



lea pre-primary school

2 Arcadia Road, Rondebosch, Cape Town, 7700

Tel: 021 689 1607 email: lea@netbridge.co.za website: <http://www.lea.za.org/>

APPLICATION FOR ENROLMENT			
Full name of learner:			
Date of birth:			
Gender:			
Age group: 3.6 to 4 years			Year:
Age group: 4 to 5 years			Year:
Proposed Grade R:			
Proposed Primary School:			
Name of sibling/parent Who attended the Lea			Year:
FOR OFFICE USE ONLY			
Received on:		Accepted:	YES NO
Enrolment fee received:		Acceptance form received:	
Documents received:		Deposit received:	
Birth certificate:		Class:	
Proof of residence:			
Clinic card:			

APPLICATION INFORMATION AND REQUIREMENTS

- Please complete all **sections**.
- Please supply a physical address as well as a postal address if applicable.
- Please submit the following documents with your application:
 - A certified copy of learner's **Birth Certificate/passport**.
 - **Proof of residence**.
 - **Clinic card and medical details** where relevant.
- **ADMINISTRATION FEE:** A non-refundable **administration fee of R250-00 must accompany the enrolment form**. Please note that applications can not be processed unless this fee and all the relevant documents have been received. Your child's name will then be placed on a waiting list.
- **Unfortunately, submitting an application for enrolment does not guarantee admission to the Lea Pre-Primary School.**
- Once your child is **ACCEPTED** one full term's notice is required before the child is withdrawn. Failing which the parent is still responsible for the terms fees. In addition should such notice not be given, the deposit will be forfeited.
- **SCHOOL HOURS** are: 08h30 to 12h30. However children can arrive from 07h45 for the convenience of working parents.
- **SCHOOL TERMS AND HOLIDAYS** correspond to the Government school calendar.
- **AFTERCARE** is available from 12h45 to 17h30 during school terms. **No holiday care** available.
- **PLEASE NOTE: To be eligible** to attend the Lea, children must turn 4 years old by the 30th June in the year of entry. (subject to change).
- **MARGIE McFADYEN BURSARY:** A limited number of bursaries are available. Bursary application forms must be submitted during October of the year prior to when the bursary is acquired. The Bursary Fund also subsidizes Language Enrichment classes for English 2nd language learners.

FEE STRUCTURE FOR 2011

- **FEES** are payable for ten months
- **The basic monthly fee for 2011 is R1 710.00 per month, (Including movement classes and music appreciation classes, excluding outings and Nativity Play).**
- **DEPOSITS:** Once your child is **ACCEPTED** an **Acceptance deposit of R1500-00** is payable. R750-00 will be refunded when the learner leaves the school. The balance will be retained On acceptance you will be notified telephonically and via email/letter.
- **TERMS OF PAYMENT:** Fees are **payable monthly in advance by the 1st of the month**, quarterly within the first week of the term or annually by 31st of January. Fees are to be paid directly into the school's bank account. No cash payments will be accepted and a levy of R30.00 shall be charged for cheque payments or cash deposits. Interest of prime plus 2% per month will be levied on any unpaid fees from due date to date of payment.
- **PAYMENT OPTIONS FOR FEES AND AFTERCARE** are as follows:
- **FEES:** - *including* mandatory exercise and movement classes

MONTHLY	QUARTERLY	ANNUALLY
R 1 710.00	R 4 275.00	R 17 100.00

○ **AFTERCARE:**

REGULAR	12h45 - 14h30	R 400.00
	12h45 - 15h30	R 610.00
	12h45 - 16h30	R 770.00
	12h45 -17h30	R 880.00
AD HOC	PER HOUR	R 30.00 (or part thereof)

LEARNER'S DETAILS	
SURNAME:	
FIRST NAMES:	
PREFERRED NAME:	
PLACE OF BIRTH:	
NATIONALITY:	
HOME LANGUAGE:	
ID NUMBER:	
RELIGION:	
NAME OF CURRENT PLAYSCHOOL:	
POSITION OF CHILD IN FAMILY:	
NO. OF CHILDREN IN FAMILY:	
NAMES AND AGES OF SIBLINGS:	
LEARNER RESIDES WITH:	PARENTS MOTHER FATHER OTHER

MEDICAL INFORMATION OF LEARNER	
BIRTH WEIGHT:	
ANY PROBLEMS DURING PREGNANCY/CONFINEMENT:	
RECEIVED IMMUNISATIONS:	
FAMILY MEDICAL HISTORY:	
ALLERGIES:	
INFECTIOUS DISEASES:	
OTHER ILLNESSES:	
OPERATIONS:	

HAS LEARNER EVER REQUIRED PLAY, SPEECH, OCCUPATIONAL OR PHYSIO-THERAPY: (please specify and attach report , use a separate page if necessary)		
NAME OF FAMILY DOCTOR: (Address and tel no)		
MEDICAL AID DETAILS: (In case of emergency)		
INSTRUCTIONS TO SCHOOL IN CASE OF AN EMERGENCY AND SCHOOL IS UNABLE TO REACH EITHER OF THE PARENTS:		
PARENT / GUARDIAN INFORMATION		
	MOTHER	FATHER
SURNAME:		
FIRST NAMES:		
ID NUMBER:		
MARITAL STATUS:		
LEGAL GUARDIAN: (if divorced)		
ADDRESS: (Residential)		
ADDRESS: (Postal)		
HOME TELEPHONE NO:		
WORK TELEPHONE NO:		
CELL PHONE NO:		
EMAIL ADDRESS:		
OCCUPATION:		
NAME OF EMPLOYER/FIRM:		
HIGHEST EDUCATIONAL QUALIFICATION:		
HOME LANGUAGE:		
RELIGION:		