



# Laerskool Sedaven Primary School

## Contact Details

Tel: 016 342-0415  
Fax: 086 754-8353  
Cell:  
Email: [registration@sedprim.co.za](mailto:registration@sedprim.co.za)

## Academic/Registration

## Business

016 342-0621  
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P O Box 467  
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1438

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## APPLICATION FORM

This application **will not be processed without all the relevant documentation.**  
**Please keep the form until** you have all the documentation before you submit it.

1. A non-refundable application fee of R500.00.
2. Copy of the Department of Health's Clinic Card
3. 1 Recent photos of learner (ID Size).
4. Copy of Medical card
5. Latest School report
6. Completed *Testimonial Form* (to be handed, by you, to present school for completion).
7. A Copy of the school account covering at least 12 months payments of school fees.
8. Copy of ID or Birth Certificate of learner
9. Copy of ID of Parents responsible for payment
10. Copy of 2 months Bank statements
11. Copy of 3 month's Pay slips.
12. Proof of residence

### Banking details:

ABSA , Heidelberg : Cheque Account  
Branch Code: 632 005  
Account Number: 4056828870  
Reference: Child's Name and Grade (*Please attach copy of deposit slip*).

**PLEASE NOTE:** Study the attached School Fees brochure and make sure that you understand the contents thereof.

Please complete the form in **BLACK PEN & CAPITAL/BLOCK LETTERS** and return it, with all the necessary requirements, to the above address.

## A. LEARNER INFORMATION

1. Surname :
2. Names (as on birth certificate) :
3. Nickname (known as) :

4. Date of Birth :

5. I.D. or Passport number :

6. Gender : **Male :**  **Female:**

7. When would you like to come to Sedaven? **Year:**  **Quarter:**

8. Grade applied for :  Highest grade passed:  Year passed :

9. Has learner ever repeated a grade?  If yes, which grade?

10. Previous school :   
Address :   
Code and telephone number :   
Province and/or Country :   
**Postal Code:**  **Telephone no.**

11. Mode of transport to school: *(Mark with an X)*  
**Walk**  **Bicycle**  **Car**  **School Bus**  **Taxi**

12. Race : *(Mark with an X)*  
**African**  **Coloured**  **Asian**  **White**  **Other**

15. Language of Instruction : English Preferred Language of Instruction :

16. Home Language :

Afrikaans	English	IsiNdebele	SiSwati	IsiXhosa	IsiZulu	SeSotho	SePedi	Setswana	TshiVenda	XiTsonga	Other:
<i>(Mark with an X)</i>											

17. Residential Area :

Gauteng	N-West	Mpumalanga	Limpopo	FreeState	E-Cape	W-Cape	N-Cape	KZN	Other:
<i>(Mark with an X)</i>									

18. Citizenship :  19. Expiry Date of Study Permit :

19. Is the learner a member of the Seventh-day Adventist Church? **Yes :**  **No :**

20.1 If yes, is the learner a baptised member? **Yes :**  **No :**

20.2 If yes to question 20, give the name of Congregation and Conference :

20.3 **If "no",** to which religious denomination does the learner belong?

