



HAZYVIEW PRIMARY SCHOOL

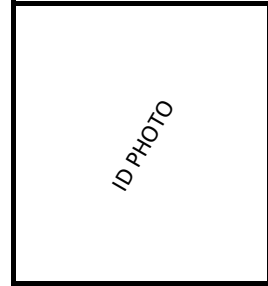
EMIS NO. 800035603

Tel: 013 007 1330
Cell: 060 651 2304

Application for admission

P.O Box 194, Hazyview 1242
E-mail: admin@hazyviewprimary.co.za
Website: www.hazyviewprimary.co.za

2025



SCHOLAR INFORMATION

Date of application:

Full names:

Preferred name:

Surname:

Birth date: ID number:

Grade to be entered: Gender:

Current school:

Religion:

Other children attending THIS school: YES NO

if YES, please specify:

MEDICAL INFORMATION

Name of aid: Member number:

General practioner: Tel:

PARENT/ GUARDIAN INFORMATION

1. Father/ Guardian	2. Mother/ Guardian
Name: <input type="text"/>	Name: <input type="text"/>
Surname: <input type="text"/>	Surname: <input type="text"/>
Occupation: <input type="text"/>	Occupation: <input type="text"/>
Cell phone: <input type="text"/>	Cell phone: <input type="text"/>
Work: <input type="text"/>	Work phone: <input type="text"/>
Emergency No. <input type="text"/>	Emergency No: <input type="text"/>
E-mail: <input type="text"/>	E-mail: <input type="text"/>

Person responsible for school account: Parent 1 Learner resides with: Parent 1
Parent 2 Parent 2

- I hereby undertake to **PAY ALL FEES IN ADVANCE** before the 3rd of every month.
(R100.00 late payment will apply to payments received in our bank after the 3rd) If fees are paid on the 15th it must be for the coming month.
- I have read and understood the conditions of admission to the school and hereby certify that the above information is correct.
- Should you wish to take your child out of the school, one (1) calendar month's written notice is required and you will be held liable for that month's school fees.
- Should your child not return to HPS in the new school year and an admission form has been signed and received by the office, space for your child would have been booked and as such you will be held liable for the school fee for January 2025.

Signature parent/ guardian: _____ Date: _____