



WESTERING PRIMARY SCHOOL

T 041 360 7818
F 041 360 7819
E reception@westering.co.za

P.O. Box 10147, Linton Grange, 6015
Papenkuils Street, Westering,
Gqeberha, 6025

2027 - APPLICATION FOR ADMISSION

Thank you for considering Westering Primary School for your child. We do, however, have limited space available and we advise you to apply to a minimum of four (4) schools.

Name of learner:	
Current age:	
Grade applying for:	

ID photo

Application information and requirements:

Please print in capitals and complete ALL sections, even if there is repetition. **Your application will only be considered if the documents listed below are included and hand delivered to the school office. E-MAILED OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.** The onus is on the parents or legal guardians to ensure that all the relevant documentation irrespective of the family's circumstances is supplied to the school. Please note that the supplying of false information will invalidate this application.

The application must be accompanied by the following documents:	Attached ✓ or ✗
One passport size photograph of the learner attached in the space provided	
Certified copy of an Immunisation (Clinic) card of the learner	
Certified copy of an unabridged birth certificate	
Copy of learner's latest school report (where applicable)	
Proof of residential address of the child, a certified copy of either a municipal account or a lease agreement in parent/guardian's name	
Certified copies of Identity or Passport documents of both parents, guardians and/or account payer	
Certified copy of a study visa, if NOT a South African citizen	
Certified copies of payslips of both parents, guardians and/or account payer	
An affidavit if unemployed, and a copy of a U19 document	
Certified copy of a Death Certificate should a biological parent be deceased	
Certified copy of Court Order as proof of guardianship or foster care	

On being accepted:

- All applicants will receive a reply telephonically or via e-mail.
- Should you be a successful applicant you will be contacted telephonically to report to the school office where you will sign a letter of acceptance.
- Once you have paid the administration fee all correspondence will be done via email. **Please ensure that your e-mail address is correct.**





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LEARNER'S INFORMATION – ALL INFORMATION MUST BE COMPLETED IN PRINT, PLEASE.	
Full names:	
Surname:	
Initials:	
Date of birth:	
Nationality:	
ID number:	
Passport number:	
Study visa:	
Ethnic group:	
Religion:	
Gender:	
Home language:	
Dexterity: (left or right-handed)	
Residential address:	Postal address:
Name of current school:	
Brothers and sisters at Westering Primary: Y / N	Name of Sport House:
Name and surname:	Name and surname:
Grade:	Grade:
Medical details:	Next of kin – emergency contact, in case
Medical aid name:	parents/guardians are not available
Membership number:	Name:
Specific plan:	Surname:
Doctor's name:	Contact number:
Phone number:	Relation to child:
Please list any known allergies:	
Please list any routine medications:	
Please select any learning disabilities:	
• Anxiety Disorder	• Dyscalculia
• Attention Deficit Disorder	• Dysgraphia
• Attention Deficit Hyperactivity Disorder	• Dyslexia
• Auditory Processing Disorder	• Epilepsy
• Autistic Spectrum Disorder	• Hard of Hearing
• Conduct Disorder	• Stuttering
Other learning disabilities not listed:	
Is the learner currently or will be having a scholastic or psychometric assessment: Yes/No	





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BIOLOGICAL MOTHER'S INFORMATION - ALL INFORMATION MUST BE COMPLETED IN PRINT, PLEASE.	
Title:	
Full names:	
Surname:	
Initial:	
Marital status:	
Nationality:	
Birth date:	
ID number:	
Passport number:	
Work visa:	
Ethnic group:	
Religion:	
Gender:	
Home language:	
Mobile number:	
Work phone number:	
E-mail address (home):	E-mail address (work):
Residential address:	Postal address:
Occupation information:	
Occupation status:	
Employment sector:	
Occupation:	
Employer:	
Employer physical address:	
Employer telephone number:	
Gross annual income:	
Is learner living with this parent?	
If not, who does the child stay with?	
Relation to child:	

Signed at _____ on this the _____ day of _____ 2026.