21. Special problems requiring counselling :

22. Dexterity of learner : Right Handed  Left Handed :  Ambidextrous :

23. Does the learner receive a social grant : **Yes :**  **No :**

24. Number of children in the family :  Position of learner in the family : (e.g. first = 1)

25. Does learner have any deceased parents? : Mother  Father  Both  None

26. Learner's cell phone number :

## B. PARENT/GUARDIAN/SPONSOR INFORMATION

	<i>Information of person responsible for account</i>	<i>Information relating to 2<sup>nd</sup> parent or other person responsible for learner</i>													
1. Relationship to learner :															
2. Surname :															
3. Full Names :															
4. Title :															
5. I.D. No. :															
6. Telephone Numbers :	<i>Home:</i>	<i>Home:</i>													
	<i>Cell:</i>	<i>Cell:</i>													
	<i>Work:</i>	<i>Work:</i>													
	<i>Fax:</i>	<i>Fax:</i>													
7. E-Mail Address :															
8. Home Address :															
Code:															
9. Postal Address :															
Code:															
10. Occupation :															
11. Name of Employer :															
12. Work Address :															
13. Employer's Tel. no.:															
14. Marital status of parents	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;"><i>Married</i></td> <td style="width: 15px;"></td> <td style="text-align: center;"><i>Divorced</i></td> <td style="width: 15px;"></td> <td style="text-align: center;"><i>Single</i></td> <td style="width: 15px;"></td> <td style="text-align: center;"><i>Separated</i></td> <td style="width: 15px;"></td> <td style="text-align: center;"><i>Widow</i></td> <td style="width: 15px;"></td> <td style="text-align: center;"><i>Widower</i></td> <td style="width: 15px;"></td> <td style="text-align: center;"><i>Guardian</i></td> </tr> </table>	<i>Married</i>		<i>Divorced</i>		<i>Single</i>		<i>Separated</i>		<i>Widow</i>		<i>Widower</i>		<i>Guardian</i>	
<i>Married</i>		<i>Divorced</i>		<i>Single</i>		<i>Separated</i>		<i>Widow</i>		<i>Widower</i>		<i>Guardian</i>			
15. Number of <b>other children (siblings)</b> in this school : (Please supply full name and surname below:)															
Name :	<input type="text"/>	Grade : <input type="text"/>													
Name :	<input type="text"/>	Grade : <input type="text"/>													

## Medical Information

Please attach a copy of your Medical Card and I.D. Document of main member.

1. Name of Medical Fund :
2. Membership number :
3. Name of Principal member of medical fund :
4. I.D. No. of Principal member of Medical Fund :
5. Does your child have **any allergy**, including **allergy to medication, tendency towards abnormal bleeding, epilepsy, etc.** Please state.

If the learner is not on a Medical Aid, please complete the following information :

1. Name (in full) of **Parent or Guardian responsible** for account :
2. I.D. Number :
3. Marital Status :
4. Annual family income :
5. Number of persons in household : 

<i>Father</i>	
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<i>Mother</i>	
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<i>Children :</i>	
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## Church Information

1. Is the parent/guardian a baptized member of the Seventh-Day Adventist church? 

<b>Yes:</b>	
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<b>No:</b>	
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2. If "yes"
  - a. give the name of the home congregation:
  - b. give the name of the conference:
3. If "no", which religious denomination does the parent/guardian belong to?

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

Name of Parent / Guardian (Please print): \_\_\_\_\_

Signature of Parent / Guardian : \_\_\_\_\_

Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# PARENT/SPONSOR CONTRACT

Please initial each of the following points and sign and date fully at the bottom:

