KING'S OAK ACADEMY

ACCEPTED	YES	NO
DATE		

20 DORIS STREET, BEREA, JOHANNESBURG, 2198
admin@kingsoak.co.za
Cell. 083 866 3312

REGISTRATION FORM/ APPLICATION FOR ADMISSION

A generation of wisdom and faith focusing on Mathematics and Science Education from Grade R – 7kl

APPLICATION FOR GRADE: _____ YEAR: 2026 DATE of Application _____

THIS FORM MUST BE ACCOMPAINED BY

Certified copy of learner's Birth Certificate		2 passport size photos of Learner	
Copy of Payslip/ Affidavit if Self Employed		Certified copy of latest school report	
Certified copies of parents/ guardian ID Transfer letter		Certified proof of residence (any statement or account with home address on)	

DETAILS OF LEARNERS: SURNAME	
NAME(S) AS ON BIRTH CERTIFICATE:	
DATE OF BIRTH:	
GENDER:	
RACE:	
HOME LANGUAGE:	
RELIGION:	
NUMBER OF CHILDREN IN FAMILY:	
POSITION IN THE FAMILY:	
OTHER KIDS ENROLLED AT THE SCHOOL:	
DEXTERITY OF LEARNER:	RIGHT:_____ LEFT:_____ BOTH: _____
PREVIOUS SCHOOL NAME, ADDRESS AND TELEPHONE NUMBERS:	
ALLERGIES OR MEDICAL CONDITIONS:	
CITIZENSHIP:	
DECEASED PARENT:	MOTHER:_____ FATHER: _____ BOTH:_____
ID/ PASSPORT/ASYLUM NUMBER:	
IMMIGRANT: YES_____ NO_____	COUNTRY OF BIRTH:
STUDY/ WORK PERMIT: YES___ NO____	MODE OF TRANSPORT:
NEXT OF KIN NAME AND CONTACTS	

DETAILS OF PERSON STAYING WITH THE LEARNER PARENTS/GUARDIAN:

	FATHER / GUARDIAN	MOTHER / GUARDIAN
SURNAME:		
TITLE (MR/MRS/MISS):		
NAME:		
MARITAL STATUS:		
LEARNER RELATIONSHIP:		
IDENTITY NUMBER:		
DATE OF BIRTH:		
HOME ADDRESS:		
CELLPHONE NUMBER:		
OCCUPATION:		
EMPLOYER NAME AND ADDRESS		
TELEPHONE NUMBER:		

CONTACT PERSON IN CASE OF AN EMERGENCY: (OTHER THAN PARENTS/GUARDIANS)

Name:	Tel no.(H)	Tel. no.(W)
Name:	Tel no.(H)	Tel no. (W)

DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT- (PAYMENT OF FEES):

SURNAME:	
MR/ MRS/MISS: _____FIRST NAME:	
ID NUMBER:	
HOME ADDRESS:	
EMPLOYER:	
OCCUPATION:	
TEL NO. HOME:	TEL NO. WORK: FAX:
EMAIL ADDRESS:	
CELL:	SIGNATURE:

PARENTS / GUARDIANS UNDERTAKING AND FORM OF IDENMITY:

1. I/We parents/ guardian of _____in grade____ hereby agree to the school rules and regulations and acknowledge my /our liability to pay the **School Fees** by the **3rd of every month from January to December** (twelve months' payments). Failure to do so legal action should be taken by the school and the services will be terminated. December school fees must be paid in November.

2. I/We undertake to ensure that my/our child plays his/her part in school activities, including scheduled games and practices. I/We understand that a medical certificate must be supplied to the school whenever he/she is unable, for medical reasons to participate in sports events and practices.

3. I/We hereby give **permission** for him/her to **participate in extra-curricular activities** of the school, including tours and excursions which may be a required part of such activities.

4. I /We accept that all reasonable precautions will be taken to ensure the safety and welfare of my/our child, and that I/we shall be held responsible for the payment of all medical and hospital accounts should my/our child sustain any injury which cannot be ascribed to negligence on the part of school staff.

5. I/We cede my/our powers as parent/guardian to the principal of the school or to his delegated representatives whenever in their opinion medical treatment or surgery may be deemed necessary for my/our child. To the best of my/our knowledge, my/our child, is physically capable of participating in the sports.

6. I /We indemnify the school KING'S OAK ACADEMY against any injury or loss incurred by my/our son/daughter while at or enrooted to school or educational trip excursion or sporting activity organized by the school.

7. I/We hereby declare that to the best of my/our knowledge the information given above is true and correct.

8.I/We undertake that it is my/our responsibility as a parent/guardian to update any changes to the information given to the school, that includes, address & contact details.

- Names of parents/guardians (Please print) _____
- Signatures of parents/ guardians_____ Date _____

- **APPROVED/ NOT APPROVED** PRINCIPAL/ADMINISTRATOR NAME: _____ Date_____

KING'S OAK ACADEMY
(January to December, 12 months from Grade R -7)

GRADE	REG FEE Non - refundable	RE-REG FEE Non - refundable	FEES PER MONTH	TOTAL Tuition	COMPULSORY UNIFORM include winter set, tracksuit and summer set. UNIFORM TOTAL	GRAND TOTAL
R	R500		R800	R9 600	R2 600	**R12 200**
1- 3	R500		R800	R9 600	R2 600	**R12 200**
4 - 7	R500		R850	R10 200	R2 700	**R12 900**

THERE IS 10% DISCOUNT FOR TOTAL TUITION FEES PER YEAR PAID ON OR BEFORE END OF FEBRUARY

Account Name : KING'S OAK ACADEMY
Bank : FIRST NATIONAL BANK (FNB)
Branch : THE GLEN
Account Number : 630 88 22 79 47

USE LEARNER'S NAME, SURNAME AND GRADE AS A REFERENCE NUMBER

LAST DATE OF FEES PAYMENT IS EVERY 3RD OF THE MONTH

KING'S OAK ACADEMY UNIFORM

ITEMS		Grade R-3	Grade 4-6
2 Piece Tracksuit	Top and Bottom	**R600**	**R600**
Sports Attire	Short and T-shirt	**R300**	**R300**
5 pieces Winter Set uniform	School pant, shirt, beanie, tie and jersey	**R600**	**R600**
Summer Uniform	Short and waist coat for boys, short sleeved shirt, sunhat, tunic for girls and pullover	**R550**	**R600**
BLAZER		**R550**	**R600**
TOTAL		**R2 600**	**R2 700**