



Education inspired by the principles of Rudolf Steiner

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FOR OFFICE USE	
Interview date	
Interview time	
Receipt no.	
Date:	
Amount:	

YEAR:

SECTION 1 APPLICATION FOR ENROLMENT - PUPIL DETAILS
(Please fill in all items in block letters)

Surname		Date of birth	
First name		Identity no.	
Preferred name		Male/female	
Class		From year	
Previous/current school		Present class	
Are any monies owed to this school?		Cultural affiliation	
Home language		Religion	
S.A Citizen/ Permanent/ temporary resident		Nationality if not S.A. citizen	

NB. For all applications: a copy of the most recent school report (if applicable) and birth certificate/identity document must be attached to this application form.

What is your child's interest or hobbies?	
Learning/adjustment Problems	
General health	
Relevant medical history and current medication/ treatment/ therapy	
Allergies	
Medical Aid	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Aid Name
Membership Number
Doctor's name & tel. no to be used in Robertson	

DETAILS OF BROTHERS AND SISTERS

NAME	AGE	CLASS	SCHOOL/OTHER

How did you hear about McGregor Waldorf School?

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SECTION 2**PARTICULARS OF PARENTS**

FATHER		MOTHER	
Surname		Surname	
First Name		First Name	
Title		Title	
Marital status		Marital status	
Home address		Home address	
Code		code	
Home phone no		Home phone no	
Home fax		Home fax	
Cell phone		Cell phone	
E-mail address		E-mail address	
Postal address		Postal address	
Code		code	
Occupation/profession		Occupation/profession	
Business name		Business name	
Business address		Business address	
Code		code	
Business phone		Business phone	
Business fax		Business fax	
Who is responsible for payment of school fees?			

OTHER CONTACT PERSON:

Name		Tel no (school hours)	
Relationship to pupil			

CORRESPONDENCE DETAILS (Please fill this section in very carefully to ensure good communication with the school and PLEASE KEEP US NOTIFIED of any changes of address, tel, etc.)

To whom should ACCOUNTS be posted?	(Father/Mother/Other)	
At which address	(Home/Postal/Business)	
To whom should REPORTS be posted?	(Father/Mother/Other)	
At which address	(Home/Postal/Business)	
To whom should CORRESPONDENCE be posted?	(Father/Mother/Other)	
At which address	(Home/Postal/Business)	

SECTION 3**THE SCHOOL BUS**

I would like to apply for a place on the school bus for my child.

Please tick appropriate box indicating at which place your child is to be collected in the morning and dropped off in the afternoons.

	Monday		Tuesday		Wednesday		Thursday		Friday	
	am	pm	am	pm	am	pm	am	pm	am	pm
Ashton/Zolani										
Robertson/Nkqubela										

SECTION 4**BOARDING FACILITY**

I hereby apply for my child to be accommodated at the boarding facility.

1. Is this the first time your child(ren) will be boarding? Please give details (e.g. has your child(ren) spent time away from home?)

.....

2. Does your child(ren) have any special dietary needs that must be considered?

.....

PARENT'S CONSENT**A. WEEK-ENDS**

I hereby give permission for my child(ren) to be taken out for week-ends by the following people:

NAME	ADDRESS	TEL NO

B. SUNDAY AND DAY-OUTINGS

I hereby give permission for the following people to take my child(ren) out for the day **only**:

NAME	ADDRESS	TEL NO

- C. I hereby give permission for my child to return home using the following transport:

1. 2.

SECTION 5

GENERAL INDEMNITY

I hereby give my permission for my said child to go on excursions, camps and other class outings which may be organised by the McGregor Waldorf School during the period to (year) (year). I also expressly indemnify the said McGregor Waldorf School or any of its representatives, from any liability (excluding the liability of an insurer of the Multilateral Motor Vehicles Accident Fund Act 93/1989 for I of my child arising from any cause whatsoever for the duration of the camp or outing unless it is the result of deliberate wrong doing or gross negligence on the part of one or more of the representatives.

I furthermore absolve and indemnify the said McGregor Waldorf School from any responsibility for any loss, t loss to my said child's personal belongings during the duration of the said excursion, camp, camp or outing or at McGregor School.

THIS DONE and SIGNED at on this day of 20.....

.....
Signature of Parent/ Guardian

As Witnesses: 1.

2.

SECTION 6

SCHOOL, HOSTEL & BUS FEE PAYING AGREEMENT

I (Name of parent/guardian)

A. Agree to pay the annual school fees and/or hostel fees of R for my child/ren:

1. 2.

3. 4.

which is payable over monthly installments (before the tenth day of each month) of

B. Agree to pay the daily bus fees of R for each school day.

C. In addition, the following additional fees are payable on the first day of school

Annual Registration (School)
Annual Registration (Hostel)
Class 12 Examination fee
Art Registration/Kit (Class 10-12)
 Total	

Please circle payment method to be used: Cash/Stop order/Debit order/Internet banking/deduction from salary.

I have read and understood the School’s Fee and Bus Policy and agree to honour it, and in particular the following clauses:

- 1. Parents whose fees are more than three months in arrears will be asked to remove their children from the School unless they have made a formal arrangement with the Bursar to extend the payment period.**
- 2. Monthly Bus Fees must be paid monthly in advanced as failure to do so will lead to your child losing his/her place on the bus.**

AGREEMENT

I, the undersigned, am aware that the acceptance of a place offered to a pupil will only be valid if made on the School’s official “Acceptance of Place” form. I undertake to give not less than three (3) calender months’ notice in writing to the school before withdrawing the child from the school, or, alternatively, to pay three (3) months’ school fees in lieu of such notice.

I enclose a non-refundable administration fee. I accept that there will be an additional charge if a remedial assessment is needed. I enclose a copy of the pupil’s latest school report (if applicable) and Birth Certificate.

Name of Parent/Guardian: Signature:

Date: Capacity/Relationship to pupil: