

ADMISSION NO:



TEL: 015 004 0548,
info@francolinprimaryschool.co.za

APPLICATION FOR ADMISSION 2026

PHOTO

THIS FORM MUST BE COMPLETED IN BLOCK LETTERS

EMIS NO: 994402306

CONTRACT BETWEEN FRANCOLIN PRIMARY AND _____ (PARENT NAMES)

1. DOCUMENT REQUIRED FOR ADMISSION

- COMPLETED APPLICATION FORM
- ONE ID PHOTO (WHITE SHIRT)
- CERTIFIED COPY OF OFFICIAL BIRTH CERTIFICATE/ID
- LAST REPORT FROM PREVIOUS SCHOOL, IF APPLICABLE
- REGISTRATION FEES
- TRANSFER CARD
- PROOF OF RESIDENCE
- COPY OF ID: PARENT/GUARDIAN
- PROOF OF INCOME

2. LEARNER PERSONAL DETAILS

SURNAME:		INITIALS	
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FIRST NAMES:		GENDER	MALE		FEMALE	
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DATE OF BIRTH:	Y	Y	Y	Y	M	M	D	D
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ID NUMBER:		HOME LANGUAGE	
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GRADE APPLIED FOR	
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PREVIOUS SCHOOL ATTENDED	
ADDRESS OF SCHOOL	
POSTAL CODE	
PREVIOUS GRADE	

3. LEARNER DETAILS TO BE COMPLETED BY THE PRINCIPAL OF THE FORMER SCHOOL

SURNAME:	
FIRST NAME:	
DATE OF BIRTH:	
ID NUMBER:	
GRADE:	
REASON FOR LEAVING:	
RECOMMENDATION:	
PRINCIPAL'S ADDRESS:	
POSTAL CODE:	

4. CONTRACT BETWEEN FRANCOLIN PRIMARY SCHOOL AND _____ (PARENT NAME)

1. I am aware that Francolin Primary school is a private institution that does not receive grants or financial aid from the Department of Education.
2. In the case of unpaid fees, the school will take the following actions:
 - a) Write to a parent or legal guardian.
 - b) If notice 2. (a) above proves ineffective, the parent will be summoned to the school.
 - c) Notice 2(a) and (b) will be followed by legal action if they are unsuccessful.
 - i) Legal action may consist of,
 - ii) charging interest in addition to late fees
 - iii) administrative fees
 - d) Costs associated with collection efforts and attorney fees.
3. I, the undersigned, hereby affirm that my child and I will adhere to the rules of the school and the general code of conduct set forth in the school policy.
4. I undertake to make sure my child gets to school on time and will arrange for adequate transportation.
5. I agree to pay the school's fees on or before the 10th of each month, as required by the school, and to refrain from taking legal action against it if it takes any of the measures outlined in notice 2(a) through (c) above if I am in default on my payments.
6. I agree to give my child the help they need, such as transportation, supervision of their schoolwork, discipline, and such like.

7. I agree to give the principal prompt written notice of any absences for my child.
8. The school has the right to revoke a learner's enrollment if it ever seems that they were given false or inaccurate information, were misrepresented, or used any other illegal means to enroll. The registration money must be forfeited by parents who cancel their child's registration.
9. I undertake to take responsibility for ensuring that all learner support resources are stored properly and delivered back to the school at the end of each academic year in good shape. If a book is missing, I am responsible for replacing it or paying the appropriate charge.
10. I'll see to it that my child always puts on a complete school uniform with the authorized Student ID card for the school.
11. Violations of the code of conduct may result in disciplinary action against my child. Therefore, I undertake to support my child regarding school's code of conduct adherence.
12. Admission is granted when the registration fee is paid in full.

LEARNER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

5. PARTICULARS OF PARENT OR GUARDIAN RESPONSIBLE FOR PAYING LEARNER'S FEES

SURNAME		INITIALS	
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FIRST NAMES	
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GENDER	MALE	FEMALE	DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D
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ID NUMBER		HOME LANGUAGE	
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MARITAL STATUS		OCCUPATION	
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IS THERE A SIBLING IN SCHOOL? YES ☐ NO ☐

SIBLING NAME:		GRADE:	
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6. EMPLOYER DETAILS:			
EMPLOYER NAME:		TEL. NO:	
EMPLOYER ADDRESS:		POSTAL CODE:	
7. PARENT /GUARDIAN CONTACT DETAILS			
CONTACT DETAILS	FATHER	MOTHER	
TELEPHONE NUMBER AT HOME			
TELEPHONE NUMBER AT WORK			
CELL NUMBER			
E-MAIL ADDRESS			
RESIDENTIAL ADDRESS			
POSTAL ADDRESS			
8. MEDICAL INFORMATION (IF APPLICABLE)			
ALLERGIES OR MEDICAL CONDITIONS:			
FAMILY DOCTOR:		TEL NO:	
MEDICATIONS (IF ANY):			
9. EMERGENCY CONTACT INFORMATION			
EMERGENCY CONTACT NAME:			
RELATIONSHIP TO CHILD:		EMERGENCY CONTACT NUMBER:	
FOR OFFICIAL USE			
10. DOCUMENTS RECEIVED			
COPY OF BIRTH CERTIFICATE/ID OF LEARNER	CERTIFIED COPIES	YES	NO
COPY OF ID: PARENT/GUARDIAN	CERTIFIED COPIES	YES	NO
SCHOOL REPORT FROM PREVIOUS SCHOOL	CERTIFIED COPIES	YES	NO
TRANSFER CARD	CERTIFIED COPIES	YES	NO
PROOF OF RESIDENCE	CERTIFIED COPIES	YES	NO
PROOF OF INCOME	CERTIFIED COPIES	YES	NO
ONE ID PHOTOS (WITH WHITE SHIRT)		YES	NO
11. APPLICATION RESULT			
ADMITTED		NOT ADMITTED	
If not admitted, state reason:			

