



# KING'S SCHOOL

P O Box 16 NOTTINGHAM ROAD 3280

Tel/Fax: 033 266 6716 E-mail: [reception@kingsschool.co.za](mailto:reception@kingsschool.co.za) Website: [www.kingsschool.co.za](http://www.kingsschool.co.za)

## KING'S SCHOOL – ENROLMENT FORM

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I wish to enroll (full name) \_\_\_\_\_ into Grade \_\_\_\_\_,

To start \_\_\_\_\_ as a \_\_\_\_\_ (boarder/ day scholar).

My son's / daughter's date of birth is \_\_\_\_\_ .ID No \_\_\_\_\_

His / her current school is \_\_\_\_\_.

FATHER / GUARDIAN	MOTHER / GUARDIAN
Name: _____	Name: _____
ID number: _____	ID number: _____
Physical Home Address: _____ _____	Physical Home Address: _____ _____
Code: _____	Code: _____
Home Tel: _____	Home Tel: _____
Cell: _____	Cell: _____
Email: _____	Email: _____

FATHER / GUARDIAN	MOTHER / GUARDIAN
Occupation: _____	Occupation: _____
Business Name and Address: _____ _____	Business Name and Address: _____ _____
Code: _____	Code: _____
Business Tel: _____	Business Tel: _____
Fax: _____	Fax: _____
Email _____	Email _____

Preferred postal address for correspondence from King's:

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

Postal Code: \_\_\_\_\_

Name and physical address of a contact person to be used in the event of a parent being unavailable:

\_\_\_\_\_ Tel (W) \_\_\_\_\_  
\_\_\_\_\_ (H) \_\_\_\_\_  
Postal Code: \_\_\_\_\_ (C) \_\_\_\_\_

Please give details of your child's health that may have an influence on his / her routine school activities (e.g. routine medication, sight or hearing problems, allergies, asthma, epilepsy, etc.)

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

Special dietary requirements: \_\_\_\_\_

**EXTRAS TO BE TAKEN BY MY CHILD** (Please tick the appropriate box)

Horse Riding		Trumpet	
Speech and Drama		Trombone	
Piano		Saxophone	
Drums		Flute	
Guitar		Violin	
Recorder		Extramural art	

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**I apply for admission of my child to King's School and, if admitted, I agree to the following:**

1. Unless other arrangements are made with the school principal, all fees are payable **quarterly in advance.**
2. Any school fees not paid before or on the last day of any quarter:
  - a) Will be charged with interest at the rate of 15% per annum;
  - b) Will entitle the school principal, without notice, to order you to remove your child;
  - c) May result in the institution of legal proceedings against you, including collection of the costs involved in so doing.
3. To give one full quarter's notice, in writing, or one full quarter's fees in lieu of notice, before removing the child from the school

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

Name of person/s responsible for payment: \_\_\_\_\_

Signature of person/s responsible for payment: \_\_\_\_\_

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**PLEASE RETURN THIS FORM TO KING'S SCHOOL WITH THE FOLLOWING:**

1. A registration fee of R500.00 for boarders & R250.00 for day scholars.
2. Certified copies of your ID and your child's birth certificate.
3. A copy of your child's last school report.
4. 3 months bank statements and pay slips.

PATRON: B.S. Ngubane

TRUSTEES: M. Brassell, L.J. Coelho, A.R. Davis, F. Dlamini, T. Carlyle Mitchell, J.D. Carlyle Mitchell, I. Lax, B. Zungu  
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