

ASTON MANOR PRIMARY SCHOOL

GRADE R APPLICATION FORM FOR 2026

NB!! Please \underline{PRINT} and $\underline{COMPLETE}$ this form in \underline{DETAIL}

	No	Admission Number	Family Co	de	Admission Date		Sport	Sports House	
			3	20	026/ /	R	A	G M	
lave y	ou previou	usly applied at AMPS? If YES, w	hich Grade:		Which Year:				
		INFORMATION (To be o							
		(1000				Gender:	M oi	R F	
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	red name:								
ID Nun	aber of Lea	orner:			Date of birth:	·			
		f Learner:			Citizenship:				
Ethnic	Group:			Rel	ligion:				
Name (of Current S	School:		Current Grade :	Provin	ice:			
Medica	l Aid Fund	Name :	Medical Aid Numb	oer:	Member: _				
Name (of Doctor: _		Doctor's co	ntact number:					
Allergi	es OR Othe	er Special Instructions:							
Who m	ay fetch thi	is child?							
I hereb	stic Langu y give my CHANGE	uage, Hearing and Speech Tests permission for my son / daughter Please note that Ast Standard the above conditions CICAL CHILDREN IN YOUR FAM	/ ward to be assessed by on Manor Primary will regarding this CHILL	y the Education A send emails /Wh D must be made	Auxiliary Services shoul natsApp's from time to t	ld the Princi time.	pal deem it	necessary	
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ASTON MANOR PRIMARY SCHOOL

2026 FAMILY INFORMATION

NB: Please complete information for BOTH parents (even if you are a single parent OR not living together)

PRIMARI PARENI (Mouler / Faul	er / Legal Guardian)		SECONDARY PAREN	<u>VT</u> (Mother / Father / Legal Gu	ardian)
Surname:			Surname:		
First Name:			First Name:		
Title:	Initials:		Title:		Initials:
Relationship to the child:			Relationship to the child	:	
ID No:			ID No:		
Occupation:			Occupation		
Employer:			Employer:		
Marital Status:	Ethnic Group:	_	Marital Status:	Ethnic Group	: :
Citizenship:	Language:	_	Citizenship:	Languag	ge:
Cell Phone No:			Cell Phone No:		
Home No:		_	Home No:		
Phone (W):		_	Phone (W):		
E-mail:		_	E-mail:		
Residential Address of LEARNER a	nd PARENT:				
		Suburb: _			_ Code:
Residential Address of 2 nd PARENT	(if not living together):				
		Suburb: _			_ Code:
Postal Address :		ers from the	e Residential address)		_ Code:
Father's Work Address :			residential address)		
					_ Code:
Mother's Work Address:					
		Suburb:			_ Code:
Who does your child live with:	Both Parents Mother		Father	Legal Guardians	
Name of Person to whom the Aco	count must be Addressed:				
NB: Emergency Contact Person	on (Not the parents, ALTERNA	TIVE con	ntact persons)		
1. Full Name:		_ 2. Ful	l Name:		
Relationship:		. Re	lationship:		
Cell Phone No:		_ Ce	ell Phone No:		
Current Aftercare:			Tel No	o:	
Enrollment into AMPS AFTERO Acceptance	CARE is not AUTOMATIC ~ pl will be confirmed by the OFFIC				ral@amps.za.cor
NB: It is your responsibil	ity to notify the school in writing	g OR via	email of changes to <u>an</u>	y of the <u>above information</u>	<u>immediately</u>
I choose the following address as n	-			* *	
Residential address (not postal ad	ldress):				
I/We the parent/legal guar	dian of n 21 Fee Paying Public Scl			acknowledge tha	nt Aston Mano

Name and Surname: ______Signature: _____



ASTON MANOR PRIMARY SCHOOL SOCIAL MEDIA CONSENT

Dear Parents/Guardians.

As part of our efforts to promote our school and engage with our community, we are seeking your consent to share photos and videos of your child on our official social media platforms: TikTok, Instagram, and Facebook.

We believe that showcasing our students' achievements, events, and daily life will help promote school spirit, encourage community involvement, and provide a glimpse into the exciting experiences our students have every day.

However, we take the safety and privacy of our students very seriously. To ensure their identities are protected, we will:

- Only share photos and videos that do not reveal personal information (e.g., full names, addresses, contact details).
- Use first names only or initials when captioning photos.
- Avoid sharing images that may be considered sensitive or potentially embarrassing.
- Ensure that all posts comply with our school's social media policy and guidelines.

By giving your consent, you will be supporting our efforts to promote our school and celebrate our students' achievements. If you have any concerns or questions, please do not hesitate to reach out to us.

Please indicate your consent by signing and returning the attached form below:

PERMISSION TO USE PHOTOGRAPHS

I,		, (parent/legal guardian) of
(Full name &	surname of learner)	
hereby:		
		raphs to be used on the various platforms as listed above. 's photographs to be used on the various platforms as listed above.
SIGNATURI	E OF PARENT / LEGAL GUARI	DIAN
DATE		
PLACE		



ASTON MANOR PRIMARY SCHOOL CONSENT AND INDEMNITY FORM

(FULL NAME OF PARENT / LEGAL GUARDIAN)
the parent / guardian of
(FULL NAME OF LEARNER)
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 <i>loco parentis</i> 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 precautions to ensure the safety and welfare of aforesaid child.
SIGNATURE OF PARENT / LEGAL GUARDIAN
DATE
PLACE