



lea pre-primary school

2 arcadia road | rondbosch | 7700 | tel/fax: 021 689 1607

e-mail: info@leapreprimary.org.za | website: www.leapreprimary.org.za

Application for Enrolment

DATE / 20

Learner Information

NAME

GENDER

DATE OF BIRTH

 20

AGE GROUP: 3 - 4 yrs

20

AGE GROUP: 4 - 5 yrs

20

Proposed Grade R

Proposed Primary School

Name of sibling/parent who attended the Lea

Year attended

/ 20

PLEASE NOTE THE LEA DO NOT OFFER GRADE R

Should you require any further information we would be happy to hear from you.

If you wish to enroll your child, please contact our Administrator, Carina van der Spuy, at our office between 08h00 and 12h30. You are welcome to visit the school between 09h00 and 14h00.

Application information and requirements

- Please complete all sections.
- Please supply a physical address as well as a postal address if applicable.
- Please submit the following documents with your application:
 - A certified copy of learner's Birth Certificate/passport.
 - Proof of residence.
 - Clinic card and medical details where relevant.
- **BANK DETAILS:** Standard Bank Current Account, Rondbosch, Acc Number: 07 297 9445
- **EFT PAYMENTS:** Please reference your payments: Surname and year of enrolment, e.g. C Smith 2022

- **ADMINISTRATION FEE:** A non-refundable administration fee of R250-00 must accompany the enrolment form. Please note that applications can not be processed unless this fee and all the relevant documents have been received. Your child's name will then be placed on a waiting list.
- Unfortunately, submitting an application for enrolment does not guarantee admission to the Lea.
- Once your child is ACCEPTED one full term's notice is required before the child is withdrawn. Failing which the parent is still responsible for the terms fees.
- SCHOOL HOURS are 08h30 to 12h30. However children can arrive from 07h45 for the convenience of working parents.
- SCHOOL TERMS AND HOLIDAYS correspond to the Government school calendar.
- AFTERCARE is available from 12h45 to 15h30 during school terms. No holiday care available.
- **PLEASE NOTE:** To be eligible to attend the Lea, children must turn 4 years old by the 31st December in the year of entry. (subject to change).
- **MARGIE MCFADYEN BURSARY:** A limited number of bursaries are available. Bursary application forms must be submitted during October of the year prior to when the bursary is acquired. The Bursary Fund also subsidizes Language Enrichment classes for English 2nd language learners. Allocation of bursaries are subject to availability of funds.

Fee Structure

- FEES are payable for ten months (1 February to 30 November).
- The basic monthly fee includes Movement classes (excluding outings and Nativity Play.)
- ACCEPTANCE FEE: On acceptance you will be notified telephonically or via email/letter. Once your child is ACCEPTED a non refundable Acceptance fee of R1000-00 is payable.
- TERMS OF PAYMENT: Fees are payable monthly in advance by the 1st of the month, quarterly within the first week of the term or annually by 31st of January. Fees are to be paid directly into the school's bank account. No cash payments will be accepted and a levy of R80.00 shall be charged for cheque payments or cash deposits. Interest of prime plus 2% per month will be levied on any unpaid fees from due date to date of payment.
- PAYMENT OPTIONS FOR **FEES AND AFTERCARE 2021** fee structure are as follows:
 1. FEES: Including mandatory exercise and movement classes, excluding the Nativity Play and outings

MONTHLY	QUATERLY	ANNUALLY
R4 030.00	R10 075.00	R40 300.00

2. AFTERCARE: (# Timeslots : Subject to demand and feasibility)

REGULAR	12:45 - 13:30	R465.00
	12:45 - 14:30	R800.00
	12:45 - 15:30	R1 100.00
AD HOC	Per hour	R56.00 (or part thereof)

LEARNERS DETAILS

SURNAME								
FIRST NAMES								
PREFERRED NAME								
PLACE OF BIRTH								
NATIONALITY								
HOME LANGUAGE								
ID NUMBER								
RELIGION								
NAME OF CURRENT PLAYSCHOOL								
POSITION OF CHILD IN FAMILY								
NO. OF CHILDREN IN FAMILY								
NAMES AND AGES OF SIBLINGS								
LEARNER RESIDES WITH	<input type="checkbox"/>	PARENTS	<input type="checkbox"/>	MOTHER	<input type="checkbox"/>	FATHER	<input type="checkbox"/>	OTHER

MEDICAL INFORMATION OF LEARNER

BIRTH WEIGHT	
ANY PROBLEMS DURING PREGNANCY/CONFINEMENT	
RECEIVED IMMUNISATIONS	
FAMILY MEDICAL HISTORY	
ALLERGIES	
INFECTIOUS DISEASES	

OTHER ILLNESSES	
OPERATIONS	
HAS LEARNER EVER REQUIRED PLAY, SPEECH, OCCUPATIONAL OR PHYSIO-THERAPY (please specify and attach report , use a separate page if necessary)	
NAME OF FAMILY DOCTOR	
ADDRESS AND TEL NO	
MEDICAL AID DETAILS (in case of emergency)	
INSTRUCTIONS TO SCHOOL IN CASE OF AN EMERGENCY and school is unable to reach either of the parents	
CONTACTABLE PERSONS (besides parents)	1. 2.
PLEASE SUBMIT ANY OTHER DETAILS THAT MAY BE RELEVANT	

PARENT/ GAURDIAN INFORMATION		
	MOTHER / PARENT 1	FATHER / PARENT 2
SURNAME		
FIRST NAMES		
ID NUMBER		
MARITAL STATUS		
IF DIVORCED (please state legal guardian)		
ADDRESS (Residential)		

	MOTHER / PARENT 1	FATHER / PARENT 2
ADDRESS (Postal)		
HOME TELEPHONE NO		
WORK TELEPHONE NO		
CELL PHONE NO		
Email ADDRESS		
OCCUPATION		
NAME OF EMPLOYER/FIRM		
HIGHEST EDUCATIONAL QUALIFICATION		
HOME LANGUAGE		
RELIGION		