














# OLD / RETURNING LEARNER



# 2027 APPLICATION FOR ADMISSION

SAMBULO CHRISTIAN SCHOOL
WISDOM & UNDERSTANDING IS POWER

**TO BE COMPLETED BY BOTH PARENTS / LEGAL GUARDIANS**

**1.** To be eligible for admission, pupils must comply with the admission criteria as determined by regulation in South Africa School Act.

**2.** Admission will not be finalised until all relevant documentation has been received by the school.

**3.** By making this application for admission to the school, the pupil and parents accept that on such admission, the pupil will be bound by the Code Of Conduct and Rules (value System)

**4.** An incomplete application form will not be considered.

**5.** All application to be completed in **BLACK PEN**

Child's ID Photo to be attached here

*"Every child deserve the best education, a better education makes better world as education is the most powerful weapon, which you can use to change the world and it starts today."*


081 544 1757

admin@sambuloschool.co.za | enroll@sambuloschool.co.za

# 2027 APPLICATION FORM_RETURNING LEARNER ONLY

## SETION A [General Information]

| WHICH PHASE ARE YOU APPLYING FOR | | | | | |
|---|---|---|---|---|---|
| Preparatory RR-R | | Foundation 1-3 | | Senior Primary 4-7 | |

| ANNUAL SCHOOL FEES | | |
|---|---|---|
| Preparatory | Foundation | Senior Primary |
| R10 500 | R14 000 | R16 000 |

NB: For application fee and registration fee, please request admin office to give you our 2026 SCHOOL FEES SCHEDULE.

**DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION**

**1** Birth certificate **2** Parents ID copies **3** Immunization Card pg 4 & 5 **4**

## SECTION B [Learner & Parents Information]

Surname | Age

Full Name(s)

Residential Address (where the learner stays)

Home Language | **Admission No.**

Home Tel Number | Current Grade

Grade Applying For in **2027** | Date of Birth

### PARENT **1** DETAILS

Surname | Title

Name(s)

ID Number | Does the learner stay with you? Yes | No

Cell No | WhatsApp No.

### PARENT **2** DETAILS

Surname | Title

Name(s)

ID Number | Does the learner stay with you? Yes | No

Cell No | WhatsApp No.

### EMERGENCY CONTACT DETAILS

Name | Relationship to the learner

Cell Number | Home Tel No.



## SECTION F [Transport Application] - if you seeking for transport support

### LEARNER INFORMATION

Surname | AGE (Y)

Full Names

Date Of Birth (Y Y Y Y M M D D)

ID Number (- -)

Residential Address (Where learner stays)

### PARENT/GAURDIAN INFORMATION (a person staying with the child)

Surname | Title

Full Names

Cell Number (- -) | Relation to learner

### IDEMNITY

I, _____ the parent/guardian of _____ give permission for my child to be transported from home to school and back home. I do not hold the school/driver or any staff responsible for any loss or injury that may occur to my child, as I expect the school staff and driver to do their utmost best to ensure the safety of my child. The school will contently endeavor to take such steps as maybe reasonable required in the circumstances, to keep people out of harm and free from loss. Both parents severly wave the claim and indemnify the school against any claim, any of the pupil in respect of the event in question.

### FOR OFFICE USE ONLY

School bus **S** | Drive | Annual Fee **R**

Pick up time (AM) ___**H**___ | Pick up point (AM)

Drop-off time (PM) ___**H**___ | Drop off point (PM)

**Admin Office Approval**

*Signature*

*STAMP*

**Officer:** *Name*

## SECTION C [School Fees Payment Option & School Bank Details]

| Person responsible for payment | Father ☐ | Mother ☐ | Guardian ☐ |
|---|---|---|---|

| Method of payment | Deposit ☐ | Debit order ☐ | **NOTE:** Please use child's name & surname as reference |
|---|---|---|---|

