



PINNACLE

PRIMARY & SECONDARY BOARDING SCHOOL

PO BOX 832
 Stilfontein, 2550
 C/O Mines Road and
 Extension of Stilfontein Road
 Stilfontein, 2551
 Tel : 018 484 4680/5573
 Fax : 086 275 0629
 louisepinnacle@gmail.com
 melindas@netactive.co.za

ACCEPTED

NOT ACCEPTED

APPLICATION FOR ADMISSION

YEAR OF ADMISSION : _____

This form must be completed in FULL - NO SPACES TO BE LEFT. All changes must be initialled or signed by the parent / guardian. Filling in the form does not necessarily mean that the learner has been accepted.

ALL DOCUMENTATION TO BE SUBMITTED WITH APPLICATIONS!

Found on the Website

School Agreement Form

Indemnity Form

School Rules and Regulations

Parent to Supply

Learners Birth Certificate and / or

Learners ID / Passport Copy

Learners Latest School Report

Parents Proof Of Residence

Parents Salary Advice

Parents ID Copies

Transfer Letter From Previous School

1. LEARNERS PARTICULARS

Grade Applied For :	Highest Grade Passed :	Accession Number :	
SURNAME :	I.D. NO / PASSPORT NO :		
INITIALS :	MALE	FEMALE	
FIRST NAME :	LEFT HANDED	RIGHT HANDED	BOTH
NICK NAME :	ENTRANCE DATE :		
DATE OF BIRTH : YYYY MM DD	RELIGION :		
HOME LANGUAGE :	FOR GRADE 1 ONLY : INDICATE PRE-PRIMARY		
NATIONALITY :	NON :	NON FORMAL :	
RACE :	FORMAL :		
CITIZEN :	HOME TELEPHONE NUMBER :		
PHYSICAL ADDRESS :	POSTAL ADDRESS :		
POSTAL CODE :	POSTAL CODE :		
CITY / SUBURB :	EMERGENCY TELEPHONE NUMBER :		
PROVINCE :			
PREVIOUS SCHOOL ATTENDED :			
SCHOOL PHYSICAL ADDRESS <i>(Incl. Province)</i>			
SCHOOL TELEPHONE NUMBER. AND CODE :			
REASON FOR LEAVING :			
COUNTRY OF BIRTH :			
OTHER SIBLINGS AT THIS SCHOOL : YES/NO			
IF YES : WHICH GRADE			
REFERRED BY :			
HOW DID YOU HEAR ABOUT OUR SCHOOL :			



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2. NAME AND ADDRESS TO WHICH CORRESPONDENCE MUST BE *SENT*

NAME:
ADDRESS :
POSTAL CODE :

3. PARENTS MARITAL STATUS *(Mark with an X)*

SINGLE :	MARRIED :	DIVORCED :	OTHER :
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ACCESS RIGHTS : Y / N *(If Y Please Provide Proof)*

FATHER :	MOTHER :	GUARDIAN :
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LIVING WITH : Y/N

FATHER :	MOTHER :	GUARDIAN :
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3.1 SCHOOL FEES ACCOUNT HOLDER

SURNAME :	TITLE :
FULL NAMES :	
LEGAL GUARDIAN :	
CITIZENSHIP :	
ID NUMBER :	
OCCUPATION :	
PLACE OF EMPLOYMENT :	
HOME TELEPHONE NUMBER :	CODE : NUMBER :
CELL NUMBER :	
WORK TELEPHONE NUMBER :	CODE : NUMBER :
WORK FAX NUMBER :	CODE : NUMBER :
EMAIL ADDRESS :	
POSTAL ADDRESS :	RESIDENTIAL ADDRESS :
POSTAL CODE :	POSTAL CODE :
PROVINCE :	PROVINCE :



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3.2 FATHER

SURNAME :	TITLE :	
FULL NAMES :		
LEGAL GUARDIAN :		
CITIZENSHIP :		
ID NUMBER :		
OCCUPATION :		
PLACE OF EMPLOYMENT :		
HOME TELEPHONE NUMBER :	CODE :	NUMBER :
CELL NUMBER :		
WORK TELEPHONE NUMBER :	CODE :	NUMBER :
WORK FAX NUMBER :	CODE :	NUMBER :
EMAIL ADDRESS :		
POSTAL ADDRESS :	RESIDENTIAL ADDRESS :	
POSTAL CODE :	POSTAL CODE :	
PROVINCE :	PROVINCE :	
MODE OF TRANSPORT :		

