

# LOMPEC INDEPENDENT PRIMARY AND SECONDARY SCHOOL

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

10935 Ledwaba Street  
P.O. Rethabile  
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## APPLICATION AND REGISTRATION 2024 (GRADE 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)*
9. *Proof of eligibility to pay school fees, e.g Payslip or Bank statement.*
10. *Reference letter stating school fees payment history from former school.*
11. *Reference letter stating learner behaviour*

◆ *Our first term commences on the (15<sup>th</sup> 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 [....] **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 10 LEARNERS

SCHOOL FEES (Day Scholars)	REGISTRATION (NEW LEARNERS ONLY)
<b>Grade 10</b> Tuition : <b>R21 450.00</b> per annum Monthly Payments : <b>R 1 950.00 x 11 Months</b> (February to December) <b>TOTAL : R 21 450.00 per annum</b>	Registration : <b>R 1 000.00</b> (Non-refundable)

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

### Grade 10

*1st learner R21 450.00pa or R1 950.00 x11 months  
2nd learner R20 350.00pa or R1 850.00 x11 months  
3rd learner R19 250.00pa or R1 750.00 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 4<sup>th</sup> 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.**

**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) **Twenty One Thousand Four Hundred and Fifty** (Grade 10) payable monthly (on or before the 4<sup>th</sup> 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 **15<sup>th</sup> 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SCHOOL CURRICULUM GRADE 10

## CORE SUBJECTS (COMPULSORY)

**HOME LANGUAGES (ENGLISH, SEPEDI)**

**FIRST ADDITIONAL LANGUAGE (ENGLISH & AFRIKAANS)**

**LIFE ORIENTATION**

<b>SCIENCES</b>	<b>COMMERCIALS</b>
<b>PHYSICAL SCIENCES</b>	<b>ECONOMICS</b>
<b>LIFE SCIENCES</b>	<b>BUSINESS STUDIES</b>
<b>MATHEMATICS</b>	<b>MATHS LITERACY</b>
	<b>TOURISM</b>
	<b>HISTORY</b>
	<b>GEOGRAPHY</b>
	<b>ACCOUNTING</b>
	<b>COMPUTER APPLICATION TECHNOLOGY</b>

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UMALUSI No.: SCH0100674

[e-mail: lompec@icon.co.za](mailto:lompec@icon.co.za)  
[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 .....