**NOTE:** Please send proof of payment to **finance@sambuloschool.co.za** OR WhatsApp to **081 544 1757**

| 4 PAYMENT OPTIONS | | | | | |
|---|---|---|---|---|---|
| **Phase** | **10 Monthly Fees** | **Termly Fees** | **Bi-Annual Fees** | **Annual Fees** | **Comment** |
| Preparatory [**RR-R**] | R1 050 ☐ | R2 625 ☐ | R5 250 ☐ | R10 500 ☐ | Please Tick the payment option of your choice |
| Foundation [**1-3**] | R1 400 ☐ | R3 500 ☐ | R7 000 ☐ | R14 000 ☐ | |
| Senior Primary [**4-7**] | R1 600 ☐ | R4 000 ☐ | R8 000 ☐ | R16 000 ☐ | |

| | |
|---|---|
| **1) 10 Monthly Fees** | Payment due on the 1st of each month starting from 1 February - 1 November 2027 |
| **2) Termly Fees** | payments are due on the 1 February, 1 April, 1 July and 1 October 2027 |
| **3) Bi-Annual Fees** | payments are due on the 1 February and 1 July 2027 |
| **4) Annual Fees** | payments are due on the 1 February 2027 |

| SCHOOL BANK DETAILS | | | |
|---|---|---|---|
| | **School Fees** | **Transport Fees** | **Special Function Fees** |
| Bank | Standard Bank | Standard Bank | Standard Bank |
| Holder | Sambulo Christian School | Sambulo Christian School | Sambulo Christian School |
| Account Number | 06 235 537 6 | 06 235 537 6 | 06 235 537 6 |
| Branch Code | 7730 | 7730 | 7730 |
| Branch Name | Mtubatuba | Mtubatuba | Mtubatuba |
| Reference | child's name & surname | child's name & surname | child's name & surname |

## SECTION D [Code Of Conduct For Parents In School]

The purpose of this Code Of Conduct For Parents In School is to provide a reminder to all parents at our school about the expected conduct so that the school continues to flourish, progress well in teaching learners in a expected manner.

**In order to support a peaceful and safe environment, the school cannot tolerate parents exhibiting the following:**

1) *Disruptive behaviour which interfere or threatens the staff* | 2) *Using loud/ offensive language, swearing, spitting or displaying temper, insulting, cursing* | 3) *Going to classrooms corridors without permission* | 4) Ignores school policies

**NOTE:** Come to school with respect, address your matter with good approach, respect enviroment & school policies.



## SECTION E [Indemnity Form]

I, _____ *parent's full names* _____ the parent/guardian of _____ *child's full names* _____ give permission for my child to participate in sport and to be transported from and to school. I do not hold the school responsible for any loss or injury that may occur to my child, as I expect the school staff and drivers to do their outmost to ensure the safety of my child. The school will contently endevavo to take such steps as may be reasonable required in the circumstences, to do what it can to keep the people out of harm ar free from loss, above, both parents jointly and severly wave their own claims and indemnify the school its employees and agents (for whom it may be found to be vicariously liable) against any claim, any of pupil in respect of the event in question

### I/We Further place on record that I/we are aware of the followings:

| | |
|---|---|
| I understand that I am in a partnership with school to educate and develop my child | Tick ☐ |
| I understand that I'm expected to support my child with school work (homework) | Tick ☐ |
| I understand that enrolment is an annual agreement | Tick ☐ |
| I understand de-registration policy | Tick ☐ |
| I understand parent conduct policy | Tick ☐ |
| I understand refund policy | Tick ☐ |
| I understand that school fees payment is my responsibility and must be paid on time. | Tick ☐ |
| I understand that my child might not get access to school if fees are outstanding. | Tick ☐ |

### I Hereby, certify that I have legal custody & guardianship of the above child/learner

If any facts reflected in this application form prove to be incorrect, the school reserves the right to reject the application, whether or not the application has been accepted. It is an offence to make a false statement about any item pertinent to this application.

*Name* _____ Date _____

Parent /Guardian Name

*Signature* _____ Place _____

Parent ***2*** /Guardian Signature

### FOR OFFICE USE ONLY

| | | | |
|---|---|---|---|
| *Application fee | ☐ | *All documents | ☐ |
| *Registration fee | ☐ | *Payment Option | ☐ |
| *Class Availability | ☐ | *Bus allocation | ☐ |

STAMP