



Attach ID Photo of learner here.

WALMER WEST PRIMARY

Application for Admission: 2026

Learners Name: _____

FOR OFFICE USE ONLY

Received on: Preferential: Accepted / Waitlist / Not Accepted
Debtors Number: Grade:
Admission Number: Teacher:
Admission Date:

INSTRUCTIONS FOR COMPLETING THIS APPLICATION FORM

- Please print clearly.
- All sections need to be completed in FULL for your application to be submitted.
- Completing this document does not guarantee acceptance into the school.

YOUR CHECKLIST: Please ✓ each item below, confirming that copies of the following documents are attached.

- | | |
|--------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> ID Photograph of learner | <input type="checkbox"/> Biological Father ID Book / death Certificate |
| <input type="checkbox"/> Copy of learner's birth certificate | <input type="checkbox"/> Biological Mother ID Book / death Certificate |
| <input type="checkbox"/> Copy of learner's latest school report | <input type="checkbox"/> Guardian ID Book |
| <input type="checkbox"/> Copy of learner's clinic card | <input type="checkbox"/> Fathers payslip / proof of income |
| <input type="checkbox"/> FOREIGN NATIONAL copy of learner's passport | <input type="checkbox"/> Mothers payslip / proof of income |
| <input type="checkbox"/> FOREIGN NATIONAL copy of learner's study permit | <input type="checkbox"/> Proof of residential address |

GRADE APPLYING FOR (please cross)

R	1	2	3	4	5	6	7
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Current School: Grade:

Has the applicant repeated a grade? : Yes : No If yes, which grade?

Has the learner applying been progressed to a grade (*example: due to age*)? : Yes : No

If yes, which grade?

An older brother or sister presently attending Walmer West Primary School?

: Yes

: No

If yes,

Name: Grade:

Name: Grade:

CONSENT AND INDEMNITY

I (FULL NAME IN CAPITALS) parent / guardian of
..... do hereby give my consent for my child to take part in
the extra-mural activities of the school, including games and cultural activities, educational tours, and
excursions of historical, geographical, or cultural interest or in the privately ran aftercare centre while
attending at Walmer West Primary School. I fully understand and accept that all tours and excursions shall
be undertaken at my child's own risk and I undertake on behalf of myself, my executors, my spouse and
child aforesaid to indemnify, hold harmless and absolve the Eastern Cape Education Department, the
Principal and Staff of Walmer West Primary School and any other person conveying them on behalf of or
in connection with loss of or damage to the property or injury to the person of my child aforesaid, in the
course of any such tour, excursion or activities, in the knowledge that the Principal and Staff will
nevertheless take all responsible precautions for the safety and welfare of my child

SIGNED: _____

DATE:

D	D	M	M	Y	Y	Y	Y
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DETAILS OF LEARNER

Surname:

First Name/s:

Birth date:

D	D	M	M	Y	Y	Y	Y
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Parent Names: Father: Mother:

Applicant lives with (please cross): : Both Parents
 : Father
 : Mother
 : Guardian
 : Other:

Population group: : African/Black
 : Asian/Indian
 : White
 : Coloured

Nationality: : RSA (South African)
 : Other:

Study Permit (if applicable): Passport Number (if applicable):

Language Preference: : English or : Afrikaans

Home Language: Religious Affiliation:

Position of learner in family: 1st 2nd 3rd 4th 5th

Number of children in family: 1 2 3 4 5

Deceased parents: : Father : Mother : Both : None

PHOTO CONSENT

Do you give Walmer West Primary School permission to publish individual photographs of your child on its social media platforms and website?

: Yes

: No

MEDICAL INFORMATION OF LEARNER

Has the learner received any vaccinations: : Yes / : No

If yes, which of the following vaccinations: : Polio

: Smallpox

: Tuberculosis

: Measles

: Hepatitis B

: Tetanus

Does the learner suffer from any underlying medical condition or learning problem?

: Yes

: No

Details:

.....