DATE:	_____
SIGNATURE:	_____
ADMINISTRATOR:	_____
PRINCIPAL/DIRECTOR:	_____



FRANCOLIN PRIMARY SCHOOL
NO.216 MASHISHIMALE - PHALABORWA 1395
TEL: 015 004 0548

SCHOOL FEES STRUCTURE- 2026

GRADE	REGISTRATION FEES (ONCE OFF)	STUDENT ID	SCHOOL FEES PER MONTH (JAN-DEC)	TEXTBOOKS LEVY PER YEAR	TOTAL FEES (ONCE OFF)
R-3	R1000	R100	R1250	R450	R2800
4-7	R1000	R100	R1300	R350	R2750

PLEASE NOTE:

TEXTBOOK LEVY

A non-refundable textbook levy of R450 (R-3) and R350 (4-7) per learner per academic year is included in the school fees. This levy covers the cost of providing workbooks and textbooks to learners.

TEXTBOOK RESPONSIBILITY

Learners are responsible for the care and return of all textbooks issued to them. Any lost or damaged textbooks must be replaced by the learner at their own cost. The replacement cost for a lost or damaged textbook is R350 per textbook.

Please ensure that all textbooks are returned to the school library in good condition at the end of each academic year.

BANKING DETAILS

ACCOUNT NAME: **FRANCOLIN PRIMARY SCHOOL**

ACCOUNT NUMBER: **63029862182**

BANK NAME: **FNB BANK**

BRANCH CODE: **210835**

- Please use the learner's Surname, name and grade as reference, keep the receipt as proof of payment.
- Discount of R50.00 per learner Per month will be granted if TWO or MORE learners of the same Parent/Guardian are registered.
- All calls/inquiries must be directed to school during office hours: 07h30 – 16h00

ADMISSION NO:



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**APPLICATION FOR ADMISSION 2026
RETURNING STUDENTS**

PHOTO

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CONTRACT BETWEEN FRANCOLIN PRIMARY AND _____ (PARENT NAMES)

1. DOCUMENT REQUIRED FOR ADMISSION

- COMPLETED APPLICATION FORM
- ONE ID PHOTO (WHITE SHIRT)
- PROOF OF PAYMENT (REGISTRATION FEES AND JANUARY FEES)
- PROOF OF INCOME

2. LEARNER PERSONAL DETAILS

SURNAME:		INITIALS	
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FIRST NAMES:		GENDER	MALE	FEMALE	
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DATE OF BIRTH:		Y		Y		Y		M		M		D		D
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ID NUMBER:		HOME LANGUAGE:	
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GRADE APPLIED FOR	
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PREVIOUS GRADE:	
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CLASS TEACHER'S NAME:	
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HOUSE NAME:		COLOUR:	
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3. CONTRACT BETWEEN FRANCOLIN PRIMARY AND _____ (PARENT NAMES)

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12. Admission is granted when registration fee is paid in full.

LEARNER SIGNATURE: _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

4. PARTICULARS OF PARENT OR GUARDIAN RESPONSIBLE FOR PAYING LEARNER'S FEES

SURNAME:		INITIALS:	
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FIRST NAMES:	
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GENDER:	MALE	FEMALE	DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D
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ID NUMBER:		HOME LANGUAGE:	
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MARITAL STATUS:		OCCUPATION:	
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IS THERE A SIBLING IN SCHOOL? YES ☐ NO ☐

SIBLING NAME:		GRADE:	
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EMPLOYER DETAILS	
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EMPLOYER NAME:	TEL NO:
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EMPLOYER ADDRESS:	
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PARENT/GUARDIAN CONTACT DETAILS:	
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CONTACT DETAILS	FATHER/GUARDIAN	MOTHER/GUARDIAN
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TELEPHONE NUMBER AT HOME:		
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TELEPHONE NUMBER AT WORK:		
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CELL NUMBER:		
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E-MAIL ADDRESS:		
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RESIDENTIAL ADDRESS:		
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POSTAL ADDRESS:		
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5. MEDICAL INFORMATION (IF APPLICABLE)

ALLERGIES OR MEDICAL CONDITIONS:	
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FAMILY DOCTOR:	TEL NO:
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MEDICATIONS (IF ANY):	
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6. EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME:	
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RELATIONSHIP TO CHILD:	EMERGENCY CONTACT NUMBER:
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7. DOCUMENTS SUBMITTED

FOR OFFICE USE		
COMPLETED APPLICATION FORM	YES	NO
PROOF OF PAYMENT (REGISTRATION FEES AND JANUARY FEES)	YES	NO
PROOF OF INCOME	YES	NO
ONE ID PHOTOS (SCHOOL WHITE SHIRT WITH EMBLEM)	YES	NO

8. APPLICATION RESULT

ADMITTED:		NOT ADMITTED:	
If not admitted, state reason:			

DATE:	
SIGNATURE:	
ADMINISTRATOR:	
PRINCIPAL/DIRECTOR:	

SCHOOL FEES STRUCTURE- 2026

GRADE	REGISTRATION FEES (ONCE OFF)	STUDENT ID	SCHOOL FEES PER MONTH (JAN-DEC)	TEXTBOOKS LEVY PER YEAR	TOTAL FEES (ONCE OFF)
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ACCOUNT NUMBER: **63029862182**

BANK NAME: **FNB BANK**

BRANCH CODE: **210835**

- **NOTE:** PLEASE USE THE LEARNER'S **SURNAME, NAME** AND **GRADE** AS REFERENCE, AND KEEP THE RECEIPT AS PROOF OF PAYMENT.