

LOMPEC INDEPENDENT PRIMARY AND SECONDARY SCHOOL

(LOMPEC EDUCATION CENTRE)
(ASSOCIATION INCORPORATED UNDER SECTION 21)

10935 Ledwaba Street
P.O. Rethabile
Mamelodi East
0122



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[website: www.lompeccollege.co.za](http://www.lompeccollege.co.za)

APPLICATION AND REGISTRATION 2021 (GRADE 7 - 10)

Your application to study at the above school will be considered upon submission and verification of the following documents.

You are now required to submit the following:

1. *Registration fee (Non-refundable)*
2. *Original Progress Report (Not a Copy)*
3. *Certified Copy of ID / Birth Certificate*
4. *Original Transfer Letter (Not a copy)*
5. *Application form (Attached)*
6. *Both Parents Certified ID / Passport*
7. *Proof of Residence*
8. *Study Permits (Foreign Nationals)*

◆ *Our first term commences on the (11 January 2021 at 07:30)*

Regards

.....
L. Makola
Registrar

A P P L I C A T I O N F O R M

Grade Applied for: [.....] Highest Grade Passed: [.....] Year Passed: [.....] Accession No:[.....]

PERSONAL DETAILS

SURNAME : **NAMES(S) :**

ID/ PASSPORT No. : **DATE OF BIRTH :**/...../.....

GENDER : Female [.....] Male [.....] **RAC E:** **HOME LANGUAGE:**

POSTAL ADDRESS:

.....**Area Code [.....]**

RESIDENTIAL ADDRESS :

.....**Area Code [.....]**

HOME TELEPHONE No.: (.....) **CELL No.:**

DECEASED PARENT: Mother [.....] Father [.....] Both [.....] **MODE OF TRANSPORT [.....]**

RELIGION: [.....] **PRE-PRIMARY EDU.** None [.....] Non Formal [.....] Formal [.....]

PREVIOUS SCHOOL INFORMATION

NAME OF PREVIOUS SCHOOL :

PREVIOUS SCHOOL ADDRESS:

..... **CODE:**

PROVINCE: **COUNTRY :** **YEAR :**

REFERENCE: **TEL No. :**

LEARNER MEDICAL INFORMATION

MEDICAL AID NUMBER: **MEDICAL AID NAME:**

MEDICAL AID MAIN MEMBER: **DOCTOR NAME:**

DOCTOR'S ADDRESS:

DOCTOR TELEPHONE NUMBER:

Medical Condition:

Special Problems Requiring Counseling:

Dexterity of Learner: Right Handed [.....] Left Handed [.....] Ambidextrous [.....]

Reg. Social Grant: Yes [.....] No [.....] **Rec Social Grand** Yes [.....] No [.....]

Number of other children at this school: [.....] **Position in the family (e.g. first):** [.....]

DETAILS OF PARENT/GUARDIAN

TITLE: [.....] **INITIALS** [.....] **SURNAME :**

FIRST NAMES : **GENDER:** Male [....] Female: [....]

HOME LANGUAGE: **RACE:**

ID/ PASSPORT No.: **Account Payer:** Yes [.....] No [.....]

RESIDENTIAL ADDRESS:

.....**CITY:/ SUBURB:** **CODE:**

OCCUPATION: **EMPLOYER:**

SURNAME OF SPOUSE: **FIRST NAME:**

OCCUPATION OF SPOUSE: **Learner resides with this parent/s:** Y[....] N[....]

SPOUSE ID No.: **Relationship to Learner:**

MARITAL STATUS OF PARENT:

CORRESPONDENCE DETAILS

TITLE: [.....] **NAME:** **SURNAME:**

POSTAL ADDRESS:

.....**CITY/ SUBURB:** **CODE:**

OTHER CONTACT DETAILS

Home Telephone: [.....] **Work Telephone:** [.....]

Fax Number: [.....] **Cell Number:**

Spouse Work Telephone Number: [.....] **Spouse Cell Number:**

E-mail Address: **Spouse E-mail Address:**

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent/ Guardian:

Signature of Parent/ Guardian:

Date://

FEES FOR GRADE 07 - 10 LEARNERS

SCHOOL FEES (Day Scholars)	REGISTRATION (NEW LEARNERS ONLY)
Grade 7 to 9 Tuition : R 16 500.00 per annum Monthly Payments : R 1 500.00 x 11 Months (February to December) TOTAL : R 16 500.00 per annum	Registration : R 1 000.00 (Non-refundable)
Grade 10 Tuition : R18 150.00 per annum Monthly Payment : R1 650.00 x 11 Months Months (February to December) TOTAL: R18 150.00 per annum	Registration : R 1 000.00 (Non-refundable) The school does not enroll learners for grade 11 and 12

1. **CASH PAYMENTS:** 10% discount to be refunded to parents if fees are fully paid by the parent on or before the 31st January.
2. No discount will be refunded if fees are fully paid by the company on or before the 31st January.
3. If there are four learners from the same family, a discount will be given as follows:

Grade 7 to 9	Grade 10
1st learner R16 500.00 or R1 500.00 x11 months 2nd learner R15 400.00pa or R1 400.00 x11 months 3rd learner R14 300.00pa or R1 300.00 x11 months 4th learner automatically qualifies for a bursary.	1st learner R18 150.00 or R1 650.00 x11 months 2nd learner R17 050.00pa or R1 550.00 x11 months 3rd learner R 15 950.00pa or R 1 450.00 x11 months 4th learner automatically qualifies for a bursary.

Please Note: Only biological children are eligible for the above discount.

