

LAERSKOOL FLEUR

Tel.: 012-664 5796/7
236 Hans Strijdom Avenue
Lyttelton, Centurion, 0157
PO Box 22022, Lyttelton, 0140

E-mail: fleur@lsfleur.co.za
Website: www.lsfleur.co.za



FINANCE:
accounts@lsfleur.co.za

Mr. L.J. Jacot
Principal

Lloyd.Jacob@GDEschools.gov.za

ADMISSION GUIDELINES 2025

Dear Parents/Guardians

ADMINISTRATION ARRANGEMENTS:

1. Online admissions on 11 July 2024 until 21 August 2024.
2. Monday – Thursday between 7:00 and 14:00 and Friday between 07:00 and 13:00.
2. ALL CORRESPONDENCE FROM THE SCHOOL WILL BE DONE VIA EMAIL.
3. **CERTIFIED** copies of the following documents must be attached to applications. Your application will only be considered if **ALL** required documents have been submitted.
4. Please don't change the contact of the original admission form it's not allowed.
5. Please hand in your admission form with all supporting documents in at the admin office in 236 Hans Strijdom Ave, Lyttelton, Centurion, 0157.
6. **R900 REGISTRATION FEES MUST BE PAID IN THE OFFICE. CARD ONLY!!**

GRADE 1 ONLY – After receiving the waiting list reference number via SMS that was generated when you applied online to our school, you need to hand in an official LAERSKOOL FLEUR admission form within 7 days after receiving the SMS. Parents must submit all completed admission form with all supporting documents attached and submit at our school's ADMIN OFFICE.

SOUTH AFRICAN CITIZENS

- Learner's Birth certificate
 - Both biological parents' ID documents
 - Learner's immunization/clinic card
 - Proof of physical address: City of Tshwane account (not older than 3 months) if you own the property OR if renting, a certified copy of the lease agreement plus a copy of the ID of the lessor.
- NB: The Parent's name must appear on the document provided.
- Only learners who live with their parents in the residence owned or rented by the parent, will be considered. Subletting is not considered proof of residence.
 - If a parent is not staying in the feeder area of the school, proof of employment on an original company/ business letterhead is required
 - Grades 2 – 7 only: A Copy of the latest school report for 2024 and the final (last) report for 2024 is to be submitted when school begins in January 2025.
 - Grades 2 – 7 only: School Transfer card – apply for a transfer card from the school that your child currently attends. Ensure that you receive it on the last day of attendance in 2023. Transfer cards

NON-SOUTH AFRICAN CITIZENS

No handwritten birth certificates, are allowed if a learner is born in S.A. but the mom and dad is from foreign country the parents, must go the Embassy and request for the Embassy to issue the learner with a normal birth certificate.

- Passport and Study permit of learner
- Learner's immunization/clinic card
- Both parents' Passports
- Parents' work permit
- Temporary/Permanent Resident Visa
- Asylum seekers must have a valid Asylum number and Asylum seekers are only countries where there is war. No Zimbabwean citizen is allowed with a Refugee document,
- Refugees must have a valid refugee number
- **VERY IMPORTANT:** Non-SA Citizens cannot apply for a school subsidy. If your child is born in SA, you need to go to Home Affairs to request an application form to apply for a study permit. The school will provide you with a letter to submit to Home Affairs.
- Proof of physical address: City of Tshwane account (not older than 3 months) if you own the property OR if renting, a certified copy of the lease agreement plus a copy of the ID of the lessor. NB: The Parent's name must appear on the document

must be submitted to Fleur Primary before or on the day school begins in January 2025.