- Initial
1. I have read the school **Prospectus and Admissions Policy** and I confirm my commitment and support to the sentiments expressed therein. \_\_\_\_\_
  2. I will be loyal to the school, and will encourage my child to identify with the school's ideals, and to obey the rules. \_\_\_\_\_
  3. I give permission that my child may participate in any of the extra-curricular activities organized by the school. This includes sporting and cultural activities as well as excursions/tours. I understand that reasonable precautions will always be in place to ensure the safety of children. I waive any right that I may have to claim compensation against the School or any of its staff or representatives in respect of any loss, injury or damage incurred whilst engaged in any activity, in the knowledge that all reasonable precautions are taken for the safety and welfare of my child/ward, and that I indemnify them against all such claims. I further understand that some activities may imply additional costs and I expect to be consulted on this matter before my child is asked to participate. \_\_\_\_\_
  4. I give permission that my child's class work, photo and first name may be published on the GBS Website or Facebook page subject to the following conditions:
    - a) Any such publication is not for profit and neither my child nor my family will be compensated for any such use.
    - b) No last name, will appear with any photograph or published work (unless written permission has been granted by the parent/guardian). Learners will only be identified by first name.
    - c) Home addresses, email addresses, telephone numbers or any other information that might identify my child will never be published on any Internet site.\_\_\_\_\_
  5. I accept full responsibility for the prompt payment, **one month in advance**, of all school fees and legitimate expenses as indicated on duly rendered school accounts. I also understand that I may be asked to withdraw my child if I am not able to settle my account. \_\_\_\_\_
  6. I hereby consent that the school or its appointed agent may carry out a credit enquiry and may transmit details to a credit bureau of how I have performed in meeting my obligations in terms of this agreement and in the event that I fail to meet my obligations may record my non-performance with the applicable credit bureau. \_\_\_\_\_
  7. I hereby undertake and bind myself to pay any costs, as permitted by the necessary Acts, including legal fees, tracing fees and collection costs which may be incurred by the school in its recovery of any amount not paid by the due date, interest compounded monthly, at the maximum rate permissible by law. \_\_\_\_\_
  8. If the school has any difficulty regarding the prompt payment of school fees (by the 3<sup>rd</sup> of each month), the school has the right to not consider your child's re-application for the following year. \_\_\_\_\_
  9. Should it be necessary for any reason to withdraw my child during the school year, I understand that I will be responsible for the payment of school fees up to the end of the month in which my child is withdrawn from the school. I understand that I need to **give one calendar month written notice** and will be liable for school fees for this notice period. \_\_\_\_\_
  10. I understand that I will be responsible for private tuition fees for any course or subject taken by my child which is not part of the package of school subjects offered by the school and described in the school Prospectus or official newsletter. \_\_\_\_\_
  11. If the school cannot provide academic support for whatever reason, over and above the learner support already provided, the learner will be referred. If the parent/guardian then withdraws the child, any outstanding fees will be the responsibility of the parent/guardian. If however, there are fees paid in advance, refunds will be applicable. \_\_\_\_\_
  12. Should you child be absent from school for more than 10 consecutive days without notice, the school has the right to take his/her name off the register and you will have to re-apply for a place, being aware that re-applying does not guarantee a place. \_\_\_\_\_
  13. Should you child be absent on a regular basis you will have to supply the school with a doctor's note each time he/she is not at school. \_\_\_\_\_
  14. Should parents/guardians wish to speak to the principal, they should make an appointment with him/her prior to the visit. The reason for the visit and the person who may be involved during the visit should be stated. \_\_\_\_\_
  15. I understand that the personal belongings of my child/ren are not insured by the school or Seventh-Day Adventist church organisation. \_\_\_\_\_
  16. I give permission that my child may be given basic medication should the need arise. \_\_\_\_\_
  17. I give the principal or his/her representative the right to act "*in loco parentis*" to my child. \_\_\_\_\_

Parent/Sponsor: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

2<sup>nd</sup> Parent responsible for account: \_\_\_\_\_  
Signature

Date : \_\_\_\_\_



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## TESTIMONIAL FORM

Please supply us with the information requested on the form below as this learner is in the process of applying to Sedaven Primary School. Upon completion **this form should be faxed to Sedaven Primary at the above fax number. Thank you.**

### LEARNER DETAILS : (To be completed by Parents)

Name of learner :		Date of Birth :	
Present School :	Name :	Present Grade :	
	Tel. no.:		Fax no:

### SCHOOL INFORMATION : (To be supplied by responsible educator/s)

The learner attended this school from: Date: \_\_\_\_\_ Grade: \_\_\_\_\_ to Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Place a tick in the appropriate column		WEAK	FAIR	AVERAGE	GOOD	EXCELLENT
1.	Academic achievement					
2.	Sport participation					
3.	Cultural participation					
4.	Acceptance of School Discipline					
5.	Level of parental involvement					
6.	Payment of School Fees					
	Any amount still owing?	R				

Mention special achievements, concerns or other information that need to be shared with Sedaven Primary School:

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Thank you for your honesty and cooperation.

**School Stamp**

Signature of Principal : \_\_\_\_\_

Date : \_\_\_\_\_



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## DECLARATION OF PARENTS/GUARDIAN LIABLE FOR THE PAYMENT OF SCHOOL FEES

### Full name/s of learner/s

a.	
b.	
c.	

Grade next year :	
Grade next year :	
Grade next year :	

- I/We confirm that we are fully acquainted with the fee requirements. I/we declare that I/we am/are currently in a financial position to pay the prescribed fees.
- I/We accept that the payment of school fees at Sedaven Primary School is compulsory and that as parents/guardians we/I are/am jointly responsible for the payment thereof.
- All outstanding fees due after the 3<sup>rd</sup> of a month are considered arrears. Interest will be added on arrears.
- Sedaven Primary School services are suspended if the fees are not paid before 60 days.
- In the event of legal action being instituted, I/we hereby agree to pay the costs thereof on the attorney and client scale.

