

EDLENERTJIES



YOU ARE SPECIAL

EDLEEN PRE-PRIMÈRE SKOOL APPLICATION FORM 2021

**EUGENIA RD
EDLEEN**

**P O BOX 8030
EDLEEN**

TEL : (011) 393 4214

EMAIL: HOOF@EDLENERTJIES.CO.ZA

*** PLEASE SUBMIT COMPLETED FORMS BACK TO: charina@edlenertjies.co.za**

TEL NO. AFTER 13:15 - (011) 393 4214

WEBSITE: WWW.EDLENERTJIES.CO.ZA

FACEBOOK: EDLENERTJIES – PPS

PLEASE JOIN THE FACEBOOK PAGE

BANKING DETAILS



LAERSKOOL EDLEEN

ABSA

BRANCH CODE: 632 005

CHEQUE ACCOUNT: 260 750 534

REFERENCE: 3_____ (with your toddlers unique no.) PPS

Your reference number will be allocated after registered on the system!

ENROLLMENT FEE – R1200.00 (not refundable):

(payable annually)

TO BE PAID WITH APPLICATION

CASH PAYMENTS

At Laerskool Edleen Financial office.

Edleen Pre-Primêre Skool

Physical address: EUGENIA ROAD
Edleen, Kempton park, Gauteng, South Afrika

Phone no: (011) 393-4214



Postal address: P O Box 8030
Edleen Kempton park Gauteng South Africa 1625

Email address: charina@edlenertjies.co.za

Admission Application

Learner Information:															
Admission no:		Account no:		Class:											
Specify previous Pre-primary Education:			Formal:	<input type="checkbox"/>	Non-Formal:	<input type="checkbox"/>	None:	<input type="checkbox"/>							
Surname:				Initials:											
Name:				Preferred Name:											
Birth Date:	YYYY:	<input type="text"/>	<input type="text"/>	<input type="text"/>	MM:	<input type="text"/>	<input type="text"/>	DD:	<input type="text"/>	<input type="text"/>	Gender:	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Country:				Ethnic Group:											
Citizenship:				Religion:											
Identity Number:															
Passport Number:															
Physical Address:				Postal Address:					Same as Physical Address?	<input type="checkbox"/>					
Province:				Province:											
Country:				Country:											
			Postal Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Distance from Home to School:	<input type="checkbox"/> 0 - 5 km		<input type="checkbox"/> 5 - 10 km		<input type="checkbox"/> 10 - 20 km		<input type="checkbox"/> 20 km +								
Home Phone:				Home Language:											
Alternative Phone:				Preferred Language:											
Mobile Telephone:				Parents Deceased:	Both:	<input type="checkbox"/>	Father:	<input type="checkbox"/>	Mother:	<input type="checkbox"/>					
Email Address:				Half day / Full day?	Half day:	<input type="checkbox"/>	Full day:	<input type="checkbox"/>	<input type="checkbox"/>						
Name of previous School:															

Edleen Pre-Primêre Skool

Physical address: EUGENIA ROAD
Edleen, Kempton park, Gauteng, South Afrika

Phone no: (011) 393-4214



Postal address: P O Box 8030
Edleen Kempton park Gauteng South Africa 1625

Email address: charina@edlenertjies.co.za

Admission Application

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Physical Address:</td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="2" style="height: 40px;"> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> </td> </tr> <tr> <td>Province:</td> <td></td> </tr> <tr> <td>Country:</td> <td></td> </tr> <tr> <td style="text-align: right;">Postal Code:</td> <td style="text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table> </td> </tr> <tr> <td>Medical Aid Name:</td> <td></td> </tr> <tr> <td>Aid Main Member:</td> <td></td> </tr> <tr> <td>Medical Aid Number:</td> <td></td> </tr> <tr> <td>Medical Condition:</td> <td></td> </tr> <tr> <td>Special problems requiring Counselling:</td> <td></td> </tr> <tr> <td>Number of children in family:</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Number of other Children in the School:</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	Physical Address:		<div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div>		Province:		Country:		Postal Code:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>									Medical Aid Name:		Aid Main Member:		Medical Aid Number:		Medical Condition:		Special problems requiring Counselling:		Number of children in family:	<input style="width: 20px; height: 20px;" type="text"/>	Number of other Children in the School:	<input style="width: 20px; height: 20px;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Postal Address:</td> <td style="width: 30%;">Same as Physical Address? <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="height: 40px;"> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> </td> </tr> <tr> <td>Province:</td> <td></td> </tr> <tr> <td>Country:</td> <td></td> </tr> <tr> <td style="text-align: right;">Postal Code:</td> <td style="text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table> </td> </tr> <tr> <td>Doctor:</td> <td></td> </tr> <tr> <td>Doctor Telephone:</td> <td></td> </tr> <tr> <td>Left / Righthanded?</td> <td style="text-align: center;"> Left: <input style="width: 20px; height: 20px;" type="checkbox"/> Right: <input style="width: 20px; height: 20px;" type="checkbox"/> </td> </tr> <tr> <td>Position of child in family:</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	Postal Address:	Same as Physical Address? <input type="checkbox"/>	<div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div>		Province:		Country:		Postal Code:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>									Doctor:		Doctor Telephone:		Left / Righthanded?	Left: <input style="width: 20px; height: 20px;" type="checkbox"/> Right: <input style="width: 20px; height: 20px;" type="checkbox"/>	Position of child in family:	<input style="width: 20px; height: 20px;" type="text"/>
Physical Address:																																																											
<div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div>																																																											
Province:																																																											
Country:																																																											
Postal Code:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>																																																										
Medical Aid Name:																																																											
Aid Main Member:																																																											
Medical Aid Number:																																																											
Medical Condition:																																																											
Special problems requiring Counselling:																																																											
Number of children in family:	<input style="width: 20px; height: 20px;" type="text"/>																																																										
Number of other Children in the School:	<input style="width: 20px; height: 20px;" type="text"/>																																																										
Postal Address:	Same as Physical Address? <input type="checkbox"/>																																																										
<div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div>																																																											
Province:																																																											
Country:																																																											
Postal Code:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>																																																										
Doctor:																																																											
Doctor Telephone:																																																											
Left / Righthanded?	Left: <input style="width: 20px; height: 20px;" type="checkbox"/> Right: <input style="width: 20px; height: 20px;" type="checkbox"/>																																																										
Position of child in family:	<input style="width: 20px; height: 20px;" type="text"/>																																																										

