOL AND PERIOD ATTENDED / NAAM VAN HUIDIGE SKOOL EN TYDPERK BYGEWOON:						
TELEPHONE NUMBER OF CURRENT SCHOOL / TELEFOONNOMMER VAN HUIDIGE SKOOL:			**(CODE / KODE)**	**TEL.**		
DATE OF DEPARTURE FROM ABOVE-MENTIONED SCHOOL DATUM WAAROP GENOEMDE SKOOL VERLAAT WORD/ IS:						

SIGNATURE / HANDTEKENING:

SUPPORTING DOCUMENTATION REQUIRED:

• ALL SUPPORTING DOCUMENTATION (listed below) MUST BE ATTACHED IN ORDER FOR THE APPLICATION TO BE CONSIDERED BY THE ADMISSIONS COMMITTEE.

(a) COPY OF BIRTH CERTIFICATE (Non-South African learners to provide a certified copy of the relevant Study Permit, valid for the duration of their primary school studies)
(b) COPY OF IMMUNISATION (CLINIC) CARD (Page showing immunisations received)
(c) COPY OF THE LATEST SCHOOL REPORT
(d) COPIES OF PARENTS IDENTITY DOCUMENTS
(e) PROOF OF RESIDENTIAL ADDRESS (municipal utility account**)** If you are renting, please attach a copy of your lease agreement, valid for at least one year)
(f) COPY OF SCHOOL FEE ACCOUNT FROM CURRENT SCHOOL
(g) **THE SUPPLYING OF FALSE INFORMATION WILL INVALIDATE THIS APPLICATION INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

SECTION 2.1 : PARENTS — AFDELING 2.1: OUERS

NAME & SURNAME OF BIOLOGICAL FATHER / NAAM & VAN VAN BIOLOGIESE VADER:					
OCCUPATION / BEROEP:		**EMPLOYER / WERKGEWER:**			
ID NUMBER/ ID-NOMMER:					
HOME ADDRESS / HUISADRES:					
TEL WORK / WERK:		**TEL HOME / HUIS:**			
CELL NO / SELNR.:		**EMAIL / E-POS:**			
MARITAL STATUS/ HUWELIKSTAAT:	**MARRIED / GETROUD**	**UNMARRIED / ONGETROUD**	**DIVORCED / GESKEI**	**WIDOWER / WEWENAAR**	**SEPARATED/ VERVREEMD**
IF DIVORCED, DOES LEARNER HAVE CONTACT/ INDIEN GESKEI, HET DIE LEERDER KONTAK:					

NAME & SURNAME OF BIOLOGICAL MOTHER / NAAM & VAN VAN BIOLOGIESE MOEDER:					
OCCUPATION / BEROEP:		**EMPLOYER / WERKGEWER:**			
ID NUMBER/ ID-NOMMER:					
HOME ADDRESS / HUISADRES:					
TEL WORK / WERK:		**TEL HOME / HUIS:**			
CELL NO / SELNR.:		**EMAIL / E-POS:**			
MARITAL STATUS/ HUWELIKSTAAT:	**MARRIED / GETROUD**	**UNMARRIED / ONGETROUD**	**DIVORCED / GESKEI**	**WIDOW / WEDUWEE**	**SEPARATED/ VERVREEMD**
IF DIVORCED, DOES LEARNER HAVE CONTACT/ INDIEN GESKEI, HET DIE LEERDER KONTAK:					

SIGNATURE / HANDTEKENING:

SECTION 2.2: GUARDIANS AFDELING 2.2: VOOGDE

NAME & SURNAME OF GUARDIAN (FATHER): NAAM & VAN VAN VOOG (VADER):					
OCCUPATION / BEROEP:		**EMPLOYER / WERKGEWER:**			
ID NUMBER/ ID-NOMMER:					
HOME ADDRESS / HUISADRES:					
TEL WORK / WERK:		**TEL HOME / HUIS:**			
CELL NO / SELNR.:		**EMAIL / E-POS:**			
MARITAL STATUS/ HUWELIKSTAAT:	**MARRIED / GETROUD**	**UNMARRIED / ONGETROUD**	**DIVORCED / GESKEI**	**WIDOWER / WEWENAAR**	**SEPARATED/ VERVREEMD**