3.3 MOTHER

SURNAME :	TITLE :	
FULL NAMES :		
LEGAL GUARDIAN :		
CITIZENSHIP :		
ID NUMBER :		
OCCUPATION :		
PLACE OF EMPLOYMENT :		
HOME TELEPHONE NUMBER :	CODE :	NUMBER :
CELL NUMBER :		
WORK TELEPHONE NUMBER :	CODE :	NUMBER :
WORK FAX NUMBER :	CODE :	NUMBER :
EMAIL ADDRESS :		
POSTAL ADDRESS :	RESIDENTIAL ADDRESS :	
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4. CONTACT PERSON *(In Case Of An Emergency)*

SURNAME :			
FULL NAMES :			
RELATIONSHIP TO LEARNER :			
TELEPHONE NO :	CODE :	NUMBER :	
CELL NO :			

5. NAME AND ADDRESS OF GUARDIAN *(If Learner Not Residing With Parents)*

SURNAME :			
FULL NAMES :			
ADDRESS :			
TELEPHONE NUMBER :	CODE :	NUMBER :	

6. MEDICAL DETAILS *(Please Provide Proof Of Medical Aid)*

NAME OF MEDICAL AID SOCIETY :			
MAIN MEMBER :			
MEDICAL AID MEMBERSHIP NUMBER :			
NAME OF PRIVATE DOCTOR :			
DOCTORS TELEPHONE NUMBER :	CODE :	NUMBER :	

7. MARK ANY CONTAGIOUS DISEASES YOUR CHILD HAS HAD *(Mark with an X)*

CHICKEN POX		MUMPS	
DIPHTHERIA		SCARLET FEVER	
GERMAN MEASLES		RHEUMATIC FEVER	
MEASLES		WHOOPING COUGH	

8. DOES YOUR CHILD SUFFER FROM ANY HEALTH PROBLEMS, ALLERGIES OR HAS YOUR CHILD ANY BARRIERS TO LEARNING IF SO, PLEASE SPECIFY *(Mark with an X)*. **PLEASE NOTE WE DON'T CATER DIFFERENT FOODS/MENU FOR LEARNERS**

ASTHMA		DIABETES	
EPILEPSY		ADHD	
OTHER			

9. INCOME BRACKET *(Proof Of Income Required)* *(Please Mark With an X The Applicable Block)*

LESS THAN R10 000.00		R10 001.00 – R20 000.00		R20 000.00+	
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I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

NAME OF PARENT / GUARDIAN (Please Print) _____

FATHER

MOTHER

GUARDIAN

ACCOUNT HOLDER

DATE



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DECLARATION BY PARENT/S / GUARDIAN

I / We hereby certify that the information given by me / us on this application is complete and accurate and therefore agree to the conditions as set out below :

1. *We accept that the school is based on Christian Principals and undertake not to undermine this position.*
2. *We undertake to :*
 - ❖ Ensure that the learner attends school regularly and should he / she be absent for any reason, we will notify the principal, in writing stating the reason for absence.
 - ❖ Pay all costs incurred for damages done or losses caused by the learner to school / departmental property, books, equipment etc.
 - ❖ Ensure that the learner upholds the code of conduct and obeys the rules and regulations of the school.
 - ❖ Ensure that the learner takes part in Physical Education classes and Extra Murals. We will supply a medical certificate if he / she may not take part.
 - ❖ We agree that the Head or his / her designate may act in loco parentis in the event of any injury or accident in which the learner may be involved.
 - ❖ We are aware that a term's notice must be given before a learner leaves the school, or a full term's fees must be paid in lieu thereof. In addition to the tuition fees charged, we agree that we shall be liable to pay any increases in such fees or any special levy imposed by the school.
 - ❖ We accept joint and several liabilities to the school for the due and punctual payment of all fees, subscriptions, levies or other amounts which may become due and payable to the school or in respect of participation or attendance in any extra - curricular activity.

FATHER / MOTHER

____/____/_____
DATE

ACCOUNT HOLDER

____/____/_____
DATE

GUARDIAN

____/____/_____
DATE