Full name: _____ Signature: _____





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BIOLOGICAL FATHER'S INFORMATION - ALL INFORMATION MUST BE COMPLETED IN PRINT, PLEASE.	
Title:	
Full names:	
Surname:	
Initial:	
Marital status:	
Nationality:	
Birth date:	
ID number:	
Passport number:	
Work visa:	
Ethnic group:	
Religion:	
Gender:	
Home language:	
Mobile number:	
Work phone number:	
E-mail address (home):	E-mail address (work):
Residential address:	Postal address:
Occupation information:	
Occupation status:	
Employment sector:	
Occupation:	
Employer:	
Employer physical address:	
Employer telephone number:	
Gross annual income:	
Is learner living with this parent?	
If not, who does the child stay with?	
Relation to child:	

Signed at _____ on this the _____ day of _____ 2026.

Full name: _____ Signature: _____





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LEGAL GUARDIAN'S INFORMATION - ALL INFORMATION MUST BE COMPLETED IN PRINT, PLEASE.	
Title:	
Full names:	
Surname:	
Initial:	
Marital status:	
Nationality:	
Birth date:	
ID number:	
Passport number:	
Work visa:	
Ethnic group:	
Religion:	
Gender:	
Home language:	
Mobile number:	
Work phone number:	
E-mail address (home):	E-mail address (work):
Residential address:	Postal address:
Occupation information:	
Occupation status:	
Employment sector:	
Occupation:	
Employer:	
Employer physical address:	
Employer telephone number:	
Gross annual income:	
Is learner living with this parent?	
If not, who does the child stay with?	
Relation to child:	

Signed at _____ on this the _____ day of _____ 2026.

Full name: _____ Signature: _____





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ACCOUNTABLE PERSON'S INFORMATION - ALL INFORMATION MUST BE COMPLETED IN PRINT, PLEASE.			
Person accountable for payment of school fees: (please select)			
Mother	Father	Legal Guardian	Other
If "Other", please complete the information below			
Title:			
Full names:			
Surname:			
Initial:			
Relation to child:			
Marital status:			
Nationality:			
Birth date:			
ID number:			
Passport number:			
Work visa:			
Ethnic group:			
Religion:			
Gender:			
Home language:			
Mobile number:			
Home phone number:			
E-mail address:			
Residential address:		Postal address:	
Occupation information:			
Occupation status:			
Employment sector:			
Occupation:			
Employer:			
Employer physical address:			
Employer telephone number:			

School Fees Policy: Terms and Conditions

- Please note that the payment of school fees is compulsory at our school. In terms of Section 39 of the South African Schools Act, you are liable to pay these fees. In terms of Section 40 of the same Act, we may enforce this payment by taking legal action. Parents who are unable to pay school fees may apply for subsidy.
- Both parents / legal guardians are jointly liable to pay school fees.
- Terms of payment: Annual fees are payable over 11 months (Jan—Nov).

Signed at _____ on this the _____ day of _____ 2026.

Full name: _____

Signature: _____





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CONTRACT WITH SCHOOL: PAYMENT OF SCHOOL FEES		Initial each block
• We, parents/guardians of the applicant hereby confirm that I/we have read and understand the School Fee Payment Policy of Westering Primary School and hereby accept the conditions thereof.		
• We acknowledge that the payment of school fees at Westering Primary School is compulsory.		
• We acknowledge that we as parents/guardians are jointly and separately responsible for the payment of school fees, as prescribed by the school.		
• We hereby confirm that we are in a financial position to pay the prescribed school fees.		
• We hereby acknowledge that, in the event of non-payment, action will be taken against BOTH parents/legal guardians and if applicable the accountable person regardless of any maintenance agreements, which may exist between the parties.		
• We acknowledge and agree that if we fail to pay the school fees Section 41 FINAL DEMAND LETTER PROCEDURES WILL BE PUT IN PLACE.		
• We further consent that this document may be used for the aforesaid purposes.		
• We consent to paying attorneys and client costs, including collection commission in the event of being handed over for collection.		

Signatures of both parents/legal guardians and if applicable the accountable person responsible for the payment of school fees must be supplied below:

Mother	Father
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Legal Guardian	Accountable Person:
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____





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2026 SCHOOL FEE STRUCTURE

PRE-PRIMARY SCHOOL	PER MONTH (11)	PER YEAR
PER CHILD	R 2 136	R 23 496
There is no 2 nd child discount for Pre-Primary learners		

PRIMARY SCHOOL	PER MONTH (11)	PER YEAR
PER CHILD	R 1 968	R 21 648
SECOND AND FOLLOWING CHILDREN	R 1 532	R 16 852

SCHOOL FEES ARE PAYABLE IN ADVANCE FROM 1 JANUARY – 1 NOVEMBER.

