



Durban North Primary School Enrolment Form (2026)

Admission Number	Grade/Educator
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PARTICULARS OF LEARNER BEING ENROLLED

Surname of Learner: _____

First Name in full: _____

(As shown on birth certificate)

Identity Number: _____

(Copy is to be provided)

Date of Birth: _____

Country of Birth: _____

Race: _____

Sex : _____

Home Language: _____

Citizenship: _____

Religion: _____

Previous School: _____

Grade required: _____

Person responsible for fee payment: _____

Contact Details

Residential Address: _____

Postal Code: _____

Telephone (Home) _____

Father Work Number _____ e-mail _____

Father Cell _____ Fax No. _____

Mother Work Number: _____ e-mail _____

Mother Cell _____ Fax No. _____

EMERGENCY CONTACT PERSON

Name: _____

Relationship to learner _____

Telephone number: _____

Cell number: _____

HEALTH

Please supply particulars regarding your child's state of health, including allergies.

State of health/ allergies/conditions: _____

Medication prescribed _____

Name of Medical Aid: _____

Medical Aid Number: _____

Name of Family Doctor: _____

Doctor's Contact No: _____

Doctor's Address: _____

Immunisation

Immunisation must be up to date before entering Grade One and it is the responsibility of the parent to ensure that boosters are administered when required.

A copy of the immunisation card must be attached to this application form.

Administration of medication

Do you grant the school secretary authority to administer medication in the form of paracetamol, antiseptic ointment, anti-histamine should the occasion arise? YES / NO

EXTRA -MURAL / RELIGIOUS ACTIVITIES

Do you have any objections to your child participating in any extra-mural activities? YES/NO

If YES, please furnish reasons: _____

Do you have any objections to your child participating in any religious activities? YES/NO

If YES, please furnish reasons: _____

Do you have any objections to your child being photographed during the course of his/her school life; bearing in mind that any such photograph may be displayed/published? YES/NO

BROTHERS AND SISTERS ATTENDING THIS SCHOOL

The Birth Certificate of each learner must be attached to this application form

Learner		Indicate relationship to Parent					Learner	
Name	Surname	Biological / adopted	Foster	Step Child	Grand child	Other Indicate	Identity No	Gr.

BROTHERS AND SISTERS ATTENDING OTHER SCHOOLS

Birth Certificate of each learner must be attached to this application form

Learner		Indicate relationship to Parent					ID No	Name of School	School Fees
Name	Surname	Biological / adopted	Foster	Step Child	Grand child	Other			

Please give details with respect to "Other" Relationship above

PARTICULARS OF PARENT / GUARDIAN**1. PARENT 1 / GUARDIAN / SPONSOR**

Surname: _____ Title: (Mr/Ms/Miss/Dr/Prof) _____

First Names (in full) _____

ID Number: (copy to be supplied) _____

Marital Status:

Married	Unmarried	Divorced	Widow / Widower
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If married, please indicate how

Ante-Nuptial	Community of property	Customary marriage	Hindu/Muslim	Other
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Relationship to Learner:

Legal Parent	Guardian	Grandparent	Step Parent	Other- Indicate
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Contact Details

Residential Address: _____

_____ Postal Code: _____

Home Telephone Number: _____

Cell Phone: _____

Postal Address: _____ Postal Code: _____

Occupation: _____

Name of Employer: _____

Employer's telephone number: _____

Employer's Physical Address: _____

Work/Personal E-mail Address: _____

Gross Income _____

2. PARENT 2 / GUARDIAN / SPONSOR

Surname: _____ Title: (Mr/Ms/Miss/Dr/Prof) _____

First Names (in full) _____

ID Number: (copy to be supplied) _____

Marital Status:

Married	Unmarried	Divorced	Widow / Widower
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If married, please indicate how

Ante-Nuptial	Community of property	Customary marriage	Hindu/Moslem	Other
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Relationship to Learner:

Legal Parent	Guardian	Grandparent	Step Parent	Other- Indicate
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Contact details

Residential Address: _____
 _____ Postal Code: _____

Home Telephone Number: _____

Cell Phone : _____

Postal Address: _____
 _____ Postal Code: _____

Occupation: _____

Name of Employer: _____

Employer's telephone number: _____

Employer's Physical Address: _____

Work/Personal E-mail Address: _____

Gross Income _____

Learner resides with (mark): Parent 1 or: Parent 2
Correspondence to (mark): Parent 1 or: Parent 2
Person handling the school accounts (mark): Parent 1 or: Parent 2

SCHOOL FEE PAYMENT OPTIONS

I, _____ parent/guardian of _____
 hereby commit myself to the payment of annual school fees for the above learner at Durban North Primary School This agreement shall commence on the date of signature hereof by the Principal/Designate and shall expire on the child's last day at Durban North Primary School.

Payment Options (Please indicate the payment method of choice)		
Option 1	Fees paid in full by 31 January to qualify for a school fee discount	
Option 2	Fees paid monthly by signed debit order	
Option 3	School fees paid by direct internet transfer	
Option 4	Fees paid monthly in cash	

NB. I agree that should my debit order(s) be rejected by the bank I will be liable for the respective bank charges and must compensate the school accordingly.

