

LOMPEC INDEPENDENT PRIMARY AND SECONDARY SCHOOL

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

10935 Ledwaba Street
P.O. Rethabile
Mamelodi East
0122



P. O. Box 77139
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[website: www.lompeccollege.co.za](http://www.lompeccollege.co.za)

APPLICATION AND REGISTRATION 2024 **(GRADE 1)**

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. *Original Transfer Letter. (Not a copy)*
4. *Birth Certificate*
5. *Application form (Attached)*
6. *Both Parents ID / Passport*
7. *Proof of residence*
8. *Immunization cards for Grade 1*
9. *Graduation Certificate for Grade 1)*
10. *Study Permit (Foreign Nationals)*
11. *Proof of eligibility to pay school fees, e.g Payslip or Bank statement.*
12. *Reference letter stating school fees payment history from former school.*
13. *Reference letter stating learner behaviour*

*Grade 1 Learners will get **10 A4 exercise book** as a token of appreciation from the school.*

◆ *Our first term commences on the **(15th January 2024 at 07:30)***

Regards

.....
O. Makhulwane
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 [.....] *RACE*: *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 1 LEARNERS

SCHOOL FEES	REGISTRATION (NEW LEARNERS)
Tuition Fee : R 15 400.00 per annum Monthly Payments : R 1 400.00 x 11 months (February to December) TOTAL : R 15 400.00 per annum	Registration : R 600.00 (Non-refundable)

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:

1st learner R15 400.00pa or R1 400.00 per month x11
 2nd learner R14 300.00pa or R1 300.00 per month x11
 3rd learner R13 200.00pa or R1 200.00 per month x11
 4th learner automatically qualifies for a bursary

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

SUBJECTS FOR FOUNDATION PHASE- GRADE 1	
ENGLISH HOME LANGUAGE	
AFRIKAANS FIRST ADDITIONAL LANGUAGE	
MATHEMATICS	
LIFE SKILLS	
ISIZULU SECOND ADDITIONAL LANGUAGE	
SEPEDI SECOND ADDITIONAL LANGUAGE	
INTRODUCTION TO COMPUTER	

It is compulsory that this form be COMPLETED AND RETURNED to the school
LOMPEC INDEPENDENT PRIMARY 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 INDEPENDENT PRIMARY SCHOOL** in
the amount of **R** _____ for school fees due for 20...., for my child.

(Amount in words) **Fifteen Thousand Four Hundred Rands** 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.

Learners with 1 month overdue accounts will receive messages and phone calls as reminders. Learners with 2 months overdue accounts will receive a letter of demand within 14 days and a final notice within 10 days.

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 and the account will be handed over to debt collectors (TPN).

This contract covers a period of one (1) year, commencing on the 15 January 2024 to 31 December 2024 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

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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