



# APPLICATION FORM

PHOTO OF  
YOUR  
CHILD

<b>CHILD'S INFORMATION</b>		
FULL NAME AND SURNAME		
DATE OF BIRTH		NICKNAME
ATTEND GATEWAYS	<input type="checkbox"/> 2026 <input type="checkbox"/> 2027	<input type="checkbox"/> BOY <input type="checkbox"/> GIRL
PRESENT SCHOOL		RELIGION
PRESENT SCHOOL'S TEL. NO.		HOME LANGUAGE
AFTERCARE REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO	AFTERCARE <input type="checkbox"/> TILL 2PM <input type="checkbox"/> TILL 5PM
<b>FATHER / GUARDIAN'S INFORMATION</b>		
FULL NAME AND SURNAME		
RESIDENTIAL ADDRESS		
PLACE OF EMPLOYMENT		OCCUPATION
WORK ADDRESS		
WORK TEL NO		CELL NO
EMAIL ADDRESS		MARITAL STATUS
<b>MOTHER / GUARDIAN'S INFORMATION</b>		
FULL NAME AND SURNAME		
RESIDENTIAL ADDRESS		
PLACE OF EMPLOYMENT		OCCUPATION
WORK ADDRESS		
WORK TEL NO		CELL NO
EMAIL ADDRESS		MARITAL STATUS
<b>FAMILY INFORMATION</b>		
ANY FAMILY TIES WITH GATEWAYS		NAME
SIBLING NAME	AGE	SCHOOL
SIBLING NAME	AGE	SCHOOL
<b>INTENDED PRIMARY SCHOOL</b>		
<b>EMERGENCY CONTACT PERSON (OTHER THAN PARENTS)</b>		
NAME		CELL NO.

## FEES POLICY

**I HEREBY ACCEPT THE FEES POLICY OF GATEWAYS PRE-PRIMARY SCHOOL IN ORDER FOR THE PUPIL NAMED ABOVE TO ATTEND THE SCHOOL AND I UNDERSTAND AND AGREE TO THE FOLLOWING SHOULD THE APPLICATION BE SUCCESSFUL:**

1. School and Aftercare fees shall be paid in advance, on the 1st of the month (1st February to 1st December), if the fees are paid monthly. If paid per term, fees must be paid on the first day of each term.
2. If the pupil is in aftercare and fees remain unpaid for 2 months, the child will be removed from aftercare until full payment is received.
3. If the pupil is in Grade 00 and fees are unpaid for 2 months, the child will have to reapply for Grade R once fees are up to date.
4. In the event of legal action being taken against me for the recovery of outstanding fees, I will be liable for all legal costs on the scale of Attorney and own client, including collection commission. I will also be liable for tracing fees in the event that the attorneys have to employ a tracing agent in order to find me.
5. I shall give at least (1) one term's notice in writing to the Principal if we remove our child from the school. In default thereof, I shall pay one term's fees in lieu of such notice.
6. I hereby consent to the School doing a credit check on my name at any stage they deem it necessary to do so.
7. Each signatory hereto chooses as his/her respective domicilium citandi et executandi, the address shown as his/her residential address, on the information sheet attached hereto.
8. I acknowledge that I will be informed of the fees applicable; I warrant that I am able to afford these fees, and I hereby waive my right to apply for exemption from payment of school fees in terms of the South African schools act, 84 of 1996.
9. I/We hereby consent to the Magistrate's Court Jurisdiction, in respect of any action arising out of this Agreement, or breach of our undertaking to pay, as agreed

## PROTECTION OF PERSONAL INFORMATION ACT

Personal information is obtained, used, and disclosed in accordance with the requirements of the Protection of Personal Information Act ("POPIA"). We are committed to protecting your privacy and ensuring that your personal information is collected and used properly, lawfully, and transparently.

Please visit our website for our full POPIA Policy.

<input type="checkbox"/> I give consent for my child's image to be uploaded to the Gateways Pre-Primary website and / or social media. No names will be added to images.	<input type="checkbox"/> I do not give consent for my child's image to be uploaded to the Gateways Pre-Primary website and / or social media.
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PLEASE NOTE THAT INVOICES WILL BE SENT TO THE EMAIL OF THE ACCOUNT PAYER

SIGNED AT \_\_\_\_\_, ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
PARENT / GUARDIAN'S NAME

\_\_\_\_\_  
PARENT / GUARDIAN'S SIGNATURE

\_\_\_\_\_  
ACCOUNT PAYER'S NAME

\_\_\_\_\_  
ACCOUNT PAYER'S EMAIL ADDRESS

\_\_\_\_\_  
ACCOUNT PAYER'S SIGNATURE

\_\_\_\_\_  
DATE

## INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR CHILD'S APPLICATION FORM

- ☐ Photo of your child
- ☐ Proof of address
- ☐ Copy of your child's birth certificate
- ☐ Copies of identification for both parents and the account payer