

Kiekeboe

P R I M A R Y

Application Booklet

2026

Personal Information

Child's first name	
Child's surname	
Child's ID number (birth certificate)	
Date of birth	
Gender	
Nationality	
Home Language	
Physical Address	

Parental / Guardian Information

Parent / Guardian 1		Parent / Guardian 2	
First name		First name	
Surname		Surname	
ID number		ID number	
Date of birth		Date of birth	
Gender		Gender	
Nationality		Nationality	
Home Language		Home Language	
Physical Address		Physical Address	
Cell-phone number		Cell-phone number	
Email Address		Email Address	

Parent / Guardian 1		Parent / Guardian 2	
Employer		Employer	
Employer's contact details		Employer's contact details	

Medical Information

Medical Aid	
Main Member	
Medical Aid number / Account	
Family Doctor	
Doctor's contact details	
Allergies / Medical conditions	
Chronic medication	
<i>The school will require a copy of the doctor's prescription should such medication need to be administered at school.</i>	
Has your child had any traumatic experiences (physical or emotional) which the school should be aware of? (abuse, assault, death, surgeries, serious illness, etc)	
Other information that the school should be aware of?	
Name of person to contact in case of emergency	
Contact details	

Financial Information

Person in charge of payments	
Relation to the child	
ID number	
Nationality	
Cell-phone number	
Email address for invoices	
Physical address	
All school fees are due by the 5th of the month.	

Financial Commitment

- * A registration fee of **R 1 200** is payable as part of the application to Kiekeboe Primary.
- * A credit, background and reference check will be done.
- * Monthly school fees of **R 2 800 are payable by latest the 5th of every month**, Kiekeboe Primary runs a 12-month year. The school fees include art supplies and toiletries.
- * Kiekeboe Primary offers aftercare until 18:00. Monthly aftercare fees of **R1 100 are payable by latest the 5th of every month**, Kiekeboe Primary runs a 12-month year.
- * A month's notice in writing or fees thereof is required when the child is withdrawn from Kiekeboe Primary.
- * Any additional costs (such as Outings or Special Events) will be communicated in writing in a timely fashion to the parents and/or person responsible for payments.
- * If it is necessary for Kiekeboe Primary to use its attorney / collection agent to collect school fees, I will be responsible for any fees incurred in such events.
- * I / we authorise Kiekeboe Primary to acquire medical assistance considered necessary in the event of an emergency and accept responsibility of any costs that should be incurred.

Signature: _____

Signed at (place) _____ on this (date) _____

Parental Commitment

I / we, the undersigned parent(s) / guardian(s) of the child do hereby declare that:

- * The information on the Application form is correct.
- * I / we take note of the school's rules and pledge to support Kiekeboe Primary and its staff in the education and well-being of my/our child(ren) as laid out in the school rules.
- * A month's notice in writing or fees thereof is required when the child is withdrawn from Kiekeboe Primary.
- * I / we hereby indemnify Kiekeboe Primary and its staff against any claims that I might institute because of losses, injuries, illness or death that my/our child(ren) may sustain because of any unforeseen circumstances on the playground or as a result of my/our child(ren)'s participation in any Outing or Special event.
- * Should I /we be contacted by the school on account of fever, illness, aggressive or extreme emotional behaviour, I / we will commit to come and collect my child promptly to prevent further illness of my child or other children; or the endangerment of my child or other children.
- * I / we understand that, if after several meetings and discussions between home and school, my child(ren)'s behaviour negatively affects the well-being of other children at Kiekeboe Primary, the school retains the right to request that the child(ren) leaves Kiekeboe Primary.

Parent / Guardian 1 Name & Surname: _____

Signature: _____

Parent / Guardian 2 Name & Surname: _____

Signature: _____

Signed at (place) _____ on this (date) _____

Credit Check Consent

Child's Name & Surname	
ID number	

<u>Person in charge of payments</u>	
Name & surname	
Relation to the child	
ID number	
Nationality	
Cell-phone number	
Email address	
Physical address	

Consent to perform Credit, Background and reference Checks

I, _____ person responsible for the payments of child _____, authorize and permit Kiekeboe Primary to perform background checks (ITC) and obtain information about me from credit reporting sources and authorise all parties to disclose any information requested about me to Kiekeboe Primary.

I also authorize that Kiekeboe Primary obtain updated information annually and on future occasions and for collection purposes should that be deemed necessary.

Name & Surname: _____ (must correspond to details mentioned previously)

Signature: _____

Signed at (place) _____ on this (date) _____

Kiekeboe Signature: _____ Date: _____

POPIA Consent

Dear Parent/Guardian,

Kiekeboe Primary would like to capture pictures and video clips of our learners during the day, showing them interact with the various educational activities.

These images will be shared with you, as parents/guardians, and a sample of the photographs will be loaded on various Social Media platforms for marketing purposes. The name of your child will remain anonymous.

According to the Protection of Personal Information Act, such material may not be published without written consent of the parents / guardians of children under the age of 18 years. Please use the space below to indicate whether you give consent to Kiekeboe Primary for taking and publishing images and/or video recordings of your child(ren).

Please contact us if you have further queries regarding this matter.

I, _____ parent / guardian of _____,
☐ give consent / ☐ do not give consent to Kiekeboe Primary to include my child(ren) in capturing pictures and video clips of learner engagement in educational activities at Kiekeboe primary. Video material not used, will be deleted/destroyed.

Name of child (in print): _____

Parent / Guardian 1 Name & Surname: _____

Signature: _____

Parent / Guardian 2 Name & Surname: _____

Signature: _____

Signed at (place) _____ on this (date) _____

For Office Use Only

Child's Name & Surname	
ID number	
CEMIS number	
Date of Application Received	
Copy of Birth Certificate	
Copy of Parents / Guardians ID	
Copy of Medical Certificate (where necessary)	
Copy of school transfer letter (where necessary)	

First Day of school	
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Kiekeboe Educare Director	
Signature	
School Stamp	

Attending Aftercare	YES / NO
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