

No. 39 Dukes Avenue
Windsor East
Johannesburg
2194

Tele/fax: 011 476 7558
Cell: 079 583 3711 / 078 373 6682
E-mail: Info@dukesprivateschool.co.za



Dukes Private School

APPLICATION FOR ADMISSION

*Please complete each section in **BLOCK CAPITAL LETTERS***

Section 1: Child's Personal Details

Surname		First Name(s)		
Date of Birth				
Place of Birth		Gender:		
Nationality		Male		Female
Passport number (If not SA Citizen)				
SA ID Number				
Address				
Religion				
Siblings: Surname	First Name	Age		
Language(s) commonly spoken at home		1:	2:	
Disability (if any) needing ongoing support				

Section 2: Academic Details

Class in which admission is sought	Grade: _____	Year	
Name(s) of previous school(s) attended:			
Name of School (City/Country)	Grade:	Start Date	End Date

Section 3: Medical Information			
Family Doctor		Contact no:	
Medical Conditions/Allergies		Medication	
Name of Medical Aid		Medical Aid No:	
Name of Principal Member			
Alternative contact person in case of emergency (not parent or guardian)	Name & Surname		Contact number

Section 4: Parent / Guardian Details			
Father's Details			
Full Name			
ID Number			
Occupation		Position	
Organisation/Company			
Physical Address			
Postal Address			
Home Number		Work Number	
Cell Number			
Email Address			

Mother's Details	
Full Name	
ID Number	
Contact number	
Relationship	

Section 5: School Fees			
Person responsible			
ID Number			
Office Number		Cell Number	
Email Address			
Billing Address			
Bank details:			
Bank Name		Branch	

Account number		Branch Number	
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Section 6: Admission Procedure

1. Please complete the Application form and submit with the following documents to:

info@dukesprivateschool.co.za

- a. Certified copies of birth certificates
- b. Certified copies of parents, guardians and learners ID Documents
- c. One passport size photograph
- d. Any relevant medical or therapists' reports (Vaccination Card)
- e. Previous school report
- f. Proof of residential address

2. After we receive the above, we will arrange an interview. At this time the admission fee of R300 should be paid. Applicants will also attend school for an assessment and orientation.

FOR OFFICE USE ONLY			
Form checked by	<input type="text"/>	Date	<input type="text"/>
Birth Certificate			
ID Documents			
Photograph			
Medical or Therapists Reports			
School report			
Proof of residential address			
Admission Fee Paid	<input type="text"/>	Date	<input type="text"/>
Child Interviewed by	<input type="text"/>		
Parent's Interviewed by	<input type="text"/>		
Conclusion:			
Acceptance	<input type="text"/>	Rejection	<input type="text"/>
Deposit Paid	<input type="text"/>	(Explanation below)	
Date	<input type="text"/>		

DECLARATION AND AGREEMENT:

1. I declare that all of the above information is, to the best of my knowledge, true and correct and understand that should any false information be supplied, the application will be rendered invalid.
2. I am aware that the payment of school fees is compulsory. I understand that interest will be charged on overdue fees at a rate of 15.5% per annum and that, should it be necessary for Dukes Private School to recover outstanding fees, I will be liable for all costs incurred in such recovery, including attorney and collection costs. I understand that both parents are jointly and severally liable for the school fees.
3. I accept that the School is a private educational institution, established on a Christian basis. By enrolling my children in the school I accept that they will participate in religious activities of the school .

4. I, the father, confirm that my chosen *domicilium et executandi (address)* is as follows:

Signature of father:

Date

5. I, the mother, confirm that my chosen *domicilium et executandi (address)* is as follows:

Signature of mother:

Date

OR

6. I, the guardian, confirm that my chosen *domicilium et executandi (address)* is as follows:

Signature of guardian:

Date

Signatory's relation with the Child