ASTON MANOR PRIMARY SCHOOL

GRADE 2 - 7 APPLICATION FORM FOR 2027

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

FOR OFFICE USE ONLY **DATE:** _____ / _____ / 202_____ **WAITING LIST NO:** _______________

No	Admission Number	Family Code	Admission Date	Gr	Sports House
		3	2027/ /		A G M

LEARNER INFORMATION (To be completed by Biological Parent / Legal Guardian) **(Please X appropriate block)**

Surname: ______________________________ **Gender:** M OR F

Full name/s: ______________________________

Preferred name: ______________________________ **Dexterity:** Left-handed Right-handed

ID Number of Learner: ______________________________ **Date of birth:** ______________

Home Language of Learner: ______________________________ **Citizenship:** ______________

Ethnic Group: ______________________________ **Religion:** ______________

Name of Current School: ______________________ **Current Grade :** __________ **Province:** ______________

Medical Aid Fund Name : ______________ **Medical Aid Number:** ______________ **Member:** ______________

Name of Doctor: ______________________ **Doctor's contact number:** ______________________

Allergies OR Other Special Instructions: ______________________________

Who may fetch this child? ______________________________

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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 emails /WhatsApp'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

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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.
- I understand that any INCOMPLETE OR DISHONEST information will make this application / enrolment **'null & void'.**
- I am aware that Aston Manor Primary School is a Section 21 Fee Paying School.

SIGNED AT: ______________________________ **DATE:** ______________

NAME AND SURNAME: ______________________________ **SIGNATURE:** ______________

FOR OFFICE USE ONLY

1.	**Unabridged Birth Certificate**		2.	**Clinic / Immunization Card**	
3.	Two (2) recent **ID Photos** of the learner		4.	Most recent **Report Card**	
5.	**Mother's ID**		6.	**Proof of Residential address** (*In the name of biological parents*)	
7.	**Father's ID**		8.	Proof of **Work** address (*If parent is using work address to apply*)	
9.	**Transfer Card and Term 4/2026 Report card** from current school to be provided on the 1st **school day of 2027**.				
Registration Fee:		**Receipt Number:**			**Date:**

2027 FAMILY INFORMATION

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

PRIMARY PARENT (Mother / Father / Legal Guardian)

Surname: _____

First Name: _____

Title: _____ Initials: _____

Relationship to the child: _____

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 to the child: _____

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 : _____ **Code:** _____

(ONLY if it differs from the Residential address)

Father's Work Address : _____

_____ **Suburb:** _____ **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 Account must be Addressed: _____

NB: Emergency Contact Person (Not the parents, ALTERNATIVE contact persons)

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

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

AFTERCARE

Enrollment into AMPS AFTERCARE is not AUTOMATIC ~ please request a separate APPLICATION FORM from general@amps.za.com

- **Acceptance will be confirmed by the OFFICE via email and will depend on the 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**

PAYMENT AGREEMENT

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 _____ acknowledge that Aston Manor Primary School is a Section 21 Fee Paying Public School and I/we 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.

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:

☐ **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)

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 *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 precautions to ensure the safety and welfare of aforesaid child.

_____
SIGNATURE OF PARENT / LEGAL GUARDIAN

_____
DATE

_____
PLACE