NAME & SURNAME OF GUARDIAN (MOTHER): NAAM & VAN VAN VOOG (MOEDER):					
OCCUPATION / BEROEP:		**EMPLOYER / WERKGEWER:**			
ID NUMBER/ ID-NOMMER:					
HOME ADDRESS / HUISADRES:					
TEL WORK / WERK:		**TEL HOME / HUIS:**			
CELL NO / SELNR.:		**EMAIL / E-POS:**			
MARITAL STATUS/ HUWELIKSTAAT:	**MARRIED / GETROUD**	**UNMARRIED / ONGETROUD**	**DIVORCED / GESKEI**	**WIDOW / WEDUWEE**	**SEPARATED/ VERVREEMD**

SIGNATURE / HANDTEKENING:

Previous association with Laerskool Charlo Primary School *(Grand Parents/ Parents/ Uncle / Aunt / brother / sister):*		
NAME:	**RELATIONSHIP:**	**HOUSE:**
NAME:	**RELATIONSHIP:**	**HOUSE:**
NAME:	**RELATIONSHIP:**	**HOUSE:**

DOES THIS CHILD RECEIVE A SOCIAL GRANT/ ONTVANG HIERDIE KIND 'N MAATSKAPLIKE TOELAAG:	**YES/ JA**	**NO / NEE**

NAMES OF OTHER CHILDREN IN FAMILY/ NAME VAN ANDER KINDERS IN GESIN:	**DATE OF BIRTH / GEBOORTEDATUM:**	**NAME OF CURRENT SCHOOL/ NAAM VAN HUIDIGE SKOOL:**
1.		
2.		
3.		

SIGNATURE / HANDTEKENING:

SECTION 3: MEDICAL INFORMATION		AFDELING 3: MEDIESE INLIGTING	
NAME OF MEDICAL AID/ NAAM VAN MEDIESE SKEMA:		MEDICAL AID NUMBER/ MEDIESE SKEMA- NOMMER:	
DOCTOR / DOKTER		TEL. NO./ TELNR.:	
DENTIST / TANDARTS:		TEL. NO./ TELNR.:	
OPERATIONS / ENIGE OPERASIES:			
ALLERGIES / ALLERGIEë:			

CHILDHOOD DISEASES/ KINDERSIEKTES	MEASLES/ MASELS	GERMAN MEASLES/ DUITSE MASELS	WHOOPING COUGH/ KINKHOES	CHICKEN POX/ WATERPOKKIES
	MUMPS/ PAMPOENTJIES	DIPTHERIA/ WITSEERKEEL	OTHER (SPECIFY) / ANDER (SPESIFISEER):	
IMMUNIZATIONS / INENTINGS:	TETANUS	DIPTHERIA/ WITSEERKEEL	MEASLES/ MASELS	GERMAN MEASLES/ DUITSE MASELS
	HEPITITIS B	OTHER (SPECIFY) / ANDER (SPESIFISEER):		
DISABILITIES/ GESTREMDHEID:	EPILEPSY/ EPILEPSIE	DIABETES/ DIABEET	VISION / SIG	HEARING/ GEHOOR
	PHYSICAL/ FISIES	OTHER (SPECIFY) / ANDER (SPESIFISEER):		

DOES YOUR CHILD WEAR SPECTACLES? DRA U KIND 'N BRIL?	YES/ JA	
	NO/ NEE	

Has your child ever been tested by any therapist, doctor, institution for any possible attention difficulty/ hearing/ speech? If yes, kindly attach report (required by Dept of Education). Is u kind al deur enige terapeut, dokter, instansie getoets vir moontlike aandag-afleibaarheid/ gehoor/ spraak? Indien ja, heg asb. verslag aan (vereis deur Dept van Onderwys).	YES/ JA NO/ NEE

ANY OTHER MEDICAL PROBLEMS? ENIGE ANDER MEDIESE PROBLEME?	

EMERGENCY CONTACT IF PARENTS UNAVAILABLE/ NOODKONTAK INDIEN OUERS NIE BESKIKBAAR IS:			
NAME & SURNAME NAAM & VAN		RELATIONSHIP/ VERWANTSKAP:	
TEL NO./ TELNR.:		CELL NO./ SELNR.:	

SIGNATURE / HANDTEKENING:

SECTION 4: Pre-Primary Information Particulars (Grade RR/R) AFDELING 4: Pre-Primêre Inligtings Besonderhede (Graad RR/R)

Speech and Language Development

	✓
Developed normally	
Development delayed	
Speech is intelligible	

Taal- en Spraakontwikkeling

	✓
Normaal ontwikkel	
'n Agterstand met ontwikkeling	
Spraak is verstaanbaar	

Vision / Visie

Have his/her eyes been tested? / Was u kind se oë getoets? | Yes | No |

Date of test	
Datum van toetsing	
Specialist	
Spesialis	
Result of test	
Resultaat van die toets	

Hearing / Gehoor

Has a hearing test been administered? / Was u kind al vir 'n gehoortoets? | Yes | No |

Date of test	
Datum van toetsing	
Audiologist	
Oudioloog	
Result of test	
Resultaat van die toets	

Previous Evaluations

	Age	Name of Practitioner	Tel Number	Treatment
Medical				
Neurological				
Psychological				
Speech Therapy				
Occupational Therapy				
Other				

If the school has not received a copy of the report, please attach a copy with this form.

Vorige Evaluasies

	Ouderdom	Naam van Praktisyn	Tel Nommer	Behandeling
Medies				
Neurologiese				
Sielkundig				
Spraakterapie				
Arbeidsterapie				
Ander				

Indien die skool nie 'n afskrif van die verslag ontvang het nie, heg asseblief 'n afskrif saam met hierdie vorm aan.

Is there a family history of learning disabilities/ ADHD/ depression/ anxiety? Please give details:
Is daar 'n familiegeskiedenis van leergestremdhede/ ADHD/ depressie/ angs? Gee asseblief besonderhede:

Independence / Onafhanklikheid

All learners are expected to help themselves independently with the following:
Daar word van alle leerders verwag om die volgende take onafhanklik te voltooi.

	✓
Getting dressed / Aantrek	
Getting undressed / Uittrek	
Eat independently / Eet onafhanklik	
Using the bathroom independently / Gebruik die badkamer onafhanklik	

Does your child experience separation anxiety? / Ervaar u kind skeidingsangs?

Please add anything here that you feel is important, but was not covered in the questionnaire / Indien die skool nie 'n afskrif van die verslag ontvang het nie, heg asseblief 'n afskrif saam met hierdie vorm aan.

Thank you for your co-operation / Dankie vir u samewerking.

SIGNATURE / HANDTEKENING:

SECTION 5: PAYMENT OF SCHOOL FEES/ DOCUMENTATION
AFDELING 5: BETALING VAN SKOOLFOOIE/ DOKUMENTASIE

Who is responsible for the payment of school fees? Wie is verantwoordelik vir die betaling van skoolfooie?	**FATHER/ VADER**	**MOTHER/ MOEDER**	**OTHER (SPECIFY)/ ANDER (SPESIFISEER):**	

METHOD OF PAYMENT/ METODE VAN BETALING:			**Monthly CASH / EFT Maandeliks KONTANT/ EFT Date/ Datum:**	**Monthly debit order (January – December)/ Maandelikse debietorder (Januarie – Desember):**

SIGNATURE / HANDTEKENING:

TERMS AND CONDITIONS

I/We understand that:

