

PRE- SCHOOL APPLICATION FORM FOR 2025

10th road Noordwyk Midrand www.goodshepherdc.co.za EMAIL: info@goodshepherdc.co.za Tel No: 012 023 2118 CHILD ID PHOTO

The Good Shepherd College: A Christian school of Wisdom and Knowledge

CHILD'S DETAILS

Date			Start			
Grade(tick)	Lamb	3 months to 2 years	Eagle	3 to 4 years	Lion	5 years
Surname			Nan	ne		
Gender (tick)	Male				Female	
Religion					·	
Date of Birth						
Language	Home					
Nationality						
Race (tick)	Black		White		other	

PARENT'S DETAILS

	Father	Mother
Title		
Name		
Surname		
Identity Number		
Home Address		
Cell Number		
WhatsApp Number		
Email address		



Occupation	
Employer	
Work Address	
Work Telephone	
Marital Status	

EMERGENCY CONTACT OTHER THAN PARENTS

Name	Surname	
Relationship		
Address		
Contact Number		

PREVIOUS SCHOOL

Name of the School	Country/Province	Contact Number	Reason for leaving

MEDICAL INFORMATION (Please put N/A where necessary than leaving a gap)

	Condition	Medication
Allergies: (peanuts, bee stings, etc)		
Chronic III nesses: (diabetes, epilepsy, etc)		
Medical Conditions: (pulmonary stenosis, muscular dystrophy, cerebral palsy, etc)		
Disabilities: (hearing impairment, partially or short sighted, autistic spectrum disorder, ADHD, etc)		
other		



ENROLMENT INFORMATION

- Please note that The Good Shepherd College is a Christian School therefore learners enrolling at The Good Shepherd College must abide with our school Christian values.
- All the learners must put on their proper school uniform from Monday to Wednesday. Thursday they wear casual clothes and Friday they put on their Sports wear.
- The language of teaching our learners at The Good Shepherd College is English.
- All the school activities are compulsory.
- We advise all our parents that our teachers must be treated with love and respect, as they are our very own educators and parents of our learners at school.

Thank you for the interest you have shown in applying for a place at The Good Shepherd College.

Signature _____

ITEMS REQUIRED



ITEMS	QUANTITY	YES	NO
	1		
A face cloth and hand towel			
Roll of toilet paper	20		
(Strictly baby soft)			
Dettol liquid soap hand wash	1		
Box of tissues	2		
Blanket	1		
Baby wipes	4		
Changing clothes	Everyday		
Bottle of water	1		
Vaseline or any lotion that the baby is using	1		
Sun screen in summer	1		
Play dough	1		
Water paint	1		
Dairy	To be bought from school		
Pencil crayon	1 box		
(Strictly big/ staedler)			
A4 exercise books	2		
(for 4 years and above)			
Plastic apron for kids	Any		
Flip file (50 pocket)	1		
Colour book	1		
(not less than 50 pages)			



Glue stick	1	
Pair	1	
Ream of bond paper	1	

DOCUMENTATION

The following documents must be submitted with the completed application form.

	Yes (tick)	No (†ick)	Date to be Submitted
Copy of official Birth Certificate			
Copy of official immunisation card, or proof confirming immunisation against polio, measles, tuberculosis, diphtheria, tetanus, and hepatitis B.			
Copy of Parents' or Guardians' Identity Documents			
Proof of residential address, in parent's name, such as statements of Rates, Water and Lights, Telephone or store account, etc. or proof of work address should you work in the zoned area.			

INDEMNITY FORM (Please note that you are advised to fill in this part as children will be going out for school trips)

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Signature of parent / guardian



AGREEMENT

Ihereby apply for the above child to be enrolled at The Good Shepherd College. I agree to abide by:

- Paying the prescribed monthly fees before the 1st of every month and take note of the penalty for late payments. (The penalty for late payment is **R 100** per day). School Fees is R per month. Initial.....
- 2. Paying the non-refundable Administration Fee of R 1000. Initial
- 3. Paying penalty fee for collection of your child after 18:00pm. (The penalty will be R 100 per hour). Initial
- 4. The regulation to give at least one calendar month written notice. (Penalty: Pay the full month fee even if your child is not attending). Initial
- 5. Learner pictures may be used for the School Marketing strategy. Initial
- 6. No cash will be allowed on the premises for security reasons. Initial
- 7. Learner may be suspended for overdue fees. Initial
- 8. Upfront school fees is none refundable. Initial
- 9. Ill-discipline leaner will be dismissed indefinitely and school fees forfeited. Initial.....
- 10. If the payment is not received by the 5th of every month, you will be listed as a bad payer on I.T.C. Initial

Our account details are as follows:

Bank: ABSA

Cheque Account Account number: 4104734050 Account Holder: The Good Shepherd College Branch code: 632005

Account Name: Good Shepherd College, Noordwyk, Reference: (Name of the Child and grade). E.g Thabo Ndlovu Gr 1. Failure to do so, a cost of R100 will be charged.

N.B please note that we advise parents to follow the above reference



Name of parent / guardian	Signature of parent / guardian	Day	Month	Year
				20

OFFICE USE ONLY

Accept	Reject
Date	Date

TRANSPORT FORM (You are required to fill in this form if your child is to use our school transport)

Date			Start		
Grade (tick)	LAMB	EAGLE		LION	
Surname		Name			·
Pick up Address					

I..... hereby apply for the above child to be in The Good Shepherd College Transport. I agree to abide by:

- Paying the prescribed monthly fees before the 1st of the month and take note of the penalty for late payments (The penalty for late payment is R 100 per day). Transport fees is per month. Initial.....
- 2. The regulation to give at least one calendar month written notice. (Penalty: Pay the full month fee even if your child is not in our transport). Initial.....
- 3. If a learners is late from the agreed pick-up time. The driver will leave. Initial....
- 4. The drive is not compelled (forced) to enter the Complex or Estate. Initial
- 5. If payment is not received by the 5th of every month, you will be listed as a bad payer on the I.T.C. Initial

Our account details are as follows: **Bank: ABSA** Account Number: 4104734050



Account holder: The Good Shepherd College Branch code 632005

(Name of the Child)Ref: Your child's name and Grade (E.g: Thabo Ndlovu GR1). Failure to do so, a cost of R100 will be charged. N.B please note that we advise all our parents to follow the above reference

Name of parent / guardian	Signature of parent / guardian	Day	Month	Year
				20
OFFICE USE ONLY	'			

Accept	Reject	
Date	Date	