Past or present conditions/therapy: : ADD : ADHD : Speech : Remedial

Is the learner disabled? : Yes : No

Is the left or right-handed? :Left :Right

Name of Medical Aid: Medical Aid Number:

Main Member Details:

FAMILY INFORMATION

BIOLOGICAL FATHERS DETAILS

(If remarried, please complete Stepparent details on the next page of this application)

Surname: Title: Dr / Prof / Rev / Mr (please circle)

First Name/s:

ID No:

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Marital Status: : Single : Married : Separated : Divorced : Remarried : Widowed

Contact No's: (H) (C)

Email:@.....

Residential Address:

..... Postal Code:

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EMPLOYMENT DETAILS

Employer: Work Address:

.....

Occupation: Postal Code:

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Contact Details: : (W)

Work Email:@.....

FAMILY INFORMATION

BIOLOGICAL MOTHERS DETAILS

(If remarried, please complete Stepparent details on the next page of this application)

Surname: Title: Dr / Prof / Rev / Mrs / Miss (please circle)

First Name/s:

ID No:

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Marital Status: : Single : Married : Separated : Divorced : Remarried :Widowed

Contact No's: (H) (C)

Email:@.....

Residential Address:

..... Postal Code:

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EMPLOYMENT DETAILS

Employer: Work Address:

.....

Occupation: Postal Code:

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Contact Details: : (W)

Work Email:@.....

FAMILY INFORMATION

STEPPARENT DETAILS

Surname: Title: Dr / Prof / Rev / Mr / Mrs / Miss (please circle)

First Name/s:

ID No:

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Marital Status: : Single : Married : Separated : Divorced : Remarried :Widowed

Occupation:

Contact No's: (H) (W) (C)

Email:@.....

With whom is the learner residing with:

FAMILY INFORMATION

GUARDIAN

Surname: Title: Dr / Prof / Rev / Mr / Mrs / Miss (please circle)

First Name/s:

ID No:

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Marital Status: : Single : Married : Separated : Divorced : Remarried : Widowed

Occupation:

Contact No's: (H) (W) (C)

Email:@.....

With whom is the learner residing with:

IN CASE OF EMERGENCY CONTACT (not living with learner)

Relationship:

Surname:

First Name/s:

Contact No's: (H) (W) (C)

FINANCIAL INFORMATION

Walmer West Primary School is a *proudly fee-paying school*.

WALMER WEST PRIMARY SCHOOL FEE POLICY: Terms and Conditions

1. It has been resolved by the parents at the General Meeting that School Fees will be charged at this School, and that the school can legally enforce the payment of school fee as per the South African Schools Act (1996).
2. Both Parents / guardians are jointly and severally liable to pay school fees.
3. Terms of Payment: Annual fees are payable over 12 months (December - November).

Divorced Parents: In the event of the parents being divorced, both parents are jointly and severally responsible for the payment of school fees, irrespective of any maintenance order or verbal agreement.

Who is responsible for the payment of school fees (please cross):

- : Both Parents
- : Father
- : Mother
- : Guardian

Please print full names in the same provide:

I hereby give consent to Walmer West Primary School to run a credit check:

- : Both Parents
- : Father
- : Mother
- : Guardian

I intend to apply for full / partial exemption in payment of school fees: :Yes : No

I understand that Walmer West Primary is a fee-paying school, and I undertake to honour my responsibility promptly and fully in this regard: :Yes : No

DECLARATION BY PARENT / GUARDIAN

The information provided in this application is true and correct in all respects. I / We agree that if any information is found to be incorrect and/or this form is incomplete, the school may refuse to consider this application. I / We consent to my / our employers / referee being contacted.

SIGNED: _____
Father / Guardian

DATE:

D	D	M	M	Y	Y	Y	Y
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SIGNED: _____
Mother / Guardian

DATE:

D	D	M	M	Y	Y	Y	Y
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SCHOOL FEES DECLARATION BY PARENT / GUARDIAN

SCHOOL FEES 2026

Learners Name: _____ **Grade:** _____

In terms of the **SA Schools Act No 84 of 1996** (Regulation for the exemption of parents from payment of school fees), we shall be please if would kindly tick the appropriate blocks to the following questions:
Please sign at the bottom of the page and return this letter to the School Finance Office.