Specify details of other children in the school:											
Name:		Grade:	Class:	Position:							
Name:		Grade:	Class:	Position:							
Name:		Grade:	Class:	Position:							
Marital status of parents:	Married	Widower	Widow	Divorced	Stepfather	Stepmother					
After school care:	After School Center	Father	Mother	Domestic Worker	Friend	Family	None	Other			

Edleen Pre-Primêre Skool

Physical address: EUGENIA ROAD
Edleen, Kempton park, Gauteng, South Afrika

Phone no: (011) 393-4214



Postal address: P O Box 8030
Edleen Kempton park Gauteng South Africa 1625

Email address: charina@edlenertjies.co.za

Admission Application

Primary Guardian Details:

Surname:

Initials:

Name:

Title:

Birth Date: YYYY: MM: DD:

Gender:

Male

Female

Country:

Ethnic Group:

Citizenship:

Religion:

Identity Number:

Home Language:

Passport Number:

Preferred Language:

Physical Address:

Postal Address:

Same as Physical Address?

Province:

Province:

Country:

Country:

Postal Code:

Postal Code:

Stays in the area (Within 10km) Yes No

Works in the area (Within 10km) Yes No

Occupation:

Work Address:

Employer:

Email Address:

Home Phone:

Work Telephone:

Mobile Telephone:

Relationship to Learner:

Edleen Pre-Primêre Skool

Physical address: EUGENIA ROAD
Edleen, Kempton park, Gauteng, South Afrika

Phone no: (011) 393-4214



Postal address: P O Box 8030
Edleen Kempton park Gauteng South Africa 1625

Email address: charina@edlenertjies.co.za

Admission Application

Secondary Guardian Details:

Surname:		Initials:	
Name:		Title:	
Birth Date:	YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/> DD: <input type="text"/> <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country:		Ethnic Group:	
Citizenship:		Religion:	
Identity Number:		Home Language:	
Passport Number:		Preferred Language:	

Physical Address:		Postal Address:	Same as Physical Address? <input type="checkbox"/>
Province:		Province:	
Country:		Country:	
Postal Code:		Postal Code:	
Stays in the area (Within 10km)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Works in the area (Within 10km)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation:		Work Address:	
Employer:		Email Address:	
Home Phone:		Work Telephone:	
Mobile Telephone:		Relationship to Learner:	

Edleen Pre-Primêre Skool

Physical address: EUGENIA ROAD
Edleen, Kempton park, Gauteng, South Afrika

Phone no: (011) 393-4214



Postal address: P O Box 8030
Edleen Kempton park Gauteng South Africa 1625

Email address: charina@edleenertjies.co.za

Admission Application

Alternative Contact Details:

Name and Surname:

Contact Number:

Relationship:

Physical Address:

Postal Address:

Same as Physical Address?

Province:

Province:

Country:

Country:

Postal Code:

Postal Code:

Home Phone:

Mobile Telephone:

Alternative Phone:

Email Address:

Account Holder Details:

Account Holder:

Primary Guardian:

Secondary Guardian:

Other/Company:

Debit Order:

Yes:

No:

Payment Agreement:

Monthly:

By Term:

Annually:

AdHoc:

EFT:

Yes:

No:

Account Holder:

Account Number:

Bank Name:

Branch Code:

Amount:

Action Day:

Physical Address:

Postal Address:

Same as Physical Address?

Province:

Province:

Country:

Country:

Edleen Pre-Primêre Skool

Physical address: EUGENIA ROAD
Edleen, Kempton park, Gauteng, South Afrika

Phone no: (011) 393-4214



Postal address: P O Box 8030
Edleen Kempton park Gauteng South Africa 1625

Email address: charina@edlenertjies.co.za

Admission Application

Postal Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Postal Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Signature of applicant (Father): _____	Signature of applicant (Mother): _____
If the learner is accepted, the following documents must be submitted to the school	
1. Copy of Immunization Records <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N	2. Copy of Birth Certificate <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N
3. Medical aid card (if applicable) <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N	<input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>
4. Copy of ID - Father <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N	5. Copy of ID - Mother <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N
6. Proof of address <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N	7. Proof of address <input style="width: 20px; height: 20px;" type="checkbox"/> Y <input style="width: 20px; height: 20px;" type="checkbox"/> N
For office use:	
Waiting list and No.:	Class Placed:
Reason:	Date Accepted:
Signature Clerk:	Admission Number:
Date:	Outstanding Documents:

