



Hamptons Primary School

ADMISSION FORM - 2027

☐

Application Form

☐

Latest Report

☐

Birth Certificate

☐

Any Assessment Reports/School Readiness

☐

Parents ID's

☐

Transfer Letter

☐

Road to Health Card

☐

Proof of Payment

LEARNER

Surname: _____

Name: _____

Gender: _____ Grade applied for: _____ Date of birth: _____

PARENTS/GUARDIANS

MOTHER

FATHER

Surname: _____ Surname: _____

Name: _____ Name: _____

ID number: _____ ID number: _____

Profession: _____ Profession: _____

Tel. no: _____ Tel. no: _____

E-mail: _____ E-mail: _____

In the event of an emergency, who can be contacted? (Not the parents)

Name: _____

Relationship to child: _____

Telephone: _____

Cell: _____



031 563 2816
066 210 9546



info@hamptonsprimaryschool.co.za
www.hamptonsprimaryschool.co.za



141 Umhlanga Rocks Drive, Durban North



Other child(ren) (Name & Age): _____

Home Language: _____ Religious affiliation: _____

Previous school: _____

Any other important information, illness of which we should know (e.g. Asthma, Epilepsy, etc.)

Allergies: _____

Doctor: _____ Tel _____

Please tick one option below:

☐ Afrikaans FAL

☐ IsiZulu FAL

Parent / Guardian Name & Surname: _____



HAMPTONS PRIMARY SCHOOL

REGISTRATION

NAME OF LEARNER _____ GRADE _____

I, _____ parent/guardian of the above-mentioned

learner, hereby pay the registration fee of R2 867. It represents a lump sum payment in order to be able to enroll my child as a learner at Hamptons Primary School.

I understand that I forfeit this registration fee if I decide:

- (a) not to place my child at Hamptons Primary School or
- (b) to withdraw my child even after one day of school attendance.

PARENT / GUARDIAN

NAME _____

SIGNED _____

DATE _____



HAMPTONS PRIMARY SCHOOL – SCHOOL FEES

REGISTRATION FEE – R2867 (Once-off payment)

No admission if registration fees are not paid in advance

Grade	Monthly fee	Termly fee	Annual fee	Annual fee 5% discount	Book levy (once-off)
R	R4 836	R19 452	R53 199	R50 369	N/A
1	R5 215	R20 860	R57 369	R54 500	N/A
2 - 7	R5 905	R23 620	R64 957	R61 709	N/A
4 - 7	-	-	-	-	R2 205
Facility fee			R489		
Paper fee			R600		
Aftercare	R1 702	R6 808	R18 725	R17 789	

Bank Account details:

Bank: **Capitec Business Bank**
Account No: 1050694902

Bank: **FNB**
Account No: 62398924912

NAME OF LEARNER _____ GRADE _____

I hereby agree to pay the school fees as follows for any education received at Hamptons Primary School:

- (a) () upfront by the 3rd of January.
(b) () monthly in **advance** before/on the 3rd day of every month.

I understand that my child will only be entitled to attend classes if school fees are settled in full and I also understand that my child will be removed from class if school fees fall in arrears.

I understand that should I need to give notice for any reason, I should give a FULL term's notice. In the event that I don't give a full terms notice I understand that I will be liable for the following term's school fees.

SIGNED _____

DATE _____



POLICY REGARDING SCHOOL FEES

It is in the interest of your child that school fees are settled in advance either annually, quarterly or on a monthly basis (fees are payable over 11 months). The school fees are carefully administered by the School Management Team of the school.

School fees may be settled as follows:

- (a) by electronic transfer
- (b) by debit order

We unfortunately do not accept any cash on the property.

School fees must be settled on or before the **third day** of every month.

If school fees accrue, the learner will be **suspended from school** on the fourth day of that same month, therefore no leeway for default is given.

After two months of school fees being in arrears the learner will be suspended and the account will be handed to an attorney for **debt collection** and the normal procedure for debt collection will be followed. The parent/guardian will be responsible for any costs incurred in the process and your child's place at Hamptons Primary will be forfeited and given to a child on the waiting list.

The parent/guardian will also be responsible for the costs in terms of **insufficient funds** in his/her bank account.

Proof of payment of school fees can be emailed to accounts@meyerexec.com.

I _____parent of _____

commit myself to the following regarding payment of school fees for any education received at Hamptons Primary School:

I will pay Monthly in advance by _____(EFT/debit
order.) I will be paying by lump sum _____(termly /annually)

SIGNATURE _____

DATE _____



INDEMNITY

NAME OF LEARNER _____ GRADE _____

I, _____ parent/guardian of the
aforementioned learner, indemnify Hamptons Primary School from any injuries/damage
that my child may incur during school hours or on the school grounds of Hamptons
Primary school.

I understand that Hamptons Primary School may not be held responsible for any personal
goods/belongings of my child that may be lost/damaged and may be stolen during the
course of a school day.

I take full responsibility for any goods/belongings that my child may bring onto the school
grounds of Hamptons Primary School and cannot claim compensation for any loss of such
goods/belongings from Hamptons School.

I realise that I must claim any loss/damage that my child or I may incur from aforementioned
loss/damage/theft from my personal insurance.

Signed at on..... (date)

PARENT / GUARDIAN

Name:.....

Sign:.....



ACCOUNT HOLDER: _____
ADDRESS: _____
CELL NUMBER: _____
HOME NUMBER: _____
OFFICE NUMBER: _____

NAME AND SURNAME OF CHILDREN	CLASS	AMOUNT MONTHLY	FIRST DEBIT AMOUNT
1.			
2.			
3.			

PAYMENT OF SCHOOL FEES – The details of my/our bank account are as follows:

BANK:	
BRANCH NAME AND TOWN:	
BRANCH NUMBER:	
ACCOUNT NUMBER:	
TYPE OF ACCOUNT:	

I/We hereby instruct and authorise you to draw against my/our account with the above mentioned bank (or any other bank or branch which I/we may transfer my/our account) the sum of R_____ amount in words _____ being the amount necessary for payment of the monthly instalment due in respect of school fees commencing on _____ and continuing every month (as the case may be). All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.



PARACETAMOL PERMISSION SLIP

Name of Student: _____ Grade: _____

I, _____ parent/guardian of the
aforementioned student, give Hamptons Primary School permission to
administer paracetamol in the case of a high temperature or pain.

I understand that I will be phoned telephonically before any medication is given.

Signed at _____ on _____ (date)

Signature of parent/legal guardian: _____



SOCIAL MEDIA PERMISSION SLIP

Name of Student: _____ Grade: _____

I, _____ parent/guardian of the
aforementioned student, give Hamptons Primary School permission to
upload photographs of my child to the school's Facebook page, Tik Tok and
Instagram page.

I also agree to have my child's image used for advertising purposes after they have
left the school.

Hamptons Primary School will always be discreet about the type of photographs
that are published.

Signed at _____ on _____ (date)

Signature of parent/legal guardian: _____



TRANSPORT INDEMNITY

I _____ as the parent/legal guardian of
_____ hereby indemnifies the employer HAMPTONS
PRIMARY SCHOOL as well as his/her employees against any lawsuit,
prosecution and other actions that may arise as a result of injuries sustained
by the said minor _____ (minor's name and
surname) or his/her death during transport provided at any time or place by
the employer or his/her employees regardless of the purpose of the
transport.

I give permission for my child to ride on the school bus: Y / N

I declare that I understand the meaning and implications of this indemnity,
which was explained to me.

Signed at _____ on this _____ day of _____ 20_____

Signature of parent/legal guardian: _____