LUMP-SUM ANNUAL PAYMENTS
An 8% DISCOUNT WILL BE AWARDED TO THOSE PAYING THEIR SCHOOL FEES IN FULL BEFORE 31 MARCH

Please take note of the following:

- The 2026 school fee structure is a guide as to Westering Primary School's annual fee structure.
- A budget meeting is held annually in November to present the 2027 figures.
- Parents/Guardians are liable for the payment of school fees.
- Parents/Guardians have the right to apply for exemption of school fees.
- In case of Parents/Guardians needing to apply for a subsidy, forms can be collected from reception, and all the relevant documentation must be submitted to reception by no later than 27 March 2026. Please refer to the subsidy application for further details.
- **Application for a subsidy of school fees must be made annually and will only be granted to qualifying families from the date of approval and dependant on the budget available. This process is completed at the discretion of the School Governing Body.**





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SOUTH AFRICAN SCHOOLS ACT 84 OF 1996 REGULATIONS FOR THE EXEMPTION OF PARENTS FROM SCHOOL FEES CHECKLIST FORM		
• Has the principal / school informed you about the amount of the annual school fees to be paid. (See School Fee Structure 2026)	YES	NO
• Has the principal / school informed you that you are liable for the payment of school fees. (See School Fee Structure 2026)	YES	NO
• Has the principal / school informed you about your right to apply for exemption from paying school fees? (See School Fee Structure 2026)	YES	NO
• Do you wish to apply for such exemptions? (Applications for exemptions forms are available from reception). Excluding Pre-Primary.	YES	NO
• Do you wish to be assisted in making such application?	YES	NO
• Do you understand that an application for exemption of school fees must be made annually?	YES	NO

Signatures of both parents/legal guardians and if applicable the accountable person responsible for the payment of school fees must be supplied below:

Mother	Father
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Legal Guardian	Other:
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____





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CONTRACT WITH SCHOOL		
• I/we, parent/guardian of the applicant hereby give permission that he/she may participate in all academic, sport and cultural activities presented by the school in an organised manner.	YES	NO
• I/we agree that he/she may participate in tests conducted by the School Based Support team with the objective of improving his/her schoolwork and to identify any barriers to learning, in order to provide guidance and support.	YES	NO
• I/we give consent for my/our child to be transported by public/private bus companies (approved by the School Governing Body), as well as by Westering Primary Staff with a valid Professional Driver's Permit.	YES	NO
• I/we accept that all reasonable precautions will be taken for the safety and wellbeing of my/our child and that I/we will be held responsible for the payment of medical and/or hospital fees if enforced upon, in case of an injury.	YES	NO
• I/we hereby confirm that, as to my/our knowledge, my/our child is physically able to participate in any organised activities and resides in good health.	YES	NO
• I/we confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of emergency.	YES	NO
• I/we undertake to inform Westering Primary School if any of the above information changes.	YES	NO
• I/we undertake to support my/our child to obey the school Code of Conduct and the disciplinary system of Westering Primary School.	YES	NO
• I/we agree that photos of our child may be used on Class Dojo – an app which is used by class teachers/coaches/the school to share daily activities.	YES	NO
• I/we agree that photos of our child may be used on the Westering Primary School Website; Facebook and Instagram page to share daily activities and accomplishments.	YES	NO

Mother	Father
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Legal Guardian	Other:
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____





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TO BE COMPLETED BY YOUR CHILD'S PRESENT SCHOOL

Learner Particulars

The following learner is applying to attend Westering Primary School.

Kindly complete this form and return it to the parents/legal guardians that are to submit it along with the application form.

Name of learner: _____

Name of present school: _____

School telephone number: _____

School E-Mail: _____

Present Grade: _____

Number of years at present school: _____

Behaviour / Attitude/ Parental involvement:

For example: Exemplary, Good, Satisfactory, Unsatisfactory

Extra-mural activities: _____

Annual fees payable: _____

Please indicate if fees are paid up to date: Yes ☐ No ☐

Means of payment: Cash ☐ Debit order ☐ Electronically ☐ Stop order ☐

Other comments: _____

Date: _____

Signature of Principal: _____

School stamp





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