### ACCOUNT PAYEE 1 (1<sup>st</sup> person responsible for the payment of the account.)

Name in full:							
Physical address:							
Postal address:							
Phone numbers:	Bus:		Home:		Cell:		
ID number:			Signature:			Date:	

### ACCOUNT PAYEE 2 (2<sup>nd</sup> person responsible for the payment of the account.)

Name in full:							
Physical address:							
Postal address:							
Phone numbers:	Bus:		Home:		Cell:		
ID number:			Signature:			Date:	

### Attached hereto :

Proof of Residence		2 Months Bank statements		3 Months pay slips		Copy ID's		
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# Code of Conduct for Learners at Sedaven Primary School

## A. AIMS OF OUR RULES AND CODE OF CONDUCT

To foster good relationships, we shall therefore:

- Speak politely and with respect to all members of the school community.
- Take responsibility, ourselves, to always demonstrate and encourage positive behaviour.
- Thank, praise, compliment or apologize when appropriate.
- Treat others, as we would like to be treated ourselves.

We consider as inappropriate behaviour:

- Rudeness
- Name calling.
- Racism
- Offensive language and gestures.
- Hurting others
- Using a loud or aggressive tone of voice.
- Excluding or isolating others.
- Being unforgiving.
- Greediness/not willing to share.
- Victimizing or intimidating others.
- Fighting

To encourage Effective Learning, we shall therefore:

- Arrive on time, well prepared for our lessons.
- Respect others who are learning and working with us.
- Listen and speak at appropriate times.
- Develop positive attitude to our work.

We consider as inappropriate behaviour:

- Talking when silence is requested.
- Interrupting or disturbing others when they are working or talking.
- Ignoring requests.
- Ignoring agreed rules.

To have an Attractive, Safe and Healthy School, We shall therefore:

- Treat animals, plants and artefacts with respect and care.
- Move around the school in an orderly fashion.
- Respect and care for the school building, its contents and the surrounding environment.
- Do our best to create a harmonious atmosphere and environment.
- Play carefully on the Jungle gym. (Only grade one to four learners are allowed on this apparatus.)

We Consider Inappropriate Behaviour:

- Running within the building.



- Misusing the toilets and cloakrooms.
- Damaging or moving either school or other's property.
- Littering
- Hiding of another person's school books or possessions

**We would expect everyone to implement these aims in any situation where we are part of the school community, that is:**

- Within school.
- On school trips, whether educational or social.
- Whenever we are representing the school.

## **B. TYPES OF OFFENCES**

**Ordinary offences:** The following are examples of ordinary offences:

- Homework not done or incomplete
- Assignments not handed in
- Absence from school/classes without permission
- Disruptive behaviour
- Copying of work of other learners
- "Borrowing" of someone else's possessions without his/her permission.
- Coming late for classes or other school appointments
- Wearing wrong school uniform or inappropriate dress for the occasion
- Damaging of school property

**Serious offences:** The following are examples of serious offences.

- Malicious damage of school property (Vandalism)
- Theft with aggravating circumstances, including theft of examination papers.
- The possession or sale of stolen items including examination papers.
- Possession of dangerous weapons on school premises, a dangerous weapon being defined as a weapon, which has the capability to inflict grievous bodily harm.
- The possession of obscene material including material depicting sexual intercourse in all its forms.
- Unauthorised visits in the bedrooms of the opposite gender
- Satanic practices.
- The possession or sale or use of liquor, drugs or other illegal substances on school premises, or at a school function/excursion not on school premises.

**NOTE: Serious offences will usually result in a disciplinary interview to which parents will be called to attend**

## **C. SOME PRACTICAL MATTERS**

## The School Diary

- Diary must be at school every day
- Diary must be in a plastic cover
- All homework must be recorded
- Diary must be signed by parents on a daily basis
- All money sent to school must be recorded in diary

**Detention** is a serious form of punishment and will be considered after other forms

of punishment did not bring about a change of behaviour. There are two different

detention classes:

- Sports detention scheduled during the regular sports period
- Afternoon detention scheduled for a hour and a half after school when other learners have already gone home. Parents will be informed 2 days before the time and must make there own arrangements for transport back home.

