Little Oaks

A planting of the Lord

3 Barrow Street, Monte Vista

hellolittleoaksecd@gmail.com

APPLICATION FOR ADMISSION

Age group applied for:

☐ Group 3 ☐ Group 4 ☐ Group 5 ☐ Grade R

WE REQUIRE THE FOLLOWING DOCUMENTS

- ☐ Copy of child's birth certificate
- ☐ Copy of child's vaccination record
- ☐ Copy of both parents/ legal guardian's ID documents
- ☐ Copy of proof of payment for the non-refundable R500 registration fee

FOR OFFICE USE:

APPOINTMENT DATE:	APPROVED:	CLASS GROUP:
NOTES:	ACCEPTANCE LETTER SENT	DATE:
	ALL FORMS RETURNED:	DATE:
	COMMENCING DATE:	AFTERCARE:

SECTION A: PERSONAL INFORMATION

Child's personal details:

Full names: _____ Surname: _____

Preferred name: _____ ID Number: _____

Date of Birth: _____ Age: Gender: ☐ Boy ☐ Girl

Home and other spoken languages: Home _____ Other: _____

Family details:

Number of children in family: _____ Nationality: _____ Religion: _____

Names of children who previously attended Little Oaks: _____

Residence: ☐ Parents ☐ Guardian ☐ Other

Person dropping child at school: Name: _____ Relationship: _____

Person collecting child at school: Name: _____ Relationship: _____

Child's medical details:

Blood type: _____

Doctor's name: _____ Telephone number: _____

Adress: _____

Medical Aid Name: _____ Member number: _____

Main member initials and surname: _____

Main member ID number: _____ Option: _____

Has your child received all the necessary immunizations? If not, please state the reason.

☐ Yes ☐ No, reason: _____

Does your child suffer from any allergies? If yes, please provide details.

☐ No ☐ Yes, details: _____

Does your child require any special medical needs? If yes, please provide details.

☐ No ☐ Yes, details: _____

Does your child suffer from any other illnesses or have any disabilities? If yes, please provide details.

☐ No ☐ Yes, details: _____

Medical consent:

In a medical emergency, the school may use the nearest available medical service.

I, _____, parent/guardian of _____, consent to emergency treatment by a medical practitioner if needed.

_____ _____

Signature of parent/ legal guardian **Date**

Details of Mother/legal guardian:

Full names: _____ Surname: _____

Title: _____ ID number: _____

Relationship: _____ Marital status: _____

Occupation: _____ Employer: _____

Home address: _____

Postal address: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email address: _____

Parental status:

☐ Child living with parents ☐ Child's legal guardian ☐ Access rights to child

Details of father/legal guardian:

Full names: _____ Surname: _____

Title: _____ ID number: _____

Relationship: _____ Marital status: _____

Occupation: _____ Employer: _____

Home address: _____

Postal address: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email address: _____

Parental status:

☐ Child living with parents ☐ Child's legal guardian ☐ Access rights to child

Additional contact:

Surname: _____ Full names: _____

Relationship: _____ Email address: _____

Tel (H): _____ Tel (W): _____ Cell: _____

We, the undersigned, _____, confirm that the information in this Application for Admission is accurate and complete.

We agree to the terms outlined here and respect the School's Christian principles.
We understand that class sizes may exceed the set limit.

_____ _____

Signature of parent/ legal guardian **Date**

SECTION B: DETAILS OF THE ACCOUNT HOLDER

Details and declaration of account holder:

Title:_____ Full names: _____ Surname: _____

ID number:_____ Relationship: _____

Please review, complete and sign the following payment document:

- School fees of R3000 must be paid monthly, in advance, by the 1st of each month.
- Payments for 2026 can be made in full by December 2025, or a debit order needs to be made by the 1st of each month.
- The school may charge a late administrative penalty fee of R250 on overdue accounts after the 1st of each month.
- Fees are reviewed annually and may increase in January.
- The yearly enrolment fee of R500 is a one-time, non-refundable payment that is due immediately.
- If the account holder fails to settle the account, it may result in the suspension of schooling until the balance is paid.
- Continuous late payments and reminders will create a culture of mistrust and could result in the discontinuation of schooling.
- Notice Required: A written notice of 30 days is needed to withdraw a child from the school. If not provided, the account holder will be responsible for the next month's full fees.
- No withdrawal notices will be accepted for the final term of the year. If notice is given in October or November, you will be responsible for paying the full term's fees through to the end of December.

AGREEMENT TO SCHOOL FEE PAYMENTS 2026

Fee Payment Options:

For all new applications, you have the option to choose between a monthly debit order or a full payment of fees structure. Please select the option that applies.

☐ **Option 1-** Full payment of fees for 2026, to be settled by December 2025.

☐ **Option 2-** Monthly debit order of R3000 per learner.

Your Yearly Registration Fee: A non- refundable registration fee of R500.00 per learner for the 2026 academic year.

Notice Of Termination: A written notice of one full month is required to terminate the contract at Little Oaks.

Late Penalty Fee: I acknowledge and agree to the administrative late penalty fee of R250.00 for payments made after the 1st of each month if overdue.

I, the undersigned, _____, confirm that the information provided by the account holder in this application for admission is complete and accurate.

I hereby state that I will abide to pay the school fees of _____ (Learner's full name).

Signed _____at _____ (place) on____(day) of _____ (month) 2026.

BANKING DETAILS

FNB

Account name: Little Oaks

Account number: 63050481224

Branch code: 250655

Reference: Your child's name

SECTION C: GENERAL INDEMNITY

At Little Oaks, we are committed to taking reasonable steps to ensure the safety and well-being of every child, educator, and visitor on our campus. However, Little Oaks cannot be held responsible for any accidents that may occur in the classroom or on school grounds.

Please take a moment to complete the following:

I, _____, parent/guardian of _____, hereby indemnify Little Oaks against any losses or damage incurred while participating in school activities

_____ _____

Signature of parent/ legal guardian **Date**

SECTION D: PERMISSION TO USE PHOTOS (POPIA)

I, _____, hereby give consent for the school to share and publish photos of learners on social media platforms.