1. Have you been informed about the amount of School Fees to be paid?
Yes: No:
2. Have you been informed that you are liable for the payment of School Fees unless ***totally exempt*** from paying school fees?
Yes: No:
3. Have you been informed about your right to apply for an exemption from paying school fees?
Yes: No:
4. Do you wish to apply for such an application?
Yes: No:
5. Do you wish to be assisted in making such an application?
Yes: No:

This is not an exemption application form – you must obtain and complete in full an exemption application form which you must get from the school’s Finance Office.

An Exemption Form (Annexure B) is available at the school’s Finance Office for your convenience – Please contact Mr Desmond Kieck / Mrs Marilynn Le Roux.

Name of Principal: Mrs L. Bower

Signature:  _____

Name of Parent: _____

Signature of Parent: _____

Date:

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UNDERTAKING BY PARENTS / GUARDIANS

Learners Name: _____ Grade: _____

1. We hereby apply to have the child whose name appears on this form as a learner at **WALMER WEST PRIMARY** and confirm that he/she complies with basic criteria.
2. I/We hereby certify that I/we have **legal** custody and/or guardianship in respect to the above-named learner.
3. I/We undertake to adhere to the school rules and disciplinary code and to the various alterations in the rules and disciplinary code that may be made from time to time.
4. I/We understand and confirm that the principal or any person duly authorised, will act in *loco parents* in any matter and at any time during which I/we have entrusted our child to the care of the school.
5. I/We **jointly and severally** undertake to pay school fees and I/We understand the following:
 - (a) The annual school fees presently are a **compulsory sum** of R14430-00 pa (per annum) for 2025 as adopted by the majority of parents at the AGM. (1st installment R2000.00 & R1130.00 per month for 11 months for 2025).
 - (b) **2026 school fees will be finalised in October with the annual budget meeting.**
 - (c) The payment terms are as follows:

i	Fees can be paid in full	
ii	Fees can be paid off in 12 monthly equal installments	

- (d) If school fees are paid in full on or before 31st January 2026, then a 7 ½ % discount will be deducted from your annual school fees.
- (e) If parents are in arrears with one installment, then the full amount becomes due and payable immediately.
- (f) **A sum of R2000.00 is to accompany this agreement once your child has been accepted.** This amount will be deducted from the annual school fees. Should the learner not attend the school, this fee will not be refunded.
- (g) In terms of family law, parents are jointly and severally liable for the payment of the school fees irrespective of their marital status.
- (h) 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.
- (i) In terms of Section 39 of the South African Schools Act, parents are liable to pay compulsory school fees.
- (j) In terms of section 40 of 41 of the South African Schools Act, the school may enforce the payment of these compulsory school fees. The parties to this application, undertake to pay all legal of the 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.
- (k) Fees are due and payable on the 1st day of each month. If any single instalment is not received by the due date, the full school fee outstanding will become immediately due and payable.

(l) The school may hold and process by computer or otherwise any information obtained about the parents as a result of their liability for school fees.

(m) The school may conduct an enquiry and/or information search about the parents with a credit information bureau, persons acting as their agents and/or credit grantors.

(n) If parents fail to meet their school fee obligations the school may record the parent/s non-performance with a credit information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.

(o) Should there be a dispute on your statement of account, please notify the bursar in writing.

6. I/We undertake to give 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.

7. We/I understand that the school; reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.

8. The signatory hereto hereby chooses domicillium citandi of executandi as indicated below. **In the event of change of address, parents are to notify the school in writing.**

9. This commitment in its entirety will be valid from the day on which it is signed by the parent/guardian to the day on which the pupil official leaves the school.

10. **ADDRESS:** The signatory hereto hereby chooses domicillium citandi of executandi (official adress) as:

..... **SIGNED on the**

..... **day of** **20**

PARENT/GUARDIAN SIGNATURE: _____