



Registration Form

Kgase School

Pre-Primary, Primary and High School

Private Bag 75

Palapye

Phone 492-0441 / Fax 492-0485

e-mail admin@kgase.com



PUPIL'S DETAILS

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS AND READ AND SIGN THE DECLARATION OVERLEAF

CLASS APPLIED FOR: _____ YEAR APPLIED FOR: **20.....**

SURNAME: _____ AGE (At 1st January): **.....y.....m**

FIRST NAMES: _____

DATE OF BIRTH : _____ SEX (B/G): _____

Day : _____ Month : _____ Year : _____

PLACE OF BIRTH : Town: _____ District: _____

Country: _____ Nationality: _____

HOME LANGUAGE: _____

PREVIOUS SCHOOL ATTENDED: _____ Class passed: _____

BROTHER /SISTERS ALREADY ENROLLED AT KGASWE:

NAME: _____ CLASS: _____

NAME: _____ CLASS: _____

PARENT'S/ GUARDIAN'S DETAILS

FATHER

MOTHER

SURNAME

FIRST NAME

RESIDENTIAL

ADDRESS

POSTAL ADDRESS

OCCUPATION

EMPLOYER

Phone # Home

Work

Cellular

e-mail

NATIONALITY

HOME LANGUAGE

The following must accompany this registration form before it will be processed

A non-refundable registration fee of P100-00

A copy of the pupil's birth certificate and/or clinic card

A transfer card/ letter from the pupil's previous school

Signed declaration overleaf by parent or guardian responsible for fees payments

Please note that if you are faxing or emailing this form to us, you need to send both sides, and post the original before final admission will be processed

A direct deposit may be made into the school account, for the registration fee, and the deposit slip attached. **FNB, Palapye - Branch Code: 28-31-67 - Account Number: 62170431812**

I, Mr. / Mrs. / Ms _____ (Full name) acknowledge that I have read and understand all the particulars in and of this application form and that all information given by me is accurate to the best of my knowledge. I understand that the submission of the form and its acceptance by Kgaswe School does not, in any way, guarantee that a place will be made available for my child.

I understand that the registration fee of P100.00, payable at the time of registration, is non-refundable and I hereby agree that should this application be successful and my child be offered a place at Kgaswe School, I shall be legally liable for the full payment, by the dates due on the invoice(s), of all school fees and levies as stipulated from time to time.

I understand that, if my child is offered a place at Kgaswe School, and if I accept the place offered, in writing and on the proper form, the full amount of a non-refundable development fee must be paid before the child enters school.

If this application is successful, I agree that I shall be legally required to give one full term's notice, in writing, of my intention to withdraw my child from Kgaswe School, to be received by the school no later than on the first day of term. Failing to give such notice, will render myself legally bound to pay the equivalent of one term's school fees in lieu of notice.

Signature of Parent or Guardian
 responsible for payment of fees

Date

For School Office Use Only

Receipt #		Date and time of admission test					
Checked:-	D.O.B..		Class		Wait list		
Add.#		House		Computer		Account #	