



**KAINON**  
**SCHOOL**

36 Perth Road  
Westville  
3629  
Tel: 031 262 2342  
Fax: 031 262 6099  
Email: school@kainon.co.za  
Jane Edmunds, Headmistress  
NPO Registration Number - 056-624-NPO  
www.kainonschool.co.za

**HAPPINESS IN A USEFUL LIFE**

## APPLICATION FOR ADMISSION

PROPOSED GRADE OF ENTRY												
	Play School	0000	000	00	R	1	2	3	4	5	6	7
YEAR & TERM												

LEARNER DATA / INFORMATION			
SURNAME		DATE OF BIRTH	
FIRST NAME		MALE OR FEMALE	
PREFERRED NAME		CITIZENSHIP	
HOME LANGUAGE		IS LEARNER RIGHT OR LEFT HANDED?	

RELIGIOUS DENOMINATION OF LEARNER	
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PRESENT SCHOOL		PRESENT GRADE	
SCHOOL TELEPHONE NUMBER		SCHOOL ATTENDED AT PRE-PRIMARY LEVEL	
GRADES COMPLETED AT PRE-PRIMARY	GRADE 000	GRADE 00	GRADE 0 (R)

OFFICE USE ONLY					
DATE APP REC		REC BY SIGN		CLINIC CARD	
APPLICATION FEE				CREDIT CHECK	
BIRTH CERTIFICATE				INTERVIEW DATE/TIME	ASSESSMENT DATE/TIME
RECENT REPORT				LETTER	ACCEPTANCE FEE PAID
ID BOOKS X 2				PARENT CONTRACT	

## PARENT DATA / INFORMATION

DETAILS	BIOLOGICAL FATHER	BIOLOGICAL MOTHER
SURNAME		
TITLE eg. Mr/Mrs/Ms/Dr		
FIRST NAMES		
PREFERRED NAME		
MARITAL STATUS		
HOME TELEPHONE NUMBER		
CELL NUMBER		
EMAIL ADDRESS		
FAX NUMBER		
EMPLOYER – BUSINESS NAME		
WORK TEL NO		
POSITION IN COMPANY		
OCCUPATION / PROFESSION		
ID NUMBER		
RELIGION		
PHYSICAL ADDRESS		
POSTAL ADDRESS (if different to street address)		
INDICATE WHO LEARNER LIVES WITH		
ADDRESS OF LEARNER IF NOT RESIDING WITH PARENT		

## SCHOOL FEE ACCOUNT DATA

DETAILS OF PARENT / GUARDIAN TO WHOM THE SCHOOL FEE ACCOUNT WILL BE SENT. ACCORDING TO THE SA SCHOOLS 'ACT OF 1996, BOTH PARENTS ARE RESPONSIBLE FOR THE SCHOOL FEES. A SCHOOL FEE COMMITMENT FORM IS TO BE COMPLETED ANNUALLY

NAME AND SURNAME		ID NUMBER	
POSTAL ADDRESS			
TEL NUMBER		RELATIONSHIP TO LEARNER	
ACKNOWLEDGEMENT: Signed:			

## MEDICAL DETAILS OF LEARNER

DETAILS OF ANY REMEDIAL TEACHING OR THERAPY RECEIVED			
DETAILS OF ILLNESS / ALLERGIES / MEDICATION			
DETAILS OF PHYSICAL AND/OR LEARNING DISABILITIES			
FAMILY DOCTOR		TELEPHONE NUMBER	

## STATUTORY REQUIREMENTS

PLEASE PROVIDE THE FOLLOWING LEARNER INFORMATION, AS REQUIRED BY THE KZN DEPARTMENT OF EDUCATION FOR STATISTICAL PURPOSES

RACE OF LEARNER	WHITE	BLACK	COLOURED	INDIAN	OTHER

IS LEARNERS FATHER DECEASED?		IS LEARNERS MOTHER DECEASED?	
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COMPLETE IF YOU OR ANY OF YOUR FAMILY ARE PAST LEARNERS OF KAINON SCHOOL

FIRST NAME	SURNAME	MAIDEN NAME	RELATIONSHIP TO LEARNER	PUPIL FROM.... TO....

## STEP PARENT DATA / INFORMATION

DETAILS	STEP FATHER	STEP MOTHER
SURNAME		
FIRST NAME		
ID NUMBER		

LEARNERS SIBLINGS	NAME	AGE	

HOW DID YOU HEAR ABOUT KAINON SCHOOL?	
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Attached to your application, please include the following:

- A copy of your child's unabridged birth certificate
- A copy of your child's recent school report
- A copy of remedial/assessment reports if applicable
- A copy of both parents ID books
- A copy of clinic card/Road to health chart
- A non-refundable application fee of R250

Banking details:  
 Kainon School  
 Standard Bank  
 Westville Branch  
 053103432

In completing and signing this application form, I/we acknowledge, agree and confirm that:

- The particulars given in this form are true and correct.
- This application form does not entitle our child to a place at Kainon School nor does it give rise to any expectations of admission. The application will be subject to the Kainon School application selection process, procedures and policy as applicable at the time of the consideration of this application.
- I / We are aware of the current Fees and Levies payable at Kainon School and that a non-refundable acceptance fee is payable on acceptance to Kainon School. Fees and levies are subject to review and adjustment from time to time at the discretion of the Board of Governors.
- I / We understand that we will be required to sign an enrolment contract with Kainon School if our child is offered a place at Kainon School and their admission will be subject to the signature of such agreement.
- By submitting this document electronically, I / we acknowledge that we have read and accept the conditions set out in our Application for Admission.
- I / We authorise Kainon School to obtain a comprehensive report on our financial status from a credit bureau.
- Primary School: I / We understand and accept Kainon School is an Independent New Church School and that all learners are obliged to attend and participate in Religious Education classes at school, Worship and Chapel and other New Church School functions. Their attendance contributes to the fundamental values and building of community and New Church Christian Ethos. The teachings of the New Church permeate the school curriculum at each grade level.

Signed at ..... on this ..... day of .....20 .....

FATHER ..... MOTHER .....

LEGAL GUARDIAN ..... CUSTODIAN .....

Please indicate with an X if you give consent for your child to be in photos used on our website, social media and advertising should your application be successful.