Signed: _____

Date: _____

Witness: _____

Date: _____

Witness: _____

Date: _____

UNDERTAKING BY PARENTS / GUARDIANS

1. We hereby apply to have the child whose name appears on this form as a learner at Durban North Primary School and confirm that he / she complies with the basic criteria.
2. I /We hereby certify that I / we have legal custody and / or guardianship in respect of the above named learner.
3. I/We undertake to adhere to the school rules and disciplinary code and to the various alterations in the rules and disciplinary code that may be made from time to time.
4. I/We understand and confirm that the Principal or any person duly authorised, will act in *loco parentis* in any matter and at any time during which I /we have entrusted our child to the care of the school.
5. I/We understand that while every reasonable effort will be made to prevent losses or damage to learner's clothing and equipment, the school cannot be held liable for such.
6. I/We undertake to reimburse the school for any damage to school property that may be caused by our child.
7. I/We jointly and severally undertake to pay school fees and I/we understand the following
 - a. The annual school fees will be compulsory, the school fee amount set and adopted by the majority of parents at the AGM.
 - b. A deposit of **R3 500 (non-refundable)**. This amount will be deducted from the compulsory annual fees.
 - c. The remaining fee may be paid in full by 31 January or to be paid in 10 monthly instalments as per debit order.
 - d. In terms of Section 39 of the South African Schools Act, both the parties to this form are liable to pay compulsory school Fees.
 - e. In terms of Section 40 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
 - f. The parties to this application, undertake to pay all legal costs, including attorney / client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees;
 - g. Fees are due and payable at the end of each month.
 - h. If payment is not received by the 7th of each month, the school reserves the right to charge interest on all overdue accounts at the rate of 25% p.a.
 - i. Parents who are unable to pay school fees may apply for amendment of these fees.
8. I/We undertake to give notice in writing of any intention to remove my/our child from the school and furthermore to return any books and/or equipment belonging to the school which our child may have in good condition.
9. I/We agree that our child be permitted to undertake group Edumetric and Psychometric tests which have been approved by the Director of Education.
10. I/We agree that if our child is over the compulsory school-going age he/she will attend school regularly and will only be absent for medical reasons.
11. I/We understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
12. I/We accept responsibility for immunizing my child / children against contagious diseases and normal infections, and shall produce proof thereof if required to do so.
13. I/We accept the responsibility of the pupil's transport to and from the school;
14. I/We undertake to inform the principal of my child's / children's absence from school. Parents / guardians declare that they are prepared to produce a doctor's certificate if and when required.
15. I/We undertake to support the school's constitution and policy of admission, as defined and implemented by the Governing Body of the school.

16. I/We understand that smoking in school uniform and the abuse of any drug or alcoholic beverage is an infringement of the critical school rules and will not under any circumstances be tolerated.
17. The signatory hereto hereby chooses domicillium citandi et executandi as indicated below. In the event of a change of address, parents are to notify the school in writing.
18. This commitment in its entirety will be valid from the day on which it is signed by the parent / guardian to the day on which the pupil officially leaves the school.
19. I/We authorise Durban North Primary School to carry out any checks and/or traces that they deem fit with any registered credit bureau or credit reference and also to list me with any credit bureau in the event of my defaulting in payment in terms of the Undertaking by Parents/Guardians signed per the Enrolment Form.

The parent / guardian declares that he / she is the legal guardian of the child and is entitled to sign this document, and shall be bound hereto both as parent / guardian, and in his / her personal capacity.

6. **ADDRESS:** The signatory hereto hereby chooses domicillium citandi et executandi (office)

SIGNED on the day of 20.....

PARENT/GUARDIAN SIGNATURE: _____

PLEASE NOTE:

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS ENROLMENT FORM

1. Proof of residence in our feeder area (Lights and Water account)
2. The learner's most recent school report
3. One recent ID- size photograph of the learner, to be attached to this form
4. A **CERTIFIED** copy of the learner's Birth Certificate.
5. Copies of **both** parent's / guardian's Identity Documents
6. The transfer card from the current school once your application has been approved.
7. Copy of immunisation card
8. Proof of income
 - a. If employed, a certified copy of recent salary slip of BOTH parents.
 - b. If self-employed, a copy of the last **audited** Income Statement and a letter from SARS indicating your income (IRP5 Form).
 - c. Three-month bank statement
 - d. Letter of employment.
9. School fees clearance statement from current school.

Declaration by Parent

I _____ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate permission to check and confirm any of the details listed by me. I understand that should any of the information supplied be found to be **false**, my application will be disqualified.

SIGNATURE – PARENT 1/GUARDIAN

SIGNATURE – PARENT 2/GUARDIAN

For Office Use Only

Result of application: _____

Grade to which the child is allocated: _____

Date: _____

Principal/Designate: _____

DEBIT ORDER											
For office use											
Debit Order Number											
Name of Person (Surname, First Name & other initials)						Name of Company (as registered at the bank)					
Address:											
										Postal Code	
Name & Grades Of Children:											
Bank:											
Bank Account No						Branch					
						Bank Branch Code:					
Type of Account											
Cheque/Current											
Transmission											
Savings											

I/We hereby request, "instruct" and authorise you to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/We may transfer my/our account.) The amount for payment of the agreed school fees onday of each and every month commencing onand continuing on a monthly basis. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I / We understand that the withdrawals hereby authorised will be processed by computer through a system known as the ACB Magnetic Tape Service, and I also understand that details of each withdrawal will be printed on my bank statement or on any accompanying voucher.

I / We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be)

Signed.....on this.....day of.....

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SIGNATURE AS USED FOR SIGNING CHEQUES

If cheque/current account is to be debited, please attach a cancelled cheque

