

# DOCUMENTS HANDED IN AT RIVIERA PRIMARY FOR ADMISSIONS 2025



GRADE APPLIED FOR	R	1	2	3	4	5	6	7
NAME & SURNAME OF LEARNER								
CELL NUMBER OF PARENT								
DATE HANDED IN:					RECEIVED BY:			
APPLIED WITH:	HOME	<input type="checkbox"/>	WORK	<input type="checkbox"/>	SIBLING GR:	<input type="checkbox"/>		

## DOCUMENTS MUST BE CERTIFIED!

South African Citizen		Non-South African Citizen	
Birth Certificate of child		Birth Certificate of child	
Clinic card (Gr R-3)		Clinic card (Gr R-3)	
Parent 1 / Legal guardian ID		Parent 1 / Legal guardian Passport/Asylum/Study permit	
Parent 2 / Legal guardian ID		Parent 2 / Legal guardian Passport/Asylum/Study permit	
Proof of home address		Proof of home address	
Proof of work address		Proof of work address	
School report (Gr 2-7)		School report (Gr 2-7)	

Yours faithfully

*MS N Breet*

MS N BREET  
(PRINCIPAL)

DATE STAMP

\_\_\_\_\_  
PARENT/GUARDIAN

## RIVIERA PRIMARY

6 Rose Street • Riviera • Pretoria • 0084

Tel: 012 945 3964

Website: www.lsriviera.co.za



## ACKNOWLEDGEMENT OF DOCUMENTS RECEIVED FOR ADMISSIONS 2025

GRADE APPLIED FOR	R	1	2	3	4	5	6	7
NAME & SURNAME OF LEARNER								
CELL NUMBER OF PARENT								

**NB!! No space can be guaranteed. You have to apply at other schools as well.**

*MS N Breet*

MS N BREET  
(PRINCIPAL)

DATE STAMP

\_\_\_\_\_  
PARENT/GUARDIAN





# APPLICATION FOR ADMISSION - 2025

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes  No

Name of other learner(s) : \_\_\_\_\_

DATE: 30 MAY 2024

### LEARNER INFORMATION

#### LEARNER

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

Gender:  Male  Female

Ethnic group: \_\_\_\_\_

Home language: \_\_\_\_\_

Preferred tuition language: \_\_\_\_\_

Dexterity:  Left  Right  Both

Learner mobile number: \_\_\_\_\_

Learner e-mail address: \_\_\_\_\_

Admission date: \_\_\_\_\_

Grade in 2025 : \_\_\_\_\_

Years in grade for 2025 : \_\_\_\_\_

Years in phase for 2025 : \_\_\_\_\_

Pre-primary education attended:  Formal  Informal  
 Other: \_\_\_\_\_

Registered for social grant:  Yes  No

Receives social grant:  Yes  No

Media consent:  Yes  No

Method of transport: \_\_\_\_\_

Taxi/Bus registration number: \_\_\_\_\_

Name of driver: \_\_\_\_\_

Contact number: \_\_\_\_\_

#### NEXT OF KIN INFORMATION

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Alternative contact number: \_\_\_\_\_

Relation: \_\_\_\_\_

### OFFICE USE ONLY

Family code: \_\_\_\_\_

Register class: \_\_\_\_\_

Admission number: \_\_\_\_\_

Waiting list:  A  B

Number on waiting list: \_\_\_\_\_

ID copy:

Transfer card:

Proof of residence:

Report card:

Birth certificate:

Clinic card:

#### FAMILY INFORMATION

Family status:  Both parents  Single parent - Unmarried  
 Foster care  Childrens home  Single parent - Divorced  
 Other  Re-composed  Widow/Widower

Parents deceased:  Mother  Father  None

#### LEARNER HEALTH INFORMATION

Chronic diseases: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

#### MEDICAL AID INFORMATION

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Member number: \_\_\_\_\_

Primary member: \_\_\_\_\_

#### FAMILY DOCTOR INFORMATION

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Business address: \_\_\_\_\_

#### INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng:  Yes  No

Learner attended school last year:  Yes  No

If yes, in which Province/Country: \_\_\_\_\_

Previous school: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_

Highest grade in previous school: \_\_\_\_\_

Reason for leaving the school: \_\_\_\_\_

**BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

Marital status:  Common law marriage  Divorced  
 Married  Separated  Single  
 Widowed

Communication:  SMS  E-mail  Mail  By hand

Comm language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is the learner living with this parent?  Yes  No

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Occupation status:  Own Employer Professional  
 Own Employer Non-Professional  
 House wife  Part time  
 Contract worker  Pensioner  
 Student  Temporary  
 Full time  Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_

**BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION**

Title: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

Preferred name: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

Marital status:  Common law marriage  Divorced  
 Married  Separated  Single  
 Widowed

Communication:  SMS  E-mail  Mail  By hand

Comm language: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is the learner living with this parent?  Yes  No

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Occupation status:  Own Employer Professional  
 Own Employer Non-Professional  
 House wife  Part time  
 Contract worker  Pensioner  
 Student  Temporary  
 Full time  Unemployed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employer physical address: \_\_\_\_\_

**ACCOUNTABLE PERSON'S INFORMATION** Biological Parent 1 Biological Parent 2 Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL	B) COMPANY / CLOSED CORPORATION / TRUST
Title: _____	Title: _____
Full names: _____	Name: _____
Surname: _____	Registration number: _____
Initials: _____	Comm language: _____
Preferred name: _____	Contact number: _____
ID number: _____	Fax number: _____
Home language: _____	Business address: _____
Communication: <input type="checkbox"/> SMS <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> By hand	_____
Comm language: _____	_____
Mobile number: _____	Postal address: _____
Telephone number: _____	_____
Fax number: _____	_____
E-mail: _____	_____
Residential address: _____	_____
_____	_____
_____	_____
Postal address: _____	_____
_____	_____
_____	_____

**BANKING DETAILS**

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch code: \_\_\_\_\_

Account type:  Cheque  Transmission  Savings

Bank account number: \_\_\_\_\_

Account holder: \_\_\_\_\_

**CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT**

Agreement between Riviera Primary School and \_\_\_\_\_ (Name of parent / guardian) with regards to the payment of school fees.

- Riviera Primary School is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.
- As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.
- Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.
- Payment of school fees to Riviera Primary School will be made as follows:

(Please tick the applicable block with a cross)

- A Full payment (Once-off) on or before the last date as determined during the annual parent meeting.
- B Payment over 12 months.
- C Alternative arrangements will be made with the School in writing at my own responsibility and initiative.

- I / We are aware of the application process for exemption of school fees for 2025 and if exemption is required, we will complete the relevant application form.
- Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.
- Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the effort to collect the fees on an attorney and client scale.
- I choose the following address as my domicilium citandi et executandi for delivery or serving of any notices or pleadings.  
Residential address (Not a postal address):  
\_\_\_\_\_

- I / We the parents / guardian of \_\_\_\_\_ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

1.  I, parent / guardian of \_\_\_\_\_ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Riviera Primary School as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use photo's of my child in any publication, in any format.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**INDEMNITY**

I/We the parents of/I the guardian of \_\_\_\_\_ (name of learner) indemnify unconditionally and without restriction Riviera Primary School and/or the shareholders of Riviera Primary School or any person employed by Riviera Primary School or any person acting on behalf of Riviera Primary School against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Riviera Primary School.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 2024

Signature of Parent / Guardian : \_\_\_\_\_