

CAPITAL PARK PRIMARY SCHOOL

PERSEQUAR

TSHWANE WEST D15

EMIS:700230193

PRINCIPAL: MR. V. ETSANE

☎ 012-323-1436

✉ ADMIN@CAPPS.CO.ZA

📍 290 PAUL KRUGER ST. CAPITAL PARK,PTA.

JULY 2025

TO WHOM IT MAY CONCERN

Please find below all the **documents** needed to accompany your **application forms** for the **2026** application process for **Grade: RR & R**

Copies that are needed:

- Birth Certificate of learners.
- Clinical card.
- Copy of both parents Identity Documents.
- Proof of residence (must be within 3 months)

Learners who are not South African residents:

- Birth Certificate of learner.
- Clinical Card.
- Asylum papers from our country- SOUTH AFRICA.
- ID or passport with numbers from both parents.
- Proof of residence (must be within 3 months)

Capital Park Primary School
290 Paul Kruger Street,
Capital Park Pretoria 0084
Tel: 012 323 1436
Email: capps@capps.co.za

NB. CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT SECTION MUST BE COMPLETED & SIGNED ON THE APPLICATION FORM!!

PLEASE TAKE NOTE

1. ANY MISSING OR INCOMPLETE DOCUMENTS WILL NOT BE ACCEPTED.
2. IF YOU ARE UNSUCCESSFUL, DOCUMENTS WILL NOT BE RETURNED.
3. IF YOUR CHILDS TRANFERES, STATINARY WILL NOT BE RETURNRD.

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

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 Capital Park Primary School as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery 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 Capital Park Primary School and/or the shareholders of Capital Park Primary School or any person employed by Capital Park Primary School or any person acting on behalf of Capital Park 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 Capital Park Primary School.

Signed at _____ on _____ day of _____ 2021.

Signature of Parent / Guardian : _____



PERSEQUAR

ENROLMENT FORM - 2026

PLEASE COMPLETE WITH A BLACK PEN

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

Yes

No

Name of other learner(s) : _____

DATE: 22 JUL 2025

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 2026 : _____

Years in grade for 2026 : _____

Years in phase for 2026 : _____

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: _____

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

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

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Comm language: _____

Contact number: _____

Fax number: _____

Business 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 Capital Park Primary School and _____ (Name of parent / guardian) with regards to the payment of school fees.

- Capital Park 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 Capital Park 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 11 months.

- I / We are aware of the application process for exemption of school fees for 2026 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: _____