### • **Conduct upon entering the class**

- Line up outside the classroom as instructed by the teacher
- Lead in as per teacher's instruction
- Take down chairs where applicable
- Put suitcases down Greet the educator

### **Conduct upon leaving the classroom**

- Stand up
- Push in your chair
- Tidy your work area
- Lead off as per teacher's instruction

### **Conduct at the end of the day**

- Pack away. Tidy the classroom
- Stand behind your desk
- Place chairs on tables
- Greet the educator and leave as per teacher's instruction

### **Conduct in the corridors**

- Walk in lines - Don't run
- Keep left
- Single file
- Move quietly without talking or playing to the next class
- Greet all teachers and adults along the way

### **School Work**

- Books must be covered in plastic with a front-cover inserted
- Homework must be done daily

- Incomplete classwork must be completed at home
- Books must be packed according to timetable
- Stationery must be at school every day. This includes mathematical instruments and calculators for Senior Primary Phase
- Tests must be signed.
- Work in books must be of a high standard with dates, headings and underlines as instructed by teacher.

**General Class Rules**

- Speak respectfully to teachers and peers
- Do not disrupt lessons with bad behaviour
- Do not leave your desk without permission
- Do not have discussions with other learners without permission
- Respect school property
- No writing on desks or walls
- Be honest during tests and exams
- No bullying, fighting or hurting others
- Pick up litter around your desk before leaving the class.

**Bus rules**

- Refreshment and food is not allowed to be eaten on the bus.
- Be obedient to the bus driver and bus prefects.
- Be restful and quiet on the bus. Ensure that every trip is safe and pleasant.
- Do not open the door before the bus has stopped. Be safety conscious.
- No part of the body may protrude out of the bus.

***PLEASE SIGN AND RETURN WITH APPLICATION FORMS***

**I hereby declare that I have read and understood the above-mentioned policy and that my child will abide by the rules.**

Learner's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Learner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent/s Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Sedaven Primary School Drug Policy**

The aim of this policy is to encourage all students to abstain from using any drugs (other than those which are medically prescribed), including alcohol and tobacco. This document sets out the school's policy on drugs, alcohol and tobacco use. Every student and his/her parents or guardians are required to sign it as acknowledgement that they have read and understood it, and that they have agreed to abide by this policy.

### **1. Position**

**The school does not tolerate:**

- the use or possession of any illegal or prohibited substances
- the possession of drug-related equipment such as cigarette papers, pipes, etc.
- the use of anabolic steroids and other performance-enhancing substances
- the inappropriate use of solvents, inhalants and similar agents
- the consumption of alcohol and the smoking of tobacco.

### **2. Procedure**

Anybody found in possession of, or using, any of these substances, either on school property, or when in school uniform, or when under the supervision of the school, or attending school-related functions, including sports outings and social events, will be subject to the following procedure:

- The student will first be interviewed by the school counselor or senior member of staff to determine the nature and extent of the student's involvement with drugs (casual experimentation, habitual use, drug dependence, dealing, etc.) and to determine the appropriate response.
- The student's parents will be informed of the student's involvement, and they will be required to attend a meeting at school to discuss the matter.
- If, on the basis of the interview, the school considers it necessary to refer the student to an agency for professional drug counseling or other treatment, the parents will be informed of this. The cost of such treatment shall be paid for by the student's family. In instances where parents are unable to afford treatment; the student will be referred to appropriate state health facilities or agencies.
- Since this is a serious offence, a disciplinary interview will be conducted.

### **3. Addiction, treatment and help**

The school understands that addiction is a medical problem, and that certain drugs use may need support and treatment rather than punishment. Any student who asks for, or is identified as needing, assistance in coping with drug use, will be expected to attend appropriate counseling and support sessions.

### **4. Confidentiality**

All approaches by any student to any of the school's staff will be treated with utmost confidentiality.

**I hereby declare that I have read and understood the above-mentioned policy.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**PARTICIPATION OF PUPILS IN EXTRA MURAL  
ACTIVITIES  
LETTER OF CONSENT / INDEMNITY**

**I, THE UNDERSIGNED**

---

(Full Names and Surname)

**BEING THE FATHER / MOTHER / GUARDIAN OF**

---

(Learner's Full Name and Surname)

Who is a learner of Sedaven Primary School, hereby give consent that the above named learner may participate in school sports, excursions and any other activities which form part of the extra mural activities of Sedaven Primary School during this year.

I also indemnify the Governing Body and the school against any accident or eventuality pertaining to the child during excursion or activity.

**Signature:** \_\_\_\_\_

**Witness 1:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Witness 2:** \_\_\_\_\_

**Date:** \_\_\_\_\_