

SUNRISE PRIMARY SCHOOL

☎ 039 624 1004
 📠 086 523 8319
 ✉ info@sunriseprimarieschool.com
 📍 513 Border Location
 New Clydesdale
 Umzimkulu
 6297
 NPO Number: 207-060

FEE CLEARANCE CERTIFICATE

TO BE COMPLETED BY THE SCHOOL THE LEARNER IS CURRENTLY ATTENDING

Name of School Where Learner Is Attending -

School Telephone Number -

Name of Parent/ Legal Guardian -

ID. Number of parent/ Legal Guardian -

Name of Learner - Grade -

Lurits/ Tracking Number -

Annual fees - (Year) Amount: R.....

Fees paid to date - Amount: R.....

Fees outstanding - Amount: R.....

COMMENTS:.....

CERTIFICATE OF GOOD CONDUCT

Kindly provide a rating for the learner as per the codes provided

	Excellent	Very good	Good	Fair	Poor	Comment
	A	B	C	D	E	
Behavior						
Punctuality						
Attendance						
Interest in curricular and co-curricular activities						
Other						

Principal/ Bursar

School stamp



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Member of Independent Schools Associations of Southern Africa

1. APPLICATION FOR ADMISSION

Note: This form must be completed in full. All changes to be initiated or signed by parent/ guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

Grade Applying for: _____ Highest Grade Passed _____ Year when Gr passed _____ *(please note that completion of this form does not guarantee admission to the school)*

2. Learner information:

Surname	Initials			
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First Name	Second Name	
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Date of Birth	YYYY		MM		DD		Gender	
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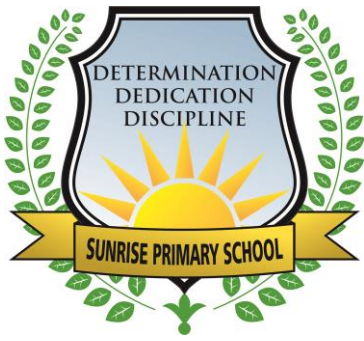
Race	
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ID or Passport No.															
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Country of Residence		Citizenship	
If SA, indicate province of residence			

PHYSICAL ADDRESS						
Town		Code				

Home Telephone number									
Emergency Telephone number (Compulsory)									
Learner Cell Phone number									



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Home language		Preferred language of instruction	English	Afrikaans
Deceased parents (please indicate)	Mother	Father	Both	
Religion		Mode of transport to school		

3. INFORMATION

Name of previous school						
Address of previous						
Town		Code				

4. MEDICAL INFORMATION OF LEARNER

Medical Aid no.		Medical Aid name	
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Name of main member		Doctor's name	
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Doctor's telephone number																	
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*Medical problems (asthma, epilepsy etc.)						
*Specific problems requiring counselling						
Dexterity of learner:	Right Handed		Left Handed		ambidextrous	
Does the child receive a social grant?	Yes / No	Grant Number				
Type of grant						

**Please attach supporting documents for any medical problems such as ADD, ADHD, etc.*



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5. SIBLINGS

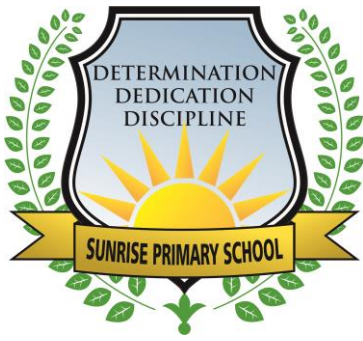
Number of siblings		Position in the family (e.g. first)	
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Please supply the full names of siblings who attended / attending SPS:

Name		Grade	
Name		Grade	
Name		grade	

6. PARENT / GUARDIAN INFORMATION

	FATHER	MOTHER
Title, Initial, Surname		
First Name		
Home Language		
ID / Passport		
Residential Address		
Postal Address		
Occupation		
Employer		
Cell Nr		
Work Nr		
Home Nr		
Email address		
Marital status		



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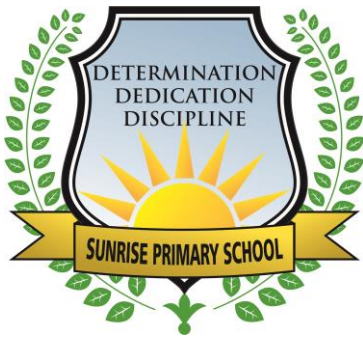
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7. PAYMENT OF SCHOOL FEES										
Name of person responsible for payment of school fees										
ID No								<i>or Passport Number</i>		
Tel No:						Cell No:				
Occupation										
Employer										
Residential address										
Town						Code				
Email address										
Name and address of workplace										
Town						Code				

