Reg No. 2008/009793/08

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
Mamelodi
0101

EMIS.: 220756
PBO.: 93006605
NPO: 064-724
Umalusi No: 19 SCH01 00674

Tel: (012) 801 - 1015
Fax 2 E-Mail: (086) 492 - 5336

e-mail:lompec@icon.co.za
website:www.lompeccollege.co.za

APPLICATION AND REGISTRATION 2026

(GRADE 7 - 9)

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 Permit (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 (14th January 2026 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: [.....] 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: .....

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 7 - 9 LEARNERS

SCHOOL FEES (Day Scholars)	REGISTRATION (NEW LEARNERS ONLY)
Grade 7 to 9 Tuition Fee: R 20 350.00 per annum Monthly Payments : R 1 850.00 x 11 months (February to December) **TOTAL: R 20 350.00 per annum**	Registration: **R 1000.00** **(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. Sibling Discount Bursary
Objective: To support families with multiple learners at Lompec Independent Primary and Secondary School by providing a 50% bursary for one child.

Eligibility Criteria:
3.1 The family must have **four (4) or more learners** currently enrolled at Lompec Independent and Secondary School.

3.2 A 50% bursary will be awarded to the youngest learner in the family.

NB: THE PARENTS/GUARDIAN OF A BURSARY RECIPIENT IS RESPONSIBLE FOR THE PAYMENT OF REGISTRATION OR READMISSION FEES, STATIONERY AND ADDITIONAL COSTS SUCH AS SCHOOL TRIPS.

Additional Information:

1. **Regrettably we are unable to enrol 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.**

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 SCIENCE
SOCIAL SCIENCES
ECONOMIC MANAGEMENT SCIENCES
TECHNOLOGY
LIFE ORIENTATION
ARTS AND CULTURE
COMPUTER LITERACY

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 SECONDARY SCHOOL** in the amount of R for school fees due for 20...., for my child.

(Amount in words) **Twenty Thousand Three Hundred and Fifty 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 Reference Number 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 LEARNERS REFERENCE NUMBER 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 **14 January 2026 to 31 December 2026** 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

_____

Reg No. 2008/009793/08

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
Mamelodi
0101

EMIS.: 220756
PBO.: 93006605
NPO: 064-724
Umalusi No: 19 SCH01 00674

Tel: (012) 801 - 1015
Fax 2 E-Mail: (086) 492 - 5336

e-mail:lompec@icon.co.za
website: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 .....