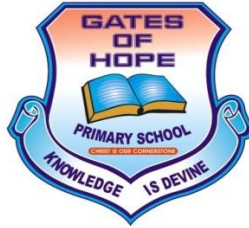


GATES OF HOPE PRIMARY SCHOOL

EMIS NO: 800035742

STAND NO 150
R538 ROAD
SAND RIVER GATE
HAZYVIEW
1242
South Africa



PO BOX 767
HAZYVIEW
1242
CONTACT : 083 591 0477
: 079 966 3070

Email: gatesofhopeprimaryschool@gmail.com

APPLICATION FOR ADMISSION –2025

Name of Learner:		
Grade applying for:		
Year applying for:	2025	

Before submitting this application form, please carefully review the **GATES OF HOPE PRIMARY SCHOOL ADMISSION POLICY**. Your application will be processed according to this policy once submitted.

Please complete **ALL** sections of this form in **CAPITAL LETTERS** and submit it along with all required supporting documents by the specified closing date.

FOR OFFICE USE ONLY:

APPLICATION FEE PAID:	RELEVANT DOCUMENTS RECEIVED		OFFER STATUS: (applicable to successful applicants only)	YES	NO
	PENDING			ACCEPTED	DECLINED
	YES	NO	ADMISSION NUMBER	_____ / 20 _____.	

RECEIVED ON: _____

APPLICATION RECEIVED BY: _____

Initials: _____

IMPORTANT: Please attach the following documents (all certified and not older than 3 months)

1	Unabridged Birth Certificate	
2	Both parents' ID	
3	Recent School Report	
4	Immunization Record	
5	Transfer Letter	

SECTION A: PERSONAL INFORMATION OF THE LEARNER

Learner's Surname	Learner's First Name(s)
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(THE "LEARNER")

Identity Number		Current Age		Gender	
Date of Birth		Place of Birth			
Home Language		Second Language (if applicable)			
Current Residence status		Citizenship			
Date of Arrival in SA (If applicable)		Religion			
Current School				Current Grade	
Number Siblings of		Name:	Age:	Grade:(If applicable)	
		Name:	Age:	Grade:(If applicable)	

<i>Initials:</i>	_____
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Which of the following illnesses has the learner been immunized against?

Polio		Diphtheria	
Measles		Tetanus	
Tuberculosis		Hepatitis B	

MEDICAL AID DETAILS FOR THE LEARNER

Main member's Name:		Name of Medical Aid Scheme:	
Dependent Number:		Medical Aid Number:	

DOCTOR'S DETAILS

**EMERGENCY CONTACT PERSON
(IF PARENTS ARE NOT AVAILABLE)**

Doctor's Full Name:		Full Name:	
Telephone Number:		Relationship to The Learner:	
Doctor's Cell Number:		Home Telephone Number:	
		Cell Number	
		Work Telephone Number	

Initials:

MEDICAL DETAILS OF THE LEARNER

Please disclose full details of any medical information concerning the learner that the School should be aware of below:

Allergies	
Recent Injuries	
Routine Medication	
Previous Operations	
Current Medical Problems	
Learning Disabilities	
Other Medical Conditions	

WHOM DOES THE LEARNER LIVE WITH?

Mother		Father		Sponsor	
Guardian		Grandparent		Other (please specify)	
Residential Address of the Learner:					

Initials: _____

**SECTION B: PERSONAL INFORMATION OF THE LEARNER'S PARENTS /
GUARDIANS**

PARENT 1				PARENT 2					
Title and Initials:				Title and Initials:					
First Name(s):				First Name(s):					
Surname:				Surname:					
ID Number:				ID Number:					
Residential Address:				Residential Address:					
	Postal Code:				Postal Code:				
Work Address:				Work Address:					
	Postal Code:				Postal Code:				
Marital Status	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Marital Status	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>

Home Telephone Number:				Home Telephone Number:					
Cell Phone Number:				Cell Phone Number:					
Email Address:				Email Address:					
Occupation:				Occupation:					
Work Telephone Number :				Work Telephone Number :					
	Married	<input type="checkbox"/>	Remarried	<input type="checkbox"/>		Married	<input type="checkbox"/>	Remarried	<input type="checkbox"/>

Initials:

SCHOOL-PARENT INTERACTION CODE OF CONDUCT

At Gates of Hope Primary School, we value a positive and respectful partnership between parents and the school. To ensure a constructive and harmonious environment, we have established the following guidelines for parent interactions with the school. We kindly ask all parents and guardians to adhere to these standards at all times.

1. Respectful Communication

- **Polite and Courteous:** Always communicate with school staff, teachers, and other parents in a respectful and courteous manner. Avoid using aggressive or disrespectful language, tone, or gestures.
- **Constructive Feedback:** When providing feedback or raising concerns, do so in a constructive and respectful manner. Address issues through the appropriate channels, starting with the class teacher and escalating as necessary.