1. Laerskool Charlo Primary School is a fee paying public school and that the current compulsory school fees (for 2025) are as outlined.
2. In terms of a resolution adopted by the majority of parents at the Annual General Meeting of parents, payment of school fees is obligatory and that I/we as parents am/are liable for such compulsory school fees, which liability may be enforced by due process of law in the event of non-payment. I/we declare that I/we am/are in a financial position to pay the compulsory school fees as adopted;
3. payment is to be effected by one of the methods stipulated by the SGB contained in its policy of fees structure;
4. both parents are jointly and severally liable for payment of such compulsory school fees irrespective of any Order of Court;
5. in the event of the school being obliged to hand over for collection through its attorneys or Debt Collection Agency any outstanding school fees, I/we shall be liable for the legal costs incurred by the school for the collection of such outstanding fees on a scale as between attorney and client, including such collection commission which the school may be obliged to pay to its attorneys or Debt Collection Agency;
6. I/we am/are to give written notice of not less than one month in advance of my/our intention to remove the learner from the school. Failure to do so will result in my/our paying a month's fees in lieu of notice.
7. I/we have been informed that if we are unable to pay fees, I/we may exercise rights in terms of Section 41.
8. In my/our personal capacity, on behalf of the learner in my/our capacity as parent/guardian/debtor I/we hereby agree to: a. Pay the stipulated compulsory school fees as agreed by the Parent Body at the Annual Budget Meeting; b. Pay any bank charges, legal fees and interest on any outstanding fees; c. The school transmitting details of how the parent/guardians/debtor have performed in meeting their obligations in terms of their school fee obligations; d. Notify the Principal, in writing, in the event of my child leaving the school at least a month in advance, or pay a month's fees in lieu of such notice. (This is for reasons other than disciplinary default.) e. Pay all costs incurred for damage done or losses caused by my child to school property.

Signed at ……this ..... day of ..... 2025.

_____

FATHER (Biological) / MOTHER (Biological) / DEBTOR (if not parent)

SOUTH AFRICAN SCHOOLS ACT 84 OF 1996

REGULATIONS FOR THE EXEMPTION OF PARENTS FROM PAYMENT OF SCHOOL FEES

CHECKLIST FORM

COMPULSORY INFORMATION

(Mark with a cross in applicable box.)

Information is within the application form as provided by the Principal

1	Has the principal informed you about the amount of the annual school fees to be paid?	YES	NO
2	Has the principal informed you that you are liable for the payment of school fees unless you are totally exempted from paying school fees?	YES	NO
3	Has the principal informed you about your right to apply for exemption from paying school fees?	YES	NO
4	Do you wish to apply for such exemption? (application forms are available from Mrs Van Tonder)	YES	NO
5	Do you wish to be assisted in making such application?	YES	NO

Mrs. A Daniell
Name of Principal

_____
Name of Parent

_____
Signature of PrincipaL

_____
Signature of Parent

Date:_____

Date: _____

School stamp:

SUID-AFRIKAANSE SKOLEWET 84 VAN 1996

REGULASIES VIR DIE KWYTSKELDING VAN DIE BETALING VAN SKOOLFOOIE VIR OUERS

KONTROLELYS

VERPLIGTE INLIGTING

(Merk die toepaslike blokkie met 'n kruisie.)

Alle informasie is in die aansoekvorm soos deur die Skoolhoof voorsien

1	Het die skoolhoof u in kennis gestel wat die bedrag van die jaarlikse skoolfooie is?	JA	NEE
2	Het die skoolhoof u in kennis gestel dat u aanspreeklik is vir die betaling van skoolfooie tensy u heeltemal kwytgeskeld is van die betaling van skoolfooie?	JA	NEE
3	Het die skoolhoof u in kennis gestel dat u daarop geregtig is om aansoek te doen om die kwytskelding van skoolfooie?	JA	NEE
4	Wil u om sodanige kwytskelding aansoek doen? (Aansoekvorms is by Mev Van Tonder beskikbaar)	JA	NEE
5	Verlang u hulp met sodanige aansoek?	JA	NEE

Mev. A Daniell
Naam van Skoolhoof

Naam van Ouer

Handtekening van Skoolhoof

Handtekening van Ouer

Datum:

Datum:

Skoolstempel:

NAME OF PARENT APPLYING FOR ENROLLMENT **NAAM VAN OUER WAT AANSOEK DOEN OM TOELATING**	**ID NUMBER /NOMMER**	**SIGNATURE / HANDTEKENING**

NAME OF PARENT APPLYING FOR ENROLLMENT **NAAM VAN OUER WAT AANSOEK DOEN OM TOELATING**	**ID NUMBER /NOMMER**	**SIGNATURE / HANDTEKENING**