



ASTON MANOR PRIMARY SCHOOL

2025 APPLICATION FORM

NB!! Please **PRINT** and **COMPLETE** this form in **DETAIL**

Office Use ONLY

DATE: ____ / ____ / 202__ TIME: _____ RECEIPT NO: _____

No	Adm No	Fam No	Adm Date	Gr	Sports House
		3	2025/ /		A G M

Have you previously applied at AMPS? If YES, what Gr: _____ When: _____

NEW LEARNER'S INFORMATION (To be completed by Biological Parent / Legal Guardian)

Surname: _____ Gender: ☐ M OR ☐ F
(Please X appropriate block)

Full name/s: _____

Preferred name: _____

ID Number of Learner: _____ Date of birth: _____

Home Language of Learner: _____ Citizenship: _____

Ethnic Group: _____ Religion: _____

Name of Current School: _____ Current Grade : _____ Province: _____

Med Aid Fund: _____ Med Aid No: _____ Member: _____

Name of Doctor: _____ Contact Number for Doctor: _____

Allergies OR Other Special Instructions: _____

Who may fetch this child? _____

Scholastic Language, Hearing and Speech Tests

I hereby give my permission for my son / daughter / ward to be assessed by the Education Auxiliary Services should the Principal deem it necessary.
Please note that Aston Manor Primary will send me emails / SMS's from time to time.

* NB: **CHANGES** to any of the above conditions regarding this CHILD must be made to the school in writing or via email **IMMEDIATELY**

OTHER BIOLOGICAL CHILDREN IN YOUR FAMILY

	Name and Surname	Current School	Gr	Age
1.				
2.				
3.				

DECLARATION BY PARENT / LEGAL GUARDIAN

I, _____ (name of parent/legal guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorize the Principal or his/her representative to control and confirm any of the details supplied.

I am aware that should any information supplied be found not to be true, I may be liable of a criminal offence.

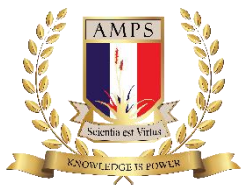
NB: I understand that any Incomplete OR Dishonest Information will make this application / enrolment 'null & void'

SIGNED AT: _____ DATE: _____

SIGNATURE: _____ FULL NAME: _____

FOR OFFICE USE ONLY!

1.	Copy of Official Unabridged Birth Certificate		2.	Two (2) Recent ID Photos of Learner	
3.	ID copy of Mother		4.	ID copy of Father	
5.	Most recent Report Card		6.	Clinic / Immunization Card	
7.	Proof of Residential address (In the name of the Biological Parents)		8.	Proof of Work address (If parent is using work address to apply)	
9.	Transfer Card and Final Report Card received on the 1 st day of attendance at AMPS: Gr 2 to 7 ~ On the 1 st day at AMPS, Parent & Learner must report to the OFFICE and submit a Transfer Card from their Previous School.				
Rec No:		Registration fee: R			Date:



ASTON MANOR PRIMARY SCHOOL

2025 FAMILY INFORMATION

NB!! Please **PRINT** and **COMPLETE** this form in **DETAIL**

NB: If either Biological Parent is deceased, kindly submit a copy of the Death Certificate for our records
Please complete information for BOTH parents (even if you are a single parent)

PRIMARY PARENT (Mother / Father / Legal Guardian)

Surname: _____
First Name: _____
Title: _____ Initials: _____
Relationship: _____
ID No: _____
Occupation: _____
Employer: _____
Marital Status: _____ Ethnic Group: _____
Citizenship: _____ Language: _____
Cell Phone No: _____
Home No: _____
Phone (W): _____
E-mail: _____

SECONDARY PARENT (Mother / Father / Legal Guardian)

Surname: _____
First Name: _____
Title: _____ Initials: _____
Relationship: _____
ID No: _____
Occupation: _____
Employer: _____
Marital Status: _____ Ethnic Group: _____
Citizenship: _____ Language: _____
Cell Phone No: _____
Home No: _____
Phone (W): _____
E-mail: _____