- R900 Deposit/registration fee must be paid.
- **Please complete the financial liability form and submit with your application form. Your application will not be accepted if the financial liability form is not submitted and completed.**

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- Grades 2 – 7 only: School Transfer card – apply for this document from the school that your child currently attends. Ensure that you receive it on the last day of attendance in 2024. Transfer cards must be submitted to Fleur Primary on or before the day school begins in January 2025.
- R900 Deposit/registration fee must be paid.
- **Please complete the financial liability form and submit with your application form. Your application will not be accepted if the financial liability form is not submitted and completed.**

GUARDIANS

- A Certified copy of the Learner's Birth certificate
- A Certified copy of the Legal Guardian's ID documents
- A Certified copy of the learner's immunization/clinic card
- If a learner is living with a guardian, an official document (Court Order or letter from Social Services) is required confirming guardianship or custody of the learner to a person other than the biological parents. AN AFFIDAVIT WILL NOT SUFFICE.
- Proof of physical address: City of Tshwane account if you own the property (not older than 3 months) OR if renting, a certified copy of the lease agreement and a copy of the ID document of the lessor. NB: The Parent's name must appear on the document provided.
- If a parent is not staying in the school feeder area, proof of employment on an original business/company letterhead is required.
- Grades 2 – 7 only: A Copy of the latest school report for 2024 and the final report for 2024 is to be submitted when school begins in January 2025.
- Grades 2 – 7 only: School Transfer card – apply for this transfer card from the school that your child currently attends. Ensure that you receive this transfer card on the last day of attendance in 2024. Transfer cards must be submitted to Fleur Primary before or on the day school begins in January 2024.
- R900 Deposit/registration fee must be paid.
- **Please complete the financial liability form and submit with your application form. Your application will not be accepted if the financial liability form is not submitted and completed.**

CONTACT PERSON FOR APPLICATIONS:



LAERSKOOL FLEUR ADMISSION FORM



P.O. Box 22022, Lyttelton, 0140
Hans Strijdom Avenue 236,
Lyttelton, 0157



TEL. 012 - 664 5796/7
WEBSITE: www.lsfleur.co.za
E-MAIL: fleur@lsfleur.co.za

FOR OFFICE USE ONLY

Waiting list number: _____	Status of admission: Approved: <input type="checkbox"/> Not approved: <input type="checkbox"/>
Signature: _____ Date: _____	Reason(s) if not approved: _____

CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS	BIRTH CERTIFICATE/ PASSPORT AND STUDY VISA IF NON SA	LATEST REPORT CARD	PROOF OF ADDRESS/ WORK	ID/PASSPORT & PERMIT PARENT 1	R900 REGISTRATION FEE. ONLY CARD PAYMENTS.	ONLINE REF. NR GRADE 1 ONLY
	CLINIC CARD	FINAL REPORT CARD	ID/PASSPORT & PERMIT PARENT 2	TRANSFER CARD - PREVIOUS SCHOOL		

LEARNER INFORMATION

Full name: _____

Surname: _____

Preferred name: _____

Date of birth: _____

Nationality: RSA Non-South African
 Asylum Seeker Refugee

If Non-SA – Nationality/Country: _____

ID Number										
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Passport Number: _____

Religious denomination: _____

Gender: Male Female

ETHNIC GROUP	Asian	Coloured	White	
	Black	Indian	Other	

Home language: English Afrikaans Other

Please State other language: _____

Right-handed Left-handed

Registration date: _____

Admission date: _____

Highest grade passed: _____

Grade applied for: _____

PRE-PRIMARY EDUCATION ATTENDED			
Formal	Informal	Other	

SOCIAL GRANT			
Registered for social grant	YES	NO	
Receives social grant	YES	NO	

METHOD OF TRANSPORT			
Private	Taxi	Bus	

FAMILY STATUS

Both Parents	Single Parent - Unmarried
Foster Care	Single Parent - Divorced
Children's Home	Other: Recomposed
Other	

DECEASED PARENTS			
Mother	Father	None	

SIBLING INFORMATION

Name(s) and Surname(s) of Sibling(s) in our school:

_____ Grd. ___/___

_____ Grd. ___/___

_____ Grd. ___/___

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name of Medical Aid: _____

Primary member's name and surname: _____

Medical Aid number: _____

Medical Aid telephone number: _____

FAMILY DOCTOR INFORMATION

Name and Surname: _____

Telephone number: _____

Business address: _____

PREVIOUS SCHOOL INFORMATION

Name of School: _____

Province: _____

Telephone Number: _____

Address: _____

Is the learner retaining the grade: Yes No **NEXT-OF-KIN INFORMATION**

Name: _____

Contact Number: _____

Alternative contact number: _____

Relationship: _____

PARENT 1 / GUARDIAN 1 INFORMATION

Full name: _____

Surname: _____

ID /Passport number: _____

Relationship to learner: Father Mother Other

If other, please stipulate: _____

Cell phone number: _____

Residential address: _____

Postal address: _____

Is the learner living with you at this address? Yes No

Title: _____ Preferred Name: _____

Initials: _____ Ethnic Group: _____

Nationality: RSA Non-South African Asylum Seeker Refugee

Home Language: _____

E-mail address: _____

Are you the school fees account payer? Yes No

OCCUPATION STATUS	Own Employer Non-Professional	Unemployed	Housewife
	Own Employer Professional	Pensioner	Contract worker
	Full Time	Temporary	Student

Occupation: _____

Name of Employer: _____

Work telephone number: _____

Employer address: _____

PARENT 2 / GUARDIAN 2 INFORMATION

Full name: _____

Surname: _____

ID number/Passport number: _____

Relationship to learner: Father Mother Other

If other, please stipulate: _____

Cell phone number: _____

Residential address: _____

Postal address: _____

Is the learner living with you at this address: Yes No

Title: _____ Preferred Name: _____

Initials: _____ Ethnic Group: _____

Nationality: RSA Non-South African Asylum Seeker Refugee

Home Language: _____

E-mail address: _____

Are you the school fees account payer? Yes No

OCCUPATION STATUS	Own Employer Non-Professional	Unemployed	Housewife
	Own Employer Professional	Pensioner	Contract worker
	Full Time	Temporary	Student

Occupation: _____

Name of Employer: _____

Work telephone number: _____

Employer address: _____

NAME AND SURNAME OF PARENT

SIGNATURE

DATE



DISCLAIMER/CONSENT: PARTICIPATION IN ACADEMIC, SPORTS AND CULTURAL ACTIVITIES: DECLARATION BY PARENT/GUARDIAN

1. I, parent/guardian of _____
hereby consent that my child/ward:
 - a. May participate in all academic, sports and cultural activities offered by the school in an organized manner and;
 - b. May participate in tests as identified by the school support team, with regards to:
 - i. Assistance in schoolwork or;
 - ii. Identification of problems.
2. I give permission for my child/ward to be transported by:
 - a. A public bus transport company approved by school management or
 - b. In a private motor vehicle of teachers who have a legal driving licence.
3. I accept that all reasonable precautions will be taken for the safety and well-being of my child/ward and that I will be held liable for the payment of any medical/or hospital bill if applicable, in the event of injury/s not attributable to be attributed to the negligence of the responsible staff.
4. To the best of my knowledge, my child/ward is in good health and is physically able to participate in organized activities.
5. I transfer my powers as parent/guardian to the principal or his representative, if medical and/or surgical treatment may be necessary for my child/ward if I am not available to make that decision myself.
6. I further undertake to support my child/ward in complying with the Code of Conduct and the school's disciplinary system as contained in the School Policy.

SIGNATURE OF PARENT/GUARDIAN

DATE

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Mr. L.J. Jacob
Principal

Lloyd.Jacob@GDEschools.gov.za

FINANCIAL LIABILITY – 2025 (GRADE R)

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

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

- Fleur 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.
- I agree to the jurisdiction of the Magistrate's Court. I hereby consent to pay all legal costs on an attorney and client basis, which fees will include pre-litigation, litigation and post-litigation on legal costs. I hereby renounce all benefits arising from the legal exceptions / defences non numerate peculiar, non-cause debiti and errori calculi. All payments made in terms hereof shall be appropriated first to legal costs and collection charges, then interest and thereafter to capital.
- Should a court determine that another person is liable for the school fees, it still remains the responsibility of the parents / guardians who qualify as parents in terms of the definition 'parent' as contained in the SA Schools Act, to ensure that the school fees are paid.
- **Payment of school fees to Fleur 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 10 months.

- 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.
- 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.
- School fees is payable every month in advance.
- In the event of my failing to pay any instalment payable under this acknowledgement on due date, the full balance of such capital, interest and legal costs shall immediately be due payable without further notice, and account will be handed over to our Attorney. I agree to the jurisdiction of the Magistrate's Court. I hereby consent to pay all legal costs on an attorney and client basis, which fees will include pre-litigation, litigation and post-litigation on legal costs. I hereby renounce all benefits arising from the legal exceptions/defences on numerate pecuniae, non casusa debiti and errori calculi. All payments made in terms hereof shall be appropriated first to legal costs and collection charges, then interest and thereafter capital.
- Should payments of school fees be in arrears by two months or more the account will be handed over for debt collection and as a result I shall be accountable for the payment of fees that may arise in the effort to collect the fees(Legal and tracing) on an attorney and client scale. I acknowledge that it is my responsibility to ensure that any change of address and personal information will be forwarded to the school immediately.
- 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 honor the agreement as set out above.

Parent/Guardian Signature

Date:

**** Please attach copies of both parent's ID's.**

Signature of accountable person: _____ Date: _____

PARENT 1/GUARDIAN 1 ACCOUNTABLE INFORMATION

Title: _____ Full names: _____

Surname: _____ Initials: _____ Preferred name: _____

ID /Passport number: _____ Ethnic Group: _____

Relationship to child: Father Mother Other: _____ Home Language: _____

Cell phone number: _____ Home Tel: _____

Fax: _____ E-mail: _____

Residential Address: _____

Postal Address: _____

Occupation status: Own Employer Non-Professional
 Own Employer – Professional
 Full time Unemployed

Part time Housewife
 Temporary Contract worker
 Pensioner Student

Occupation: _____

Employer: _____

Work telephone number: _____

Employer address: _____

Are you responsible for the school fees: Yes No

Is the learner living with this parent? Yes No

NAME AND SURNAME OF PARENT

SIGNATURE

DATE

PARENT 2/GUARDIAN 2 ACCOUNTABLE INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____ Preferred Name: _____

ID number/Passport Nr: _____

Ethnic Group: _____

Relation to child: Father Mother Other: _____

Home Language: _____

Cell phone number: _____

Home Tel: _____

Fax: _____

E-mail: _____

Residential Address: _____

Postal Address: _____

Occupation status: Own Employer Non-Professional
 Own Employer – Professional
 Full time Unemployed

Part time Housewife
 Temporary Contract worker
 Pensioner Student

Occupation: _____

Employer: _____

Work telephone number: _____

Employer address: _____

Are you responsible for the school fees: Yes No

Is the learner living with this parent? Yes No

NAME AND SURNAME OF PARENT

SIGNATURE

DATE

ACCOUNTABLE PERSON'S INFORMATION

Biological Parent 1

Biological Parent 2

Other

A) INDIVIDUAL	B) COMPANY / CLOSED CORPORATION / TRUST
<p>Title: _____</p> <p>Full names: _____</p> <p>Surname: _____</p> <p>Initials: _____</p> <p>ID Number: _____</p> <p>Home Language: <input type="checkbox"/> Afrikaans <input type="checkbox"/> English <input type="checkbox"/> Other: _____</p> <p>Communication preference: <input type="checkbox"/> SMS <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> By hand</p> <p>Language preference: _____</p> <p>Mobile number: _____</p> <p>Telephone number: _____</p> <p>Fax number: _____</p> <p>E-mail: _____</p> <p>Residential address: _____ _____ _____</p> <p>Postal address: _____ _____ _____</p> <p>Postal Code: _____</p>	<p>Title: _____</p> <p>Name: _____</p> <p>Registration number: _____</p> <p>Language preference: _____</p> <p>Contact number: _____</p> <p>Fax number: _____</p> <p>Business address: _____ _____ _____</p> <p>Postal address: _____ _____ _____</p> <p>Postal Code: _____</p>