2. Adherence to School Protocols

- **Appointment Scheduling:** Schedule appointments in advance when wishing to meet with teachers or school administrators. Drop-in visits are discouraged unless there is an emergency.
- **School Policies:** Familiarize yourself with and adhere to the school's policies, procedures, and guidelines. This includes attendance, dress code, disciplinary procedures, and event protocols.

3. Confidentiality and Privacy

- **Student Privacy:** Respect the privacy of all students, including your own child's. Avoid discussing other students' behavior, academic performance, or personal information.

<i>Initials:</i>	_____
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- **Sensitive Matters:** Address sensitive issues privately with the appropriate staff member rather than in public forums or on social media.

4. Supportive Engagement

- **Positive Involvement:** Engage positively in your child's education by attending parent-teacher meetings, school events, and participating in school activities. Support your child's learning and the school's efforts.

5. Conflict Resolution

- **Professionalism:** Address conflicts or disagreements with a calm and professional demeanor. Avoid confrontations in the presence of students or other parents.
- **Resolution Channels:** Utilize the appropriate channels for resolving conflicts, starting with the teacher involved and progressing to school administration if necessary.

6. Safety and Security

- **Safety First:** Prioritize the safety and security of all students and staff. Follow the school's safety protocols, including visitor check-in procedures.
- **Emergency Situations:** In case of emergencies, follow the school's established emergency procedures and cooperate fully with school staff and emergency responders.

7. Zero Tolerance for Misconduct

- **Unacceptable Behavior:** The school has a zero-tolerance policy for any form of verbal or physical abuse, intimidation, harassment, or disruptive behavior. Such actions may result in restricted access to school premises or other consequences.

Initials:

We appreciate your cooperation in maintaining a respectful and supportive environment for our students, staff, and the entire school community. By adhering to this Code of Conduct, we can ensure a positive and enriching experience for all.

Note: This Code of Conduct is subject to periodic review and updates. Please refer to the school's official communications for any changes or additional guidelines.

**SECTION C: DECLARATION BY PARENTS/GUARDIANS OF THE
LEARNER**

I/We the undersigned parent(s)/guardian(s) of the learner:

FULL NAME OF LEARNER

Do hereby confirm and declare the following:

- 1. Privilege of Attendance:** I/We understand that my/our child's attendance at GOH is a privilege and not a right. If at any time my/our child's conduct or cooperation with the school authorities does not align with the school's requirements, I/we understand that the school reserves the right to terminate my/our child's enrollment. Should any circumstances arise that prevent me/us from continuing to support the school in relation to my/our child's progress, I/we will withdraw my/our child from GOH in a quiet and orderly manner. If I/we voluntarily withdraw or are requested to withdraw my/our child from the school, I/we understand and accept the policy that I/we must provide one full term's notice or pay an equivalent amount to a term's fee, and there will be no refund of the registration fee or tuition fee.

<i>Initials:</i>	<input type="text"/>
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2. **Uncouth Behavior:** I/We understand and accept that GOH, as a Christian School where proper Christian values and standards are promoted and upheld, condemns any uncouth behavior from any learner. Should my/our child be found acting contrary to these Christian standards, in word or deed, he/she will be promptly dealt with as necessary, and I/we will be notified.
3. **Discipline:** I/We pledge to support the school in its efforts to administer discipline to my/our child in accordance with the standards set by the school.
4. **Academic Progress:** I/We understand that I/we will be called from time to time to discuss the academic progress of my/our child, and together we will agree on the best possible solution to assist and uplift my/our child's performance should he/she fall behind.
5. **Tuition:**
 - All tuition payments will be handled through GOH accounts for the period of 12 months. Fees are to be payable before the 5th of each month. (A R200 penalty fee will be charged for late payments).
 - Should I/we, as parents, fail to make the required payment of school fees by the stipulated date, i.e., the 5th of each month, I/we understand that the school has the full right to take any measure it deems fit.
 - No end-of-year exam in Term 4 will be allowed without the full settlement of the account or completion of payment.
 - All fees must be paid before the 7th of November 2024.

Account Holder: Gates of Hope Primary School

Bank Name: Capitec Bank

Account No: 1052 4170 78

1. **Duplication Fee:** A fee of R350.00 is applicable for all learners. When depositing, please ensure that your child's name is used as a reference because

Initials:

fees without a proper reference cannot be correctly allocated in time. All payments must be made on or before the 7th of each month.