Additional Information:

1. Regrettably we are unable to enroll disabled or mentally challenged persons.
2. Monthly fees must be paid on or before the 4th of every month.
3. Swipe your debit/credit card at our offices or deposit your monthly fees through the college's bank account.
[Banking Details are available in the Administration Office]
4. All new applicants to take aptitude tests as a condition to be admitted in the next class.
5. Once off payment of R110.00 for casual, to be paid by each learner for the whole year.

**It is compulsory that this form be COMPLETED AND RETURNED to the school
LOMPEC SECONDARY SCHOOL**

- **CONFIRMATION OF ADMISSION TO SCHOOL 20.....**
- **SCHOOL FEES COMMITMENT**

I, the undersigned, _____ ID _____ of
physical address: _____

(chosen domicilium citandi et executandi)

Tel. (H) _____ (W) _____ (Cell) _____

hereby declare that I am truly and lawfully indebted to **LOMPEC SECONDARY SCHOOL** in the amount of

R _____ for school fees due for 20...., for my child.

(Amount in words) **Sixteen Thoudand Five Hundred Rand Grade 7 to 9)**

(Amount in words) **Eighteen Thousand One Hundred and Fifty Rand (Grade 10) payable monthly (on or before the 4th of every month).**

I hereby undertake to make all payments to the school as follows:

- Direct Banking (request banking details in Admin Office).
- Internet Banking. (Learner's Name and details of payment must be entered on Internet/ Deposit Slip and a copy forwarded to the school).
- Debit Order (Make arrangements with your bank timeously).
- EFT Payments Services are available at the school.

NB: Please state NAME OF LEARNER on deposit slips when using direct banking method.

Name of Child	Grade

Fees are payable over a period of ELEVEN MONTHS - February to December.

NB: Learners with 2 months overdue accounts will be barred from attending classes and will be placed in self-supervised study on the school premises until all outstanding fees are settled in full and the parent/ guardian agrees to the school absolute discretion.

The parent/ guardian agrees that any failure to pay school fees for three (3) months or more will constitute a material breach of this agreement and the contract will be terminated with immediate effect resulting in the learner given a letter of transfer.

This contract covers a period of one (1) year, commencing on the **11 January 2021 to 31 December 2021** and terminate automatically upon the expiry date. The school shall use its discretion for further renewal.

In the event of my failing to pay any instalment payable under this acknowledgement on due date, the full balance of such capital, interest and legal costs shall immediately be due and payable without further notice. I agree to the jurisdiction of the Magistrate's Court.

I hereby consent to pay all costs on an attorney and own client scale, (including collection charges) incurred by the school for recovery of any indebtedness to herein. All payments made in terms of capital.

SIGNED AT _____ ON THE _____ DAY OF _____ 20.....

AS WITNESSES:

SIGNATURE OF PARENT/ GUARDIAN

SENIOR PHASE GRADE 7 - 9

ALL SUBJECTS ARE COMPULSORY

ENGLISH HOME LANGUAGE

SEPEDI HOME LANGUAGE

ENGLISH FIRST ADDITIONAL LANGUAGE

AFRIKAANS FIRST ADDITIONAL LANGUAGE

MATHEMATICS

NATURAL SCIENCES

SOCIAL SCIENCES

ECONOMIC MANAGEMENT SCIENCES

TECHNOLOGY

LIFE ORIENTATION

ARTS AND CULTURE

COMPUTER LITERACY

SCHOOL CURRICULUM GRADE 10

CORE SUBJECTS (COMPULSORY)

HOME LANGUAGES (ENGLISH, SEPEDI)

FIRST ADDITIONAL LANGUAGE (ENGLISH & AFRIKAANS)

LIFE ORIENTATION

COMPUTER APPLICATION TECHNOLOGY (COMPULSORY)

SCIENCES

PHYSICAL SCIENCES

LIFE SCIENCES

MATHEMATICS

COMMERCIALS

ECONOMICS

BUSINESS STUDIES

MATHS LITERACY

TOURISM

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[website: www.lompeccollege.co.za](http://www.lompeccollege.co.za)

INDEMNITY FORM

I _____ being Parent / Guardian
of _____ accept that all
reasonable precautions will be taken to ensure the safety and welfare of my child, and that I
shall be responsible for the payment of medical and/or other hospital accounts, where
applicable, should an injury be sustained.

I also declare that the school and staff cannot be held liable, and are indemnified against
loss of any personal articles of clothing, toys etc, brought to the school, or any personal
injury or death howsoever arising.

I hereby consent for my child going on an outings during the period that he/she is at this
school, and indemnify the school and staff against any claim that may arise.

**The Lompec Management Board reserves the right to amend the rules and
regulations where the need arises.**

Signed this day of 20..... at

Father/Guardian : Mother/Guardian.....

Witness 1 2



UNIFORM

GIRLS : NAVY BLUE SKIRTS (PANEL)
NAVY BLUE TROUSER
WHITE AND BLUE SHIRTS
MAROON TIE
WHITE SOCKS
BLACK SHOES
MAROON JERSEY
MAROON DRI-MAC / FLEECE JACKET
SCHOOL T-SHIRT
SCHOOL TRACKSUITS
PHYSICAL EDUCATION SHORTS

*(Proper skirt lengths highly recommended)
(No fancy hairstyles or ear rings)*

BOYS : NAVY BLUE TROUSERS *[NOT JEANS OR CHINOS]*
WHITE AND BLUE SHIRTS
MAROON TIE
BLACK SHOES
MAROON JERSEY
MAROON DRI-MAC / FLEECE JACKET
SCHOOL T-SHIRT
BLACK SOCKS
SCHOOL TRACKSUITS
PHYSICAL EDUCATION SHORTS

(No fancy hairstyles or ear rings)

All learners must be in full uniform from day 1.