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Incorporated/Ingelyf
Baby centre/Babasentrum
Pre-Primary/Preprimêr
Primary/Primêr
After Care/Naskool

School *Orban* Skool

APPLICATION FORM PRIMARY SCHOOL

Date of application: _____ Admission number: _____

Date of admission: _____ Year: _____

Family Code: (office use)

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APPLICATION FOR (TICK WHERE APPLICABLE)

Honeypot	<input type="checkbox"/>	Grade R	<input type="checkbox"/>	Grade 4	<input type="checkbox"/>	Aftercare	<input type="checkbox"/>
Jungle Tots	<input type="checkbox"/>	Grade 1	<input type="checkbox"/>	Grade 5	<input type="checkbox"/>		
Dragonfly	<input type="checkbox"/>	Grade 2	<input type="checkbox"/>	Grade 6	<input type="checkbox"/>		
Treasure Cave	<input type="checkbox"/>	Grade 3	<input type="checkbox"/>	Grade 7	<input type="checkbox"/>		

DETAILS OF LEARNER

Learner's Surname: _____

Learner's First Names: _____

Name by which learner prefers to be called: _____

Learner's date of birth (day/ month/ year): _____

Gender: Male Female

Learner's identity number: _____

Learner's Citizenship: _____

Country of Birth: _____

Home language: _____

Religious denomination: _____

Ethnicity/ Culture (Optional) _____

Required by the Department of Education: _____

FAMILY DETAILS

	Father/ Guardian	Mother/ Guardian
Title:	_____	_____
Full names:	_____	_____
Surname:	_____	_____
Name by which known:	_____	_____
Marriage status:	_____	_____
ID Number:	_____	_____
Religion:	_____	_____
Person responsible for payment:	_____	_____

CONTACT DETAILS

	Father/ Guardian	Mother/ Guardian
Physical address:	_____ _____ _____	_____ _____ _____
Postal address:	_____ _____ _____	_____ _____ _____
Tel Home:	_____	_____
Tel Bus:	_____	_____
Cell no:	_____	_____
Fax number:	_____	_____
E-mail:	_____	_____

WORK DETAILS

	Father/ Guardian	Mother/ Guardian
Occupation:	_____	_____
Own business:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of the company:	_____	_____
Nature of the business:	_____	_____
Employer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of institution:	_____	_____

Address: _____

Nature of business: _____

SCHOOL INFORMATION

Name of current/ previous school: _____
How long did the learner attend the school mentioned above: _____
Reason for leaving the school mentioned above: _____

Name of Principal: _____ Name of Teacher: _____

Address and contact details of current/ previous school:

Address: _____ Tel: _____
_____ Fax: _____

FAMILY STATUS

Learner's Official Parent/ Guardian: (tick where appropriate)

Father Mother Guardian

Please specify: _____

Learner lives with (tick where appropriate)

Father Mother Guardian

Please specify: _____

SIBLINGS

Number of children in the family: _____

Sibling's name	Surname	Age	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a brother/ sister in this school?

Yes No On waiting list

MEDICAL INFORMATION

Stipulate allergies (e.g. bees, nuts, grass, etc)

Chronic diseases (e.g. asthma etc)

Stipulate prescription medication as well as dosage taken for any of the above or any other illness:

Doctor: _____

Tel: _____

Name of medical aid: _____

Medical aid number: _____

Name of Principal Member: _____

Does the learner have any disabilities (e.g. physical or learning) Please explain:

Has the learner been referred for any therapy. Please explain: Yes No

Is the learner currently attending therapy (e.g. Occupational, Speech, Psychological)

IN CASE OF EMERGENCY

Name and Surname of contact person:

Tel Home: _____ Business: _____ Cell: _____

Address: _____

Relation to the learner: _____

MARKETING

Where did you hear about Orban? *(Mark all relevant choices)*

Family and friends	<input type="checkbox"/>	Day Care	<input type="checkbox"/>	School Functions	<input type="checkbox"/>
Parents were pupils	<input type="checkbox"/>	Open week	<input type="checkbox"/>	Pamphlets	<input type="checkbox"/>
Stay in area	<input type="checkbox"/>	Local newspapers	<input type="checkbox"/>	Web page/Facebook	<input type="checkbox"/>
Pre-primary school Professional	<input type="checkbox"/>	Referred by functions at	<input type="checkbox"/>		
Posters	<input type="checkbox"/>	Other <i>(Specify)</i> _____			

What were your reasons for selecting Orban? *(Mark all relevant choices)*

Atmosphere	<input type="checkbox"/>	Facilities	<input type="checkbox"/>	Baby Centre	<input type="checkbox"/>
Stay in area	<input type="checkbox"/>	Personnel	<input type="checkbox"/>	Close to work	<input type="checkbox"/>
Aftercare	<input type="checkbox"/>	Costs	<input type="checkbox"/>	Pre-primary school	<input type="checkbox"/>

Other *(Specify)* _____

- **I undertake to pay all fees in advance by the 1st of each month regardless of whether a statement is received. In the event of withdrawing my child from the school for any reason whatsoever, we undertake to give one full month's notice, or alternatively, to pay one month's fee in lieu of notice.**
- **ORBAN School expects parents to abide by all the school policies and co-operate with teachers and board of directors.**
- **ORBAN School requests parents to be involved in their children's education and support school functions.**

Signature of both parents / guardians

1. _____ Date: _____

2. _____ Date: _____

Attached to your application enclose the following:

1. A certified copy of your child's birth certificate
2. A copy of your child's immunization certificate
3. 2 Passport size photos of your child
4. A copy of each parent/ guardians ID document
5. A copy of the latest school report
6. A transfer card or form from previous school –Primary school learners
7. The Admission Contract
8. The Financial Agreement