2. **School Activities:** In applying for my/our child's attendance at GOH Primary School in the year 2025, I/we give permission for my/our child to take part in school activities and trips away from the school premises and absolve the school from liability to me/us or my/our child in case of any injury to my/our child during any school activity. In case of accidents or serious illness, I/we require the school to contact me/us. If Gates of Hope is unable to contact me/us or my/our emergency contact when circumstances indicate immediate action, the school may take whatever arrangements are required in its judgment.
3. **Learner Injury/Illness:** I/We understand that should my/our child get injured or fall ill during school hours, the school will, to the best of its ability, give the learner the necessary attention, such as taking him/her to a medical facility whenever necessary. However, the school absolves itself from any blame for any injury or illness experienced by the learner. I/We, as parents, agree not to hold the school accountable for any injury my/our child may experience and take it upon myself/ourselves to act promptly and accordingly as soon as the school contacts me/us to report the injury or illness.
4. **Release of Learners:** The undersigned hereby attests that they have legal physical custody of the learner and that no one else has legal physical custody of the learner. All Grade R-7 learners are required to report to the aftercare program if they are not picked up from the school by the end of the school day at 2:30 PM.
5. **School Conflict Resolution:** In the highly unlikely event that we are unable to resolve a dispute between you and GOH, we ask you to join us in an attempt to resolve the dispute without litigation.

<i>Initials:</i>	_____
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The undersigned makes the following additional pledges and commitments:

- I/we hereby pledge to pay my/our financial obligations to the school through GOH accounts on the date due.
- I/we hereby grant permission for my/our child to take part in all school activities, including trips away from the school premises, and absolve the school from liability to my/our child in case of injury during these activities.
- I/we agree to uphold and support the academic standards of the school by providing a conducive study environment at home and encouraging my/our child to complete any homework.
- I/we agree to attend all parent-teacher meetings and accept mediation to resolve any conflicts. As parents, I/we pledge my/our support and cooperation with the school's policies and procedures regarding my/our child.
- I/we hereby consent to the collection, processing, storage, and use of my child's personal information by Gates of Hope Primary School for the purposes of:
 - Processing my child's application and admission to the school.
 - Managing my child's academic records, attendance, and participation in school activities.
 - Communicating with me regarding my child's progress, school events, and important notices.
 - Sharing my child's personal information (such as photos, achievements, and testimonials) on the school's social media platforms, website, and other relevant publications, provided that such sharing is in accordance with the school's privacy policies and applicable laws.
- I/we understand that I have the right to access, correct, or request the deletion next time of my child's personal information in accordance with the Protection of Personal Information Act (POPI).

Initials:

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By signing this agreement, the undersigned parents/guardians agree that they have read and understood this document and agree to be bound by Gates of Hope Primary School policies.

Signed at _____ Date: _____

PARENT

PARENT2/GUARDIAN

SPONSER RESPONSIBLE

- For the payment of school fees (if applicable)

REVIEWED

PRINCIPAL/HOD			SIGNATURE _____
DECISION	APPROVED		DATE _____
	DECLINE		
SCHOOL STAMP	DATE _____		

Initials:

SCHOOL UNIFORM

Item	Price
TRACKSUITS	R670.00
GIRLS SPORT WEAR	R500.00/PAIR
TUNIC	R580.00
BOYS SPORT WEAR	R500.00/PAIR
JERSEY	R520.00
PULL OVER	R500.00
TIE	R150.00

BOYS UNIFORM

Day	Description
MONDAY	WHITE SHIRT, GREY TROUSER, GREY/BLACK SOCKS, SCHOOL SHOES & SCHOOL JERSEY
TUESDAY	WHITE SHIRT, GREY TROUSER, GREY/BLACK SOCKS, SCHOOL SHOES & SCHOOL JERSEY
WEDNESDAY	SPORTS WEAR: <i>with white sneakers</i>
THURSDAY	WHITE SHIRT, GREY TROUSER, GREY/BLACK SOCKS, SCHOOL SHOES & SCHOOL JERSEY
FRIDAY	TRACKSUIT: <i>with white sneakers</i>

GIRLS UNIFORM

Day	Description
MONDAY	WHITE SHIRT, TUNIC, WHITE SOCKS, SCHOOL SHOES & SCHOOL JERSEY
TUESDAY	WHITE SHIRT, TUNIC, WHITE SOCKS, SCHOOL SHOES & SCHOOL JERSEY
WEDNESDAY	SPORTS WEAR: <i>with white sneakers</i>
THURSDAY	WHITE SHIRT, TUNIC, WHITE SOCKS, SCHOOL SHOES & SCHOOL JERSEY
FRIDAY	TRACKSUIT: <i>with white sneakers</i>

TUITION FEE

Grade	Monthly	Quarterly	Yearly
R - 3	R650.00	R1,950.00	R7,800.00
4 - 7	R750.00	R2,250.00	R9,000.00

N.B.: REGISTRATION FEE FOR 2025 IS R550.00 (NON-REFUNDABLE)
 DUPLICATION AND MAINTENANCE FEE TO BE PAID BY ALL LEARNERS IS R350.00

Initials: _____

FOR MORE INFORMATION CONTACT

Phone Numbers	WhatsApp
079 9066 3070 / 072 682 6023 / 083 5910 477	079 676 1486

BANK ACCOUNT DETAILS

Account Holder	Bank Name	Account Number	Account Type
Gates of Hope Primary School	Capitec Bank	1052 4170 78	Business Account

CONFIDENTIAL

Initials: _____