Residential Address of LEARNER and PARENT: _____
Suburb: _____ Code: _____

Residential Address of 2nd PARENT (if not living together): _____
Suburb: _____ Code: _____

Postal Address : _____
(ONLY if it differs from the Residential address) Code: _____

Work Address of Father: _____
Suburb: _____ Code: _____

Work Address of Mother: _____
Suburb: _____ Code: _____

Who does your child live with: Both Parents ☐ Mother ☐ Father ☐ Legal Guardians ☐

Name of Person to whom the Account must be Addressed: _____

NB: Emergency Contact Person (Not the parents)

1. Full Name: _____	2. Full Name: _____
Relationship: _____	Relationship: _____
Cell Phone No: _____	Cell Phone No: _____

Current Aftercare: _____ **Tel No:** _____

Our Aston Manor Aftercare is not AUTOMATIC ~ please request a separate APPLICATION form. Email: general@amps.za.com
Acceptance will be confirmed by the OFFICE via email and will depend on availability of space.

NB: It is YOUR RESPONSIBILITY to NOTIFY the school in writing OR via email of CHANGES to ANY of the ABOVE INFORMATION IMMEDIATELY
I choose the following address as my *domicilium citandi et executandi* for delivery or serving or any notices or pleadings.

Residential address (not postal address): _____

I/We the parent/legal guardian of _____ undertake to honor the agreement as set out herein and are dually aware that the party who ENROLS the learner is RESPONSIBLE for the school fees.

Full name: _____ **Signature:** _____



ASTON MANOR PRIMARY SCHOOL

PHOTO USE INDEMNITY

Aston Manor Primary School continually makes use of photographs of our school learners on our social media platforms (Facebook and Instagram) and our school magazine and might include some for marketing purposes.

These include:

- Advertisements;
- Brochures;
- Flyers;
- Posters;
- Local newspapers;
- Banners etc.

We will ensure that these photographs (strictly in school context) portray excellence and are used in good taste.

This signed Photo Use Indemnity form will be valid for the remainder of your child's enrolment at AMPS.

PERMISSION TO USE PHOTOGRAPHS

I, _____, (parent/legal guardian) of

(Full name & surname of learner) _____

hereby:

☐

Give my permission for my child's photographs to be used on the various platforms as listed above.

☐

Do NOT give my permission for my child's photographs to be used on the various platforms as listed above.

SIGNATURE OF PARENT / LEGAL GUARDIAN

DATE

PLACE



ASTON MANOR PRIMARY SCHOOL

CONSENT AND INDEMNITY FORM

I, _____
(FULL NAME OF PARENT / LEGAL GUARDIAN PLEASE)

the parent / guardian of _____
(FULL NAME OF LEARNER PLEASE)

hereby give my consent for my child / ward to take part in the extramural activities of the school, including games, educational tours, and country excursions of historical, geographical and / or other educational interest.

I fully understand and accept that all activities are undertaken at own risk.

I hereby appoint and authorize the Principal, educator or person in charge of the activity to act in *loco parentis* and to consent to my child / ward undergoing surgical or any other medical treatment which in the opinion of the relevant medical practitioner and the person in charge is necessary. I further undertake to pay all the costs of such treatment.

I undertake on behalf of myself, my executors, my wife / husband and my child to absolve the Governing Body, the Principal and the staff against and from any or all claims for damages arising, whether as a result of negligence or otherwise, against aforesaid persons and bodies, in respect of bodily injuries, loss or damage whatsoever, suffered by my child / ward in consequence of his / her participation in said activity.

The Principal and staff will nevertheless take all reasonable precaution to ensure the safety and welfare of aforesaid child.

SIGNATURE OF PARENT / LEGAL GUARDIAN

DATE

PLACE