



# KOKSTAD JUNIOR SCHOOL / SKOOL

48 Wylde Road, P.O. Box 169, Kokstad 4700  
Tel: 039 727 2150, Fax: 039 727 1751  
Email: reception@kjs.org.za

<b>1. APPLICATION FOR ADMISSION GR R</b>	Year: _____
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*(Please note that completion of this form does not guarantee admission to the school)*

<b>2. LEARNER INFORMATION:</b>
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Surname		Initials				
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First Name	Second Name	
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Date of Birth	YYYY		MM		DD		Gender	
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Race	
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ID or Passport No									
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Country of Residence	Citizenship
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If SA, indicate province of residence	
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<b>PHYSICAL ADDRESS</b>
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Town		Code				

Home Telephone number							
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Emergency Telephone number (Compulsory)							
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Learner Cell Phone number							
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Home language		Preferred language of instruction	English	Afrikaans
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Deceased parents (Please indicate)	Mother		Father		Both	
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Religion		Mode of transport to school	
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<b>3. INFORMATION</b>
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Name of previous school	
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Address of previous	
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Town		Code				
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**4. MEDICAL INFORMATION OF LEARNER**

Medical Aid no		Medical Aid name	
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Name of main member		Doctor's name	
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Doctor's telephone number									
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*Medical problems (asthma, epilepsy etc.)	
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*Specific problems requiring counselling	
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Dexterity of Learner:	Right Handed		Left Handed		Ambidextrous	
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Does the child receive a social grant?	Yes / No	Grant Number	
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Type of grant			
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*\*Please attach supporting documents for any medical problems such as ADD, ADHD, etc.*

**5. SIBLINGS**

Number of siblings		Position in the family (e.g. first)	
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**Please supply the full names of siblings who attended / attending KJS:**

Name		Grade	
Name		Grade	
Name		Grade	

**6. PARENT / GUARDIAN INFORMATION**

	FATHER	MOTHER
Title, Initial, Surname		
First Name		
Home Language		
ID / Passport Number		
Residential Address		
Postal Address		
Occupation		
Employer		
Cell Nr		
Work Nr		
Home Nr		
Email address		
Marital status		



**9. DOCUMENTATION REQUIRED**

*Please tick*

1. a **certified copy** of the child’s birth certificate ;
2. 2 very recent **passport size** photograph of the child;
3. a **copy** of the latest promotion report;
4. a **copy** of Medical Aid Card (if available)
5. a **copy of ID document** of both Parents/Guardians
6. a **C6 stamped self-addressed** envelope
7. completed conduct certificate
8. immunisation certificate (clinic card)
9. proof of social grant if applicable
10. court order confirming guardianship (in case of foster child)
11. proof of residence (Not older than 2 months – preferably municipal account)


**NB: This application does NOT ensure acceptance at Kokstad Junior School**

**10. DECLARATION BY PARENT / GUARDIAN**

I **DECLARE** that the particulars contained in this document are to the best of my knowledge correct.

I **ACCEPT** and **ACKNOWLEDGE** that:

1. I have famaliarised myself with the contents of the School’s **“CODE OF CONDUCT”** and that I and this learner will abide by this document;
2. I am aware of the dress code of the school and will ensure that these regulations are adhered to;
3. The foundation of the educational process at Kokstad Junior is a Christian one and that this child will be required to comply with the Christian ethos of the school, without this child being expected to renounce his / her own belief.

I, as the parent / guardian of the learner referred to, undertake to:

1. Inform the school **in writing** of any change of address and / or telephone number;
2. To ensure that this child attends school regularly and should this child be absent from school for any reason I will notify the principal, preferably in writing, stating the reason(s) for absence;
3. To take full responsibility for the payment of school fees as decided and amended by the Governing Body from time to time at the correct and stipulated times and understand that I will be liable for legal fees should I default; and
4. To pay all costs incurred for damage done or losses caused by this child to school property, books and equipment.

I agree that the principal or his / her designates may act in loco parentis in the event of any injury or accident in which this child may be involved.

\_\_\_\_\_  
Signature of Parent / Guardian  
(Person responsible for payment of School Fees)

\_\_\_\_\_  
Date

**11. FOR OFFICE USE ONLY**

ACCEPTED	NOT ACCEPTED	
Grade to which allocated		Class:
Medium of instruction (Mark the correct block)	AFRIKAANS	ENGLISH

\_\_\_\_\_  
Signature : Principal

\_\_\_\_\_  
Date



**CONDUCT CERTIFICATE – (To be completed by current school)**

SURNAME: \_\_\_\_\_ FULL NAMES: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ SCHOOL EMIS NUMBER: \_\_\_\_\_

**1. ACADEMIC**

	10	9	8	7	6	5	4	3	2	1
Overall Academic Ability										
Application to Work										

LEARNING PROBLEMS:

\_\_\_\_\_

**2. EXTRA CURRICULAR ACTIVITIES**

**2.1 CULTURAL:** (Please give brief details of extra curricular involvement)

ART	DRAMA	MUSIC	OTHER

**2.2 SPORT:** (Please tick relevant box)

	PARTICIPATION	ZONAL	PROVINCIAL
Cricket			
Rugby			
Hockey			
Tennis			
Athletics			
Netball			
Swimming			
Soccer			
Choir			
Other			

**3. BEHAVIOUR AND DISCIPLINE** (Please complete the following by placing a tick in the relevant box)

	YES	NO	IF YES, PLEASE COMMENT
Has he/she ever been referred for behavioural counselling?			
Does he/she have a warning letter on his/her file?			
Have his/her parents met with the Headmaster regarding misbehaviour?			
Has he/she attended Disciplinary Hearing at your school?			
Has he/she been absent for more than 20 days?			
Has he/she been involved in drugs, theft, fighting or bullying?			

**4. LEADERSHIP / SOCIAL ADJUSTMENT**

	GOOD	AVERAGE	POOR
Social Adjustment			
Leadership Potential			

**5. FINANCE**

Have the parents meet their fee obligations?	YES	NO
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If no, please give brief details: \_\_\_\_\_

**6. GENERAL:** (Please provide additional comments that will be useful to the Admissions Committee when making their selection:

\_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_