8. DOCUMENTATION REQUIRED

Please tick

1. a **certified copy** of the child's birth certificate ;
2. 2 very recent **passport size** photograph of the child;
3. A **copy** of the latest promotion report;
4. A **copy** of Medical Aid Card (if available)
5. A **copy of ID document** of both Parents/Guardians
6. a C6 **stamped self-addressed** envelope
7. completed conduct certificate
8. immunisation certificate (clinic card)
9. proof of social grant if applicable
10. court order confirming guardianship (in case of foster child)
11. proof of residence (not older than 2 months – preferably municipal account)
12. **NB: This application does NOT ensure acceptance at Sunrise Primary School**



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9. DECLARATION BY PARENT / GUARDIAN

I **DECLARE** that the particulars contained in this document are to the best of my knowledge correct.

I **ACCEPT** and **ACKNOWLEDGE** that:

1. I have familiarised myself with the contents of the School's "**CODE OF CONDUCT**" and that I and this learner will abide by this document;
2. I am aware of the dress code of the school and will ensure that these regulations are adhered to;
3. The foundation of the educational process at Sunrise Primary is a Christian one and that this child will be required to comply with the Christian ethos of the school, without this child being expected to renounce his / her own belief.

I, as the parent / guardian of the learner referred to, undertake to:

1. Inform the school **in writing** of any change of address and / or telephone number;
2. To ensure that this child attends school regularly and should this child be absent from school for any reason I will notify the principal, preferably in writing, stating the reason (s) for absence;
3. To take full responsibility for the payment of school fees as decided and amended by the Governing Body from time to time at the correct and stipulated times and understand that I will be liable for legal fees should I default; and
4. To pay all cost incurred for damage done or losses caused by this child to school property, books and equipment.

I agree that the principal or his / her designated may act in loco parents in this event of any injury or accident in which this child may be involved.

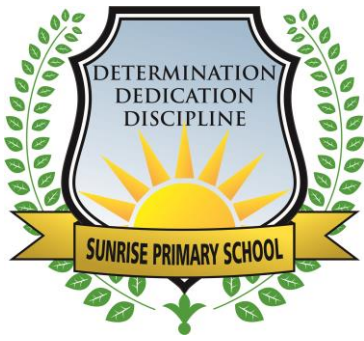
 Signature of Parent / guardian
 responsible for payment of School Fees)

 Date (Person

10. FOR OFFICE USE ONLY		
ACCEPTED	NOT ACCEPTED	
Grade to which allocated		Class:
Medium of instruction (Mark the correct block)	AFRIKAANS	ENGLISH

 Signature: Principal

 Date



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Conduct certificate – (To be completed by current school)

SURNAME: _____ FULL NAMES: _____
 D.O.B.: _____ GRADE: _____
 SCHOOL: _____ SCHOOL EMIS NUMBER: _____

1. ACADEMIC

	10	9	8	7	6	5	4	3	2	1
Overall Academic Ability										
Application to work										

LEARNING PROBLEMS:

2. EXTRA CURRICULAR ACTIVITIES

2.1 CULTURAL: (please give brief details of extra curricular involvement)

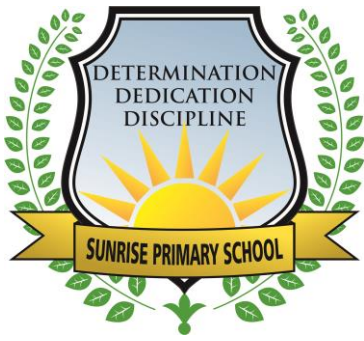
ART	DRAMA	MUSIC	OTHER

2.2 SPORT: (please tick relevant box)

	PARTICIPATION	ZONAL	PROVINCIAL
Cricket			
Rugby			
Hockey			
Tennis			
Athletes			
Netball			
Swimming			
Soccer			
Choir			
Other			

3. BEHAVIOR AND DISCIPLINE (please complete the following by placing a tick in the relevant box)

	YES	NO	IF YES, PLEASE COMMENT
Has he/she ever been referred for behavioral counselling?			



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Does he/she have a warning letter on his/her file?			
Have his/her parents met with the Headmaster regarding misbehaviour?			
Has he/she attended Disciplinary Hearing at your school? Has he/she been absent for more than 20 days?			
Has he/she been involved in drugs, theft, fighting or bullying?			

4. LEADERSHIP / SOCIAL ADJUSTMENT

	GOOD	AVERAGE	POOR
Social Adjustment			
Leadership Potential			

5. FINANCE

Have the parents met their fee obligations?	YES	NO
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*** please supply latest statement*

If no, please give brief details:

6. **General:** *(please provide additional comments that will be useful to the Admissions Committee when making their selection:*

PRINCIPAL'S SIGNATURE: _____ DATE: _____
 PRINT NAME: _____ CONTACT NUMBER: _____