

# LOMPEC PRE-SCHOOL AND DAY CARE SCHOOL

(LOMPEC INDEPENDENT PRIMARY AND SECONDARY SCHOOL)  
(ASSOCIATION INCORPORATED UNDER SECTION 21)

10935 Ledwaba Street  
P.O. Rethabile  
Mamelodi East  
0122



P. O. Box 77139  
Mamelodi  
0101

TEL : (012) 801 – 1015  
FAX 2 E-mail : (086) 429 5336

EMIS.: 220756  
PBO No.: 930066065  
NPO: 064-724  
Umalusi No: 19 SCH01 00674

e-mail: [lompec@icon.co.za](mailto:lompec@icon.co.za)  
website: [www.lompeccollege.co.za](http://www.lompeccollege.co.za)

## **APPLICATION AND REGISTRATION 2025** **GRADE 00, 0 ,R**

*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. *Application Form*
2. *Registration Fee (Non-refundable)*
3. *Birth Certificate*
4. *Clinic Card (Immunization Card)*
5. *Both Parent's Certified ID Copy / Passport*
6. *Proof of Residence*
7. *Study Permits (Foreign Nationals)*
8. *Proof of eligibility to pay school fees, e.g Payslip or Bank statement.*
9. *Reference letter stating school fees payment history from former school.*
10. *Reference letter stating learner behaviour*

♦ *Our first term commences on the (15th January 2025 at 07:30)*

Regards

.....  
L . Makola

Registrar

# APPLICATION FORMS DAY CARE CENTRE 2025

## INFORMATION OF THE CHILD

<b>CHILD INFORMATION</b>		
SURNAME :		
FIRST NAMES :		
DATE OF BIRTH :		
GENDER :	MALE [   ]	FEMALE [   ]
AGE [   ]		
HOME LANGUAGE :		
ALLERGIES :		
GENERAL :		
DECEASED:	MOTHER [.....]	FATHER [....]
BOTH [....]		
SOCIAL GRANT: YES [.....] NO [.....]		
<b>RESIDENTIAL ADDRESS</b>		
RESIDENTIAL ADDRESS:		
AREA CODE :		
CONTACT NUMBER :		
CONTACT PERSON / EMERGENCY NUMBER :		

I hereby acknowledge that the above information is to the best of my knowledge and believe true and correct.

I also believe that no monies will be refunded for any reason whatsoever and that all fees shall be paid before the 4th of every month.

NB. : This application form will not be valid without payment of registration fee.

\_\_\_\_\_  
Signature Of Parent

\_\_\_\_\_  
Date

## PARENTS INFORMATION

<b>MOTHER'S INFORMATION</b>			
SURNAME :			
FIRST NAMES :			
ID/ PASSPORT NUMBER :			
MARRIED [ ]	SINGLE [ ]	DIVORCED [ ]	WIDOW [ ]
RELATIONSHIP WITH CHILD: PARENT [ ]		GUARDIAN [ ]	FORSTER CARE [ ]
ADOPTED [ ]			
<b>CONTACT INFORMATION</b>			
POSTAL ADDRESS :			
			POSTAL CODE :
WORK TEL NO. [ ]		HOME TEL NO. [ ]	
CELLPHONE NO. :		E-mail :	
<b>MEDICAL INFORMATION</b>			
MEDICAL AID :			
MEDICAL AID NUMBER :			
FAMILY DOCTOR :			
DOCTOR'S CONTACT NUMBER :			
<b>WORK INFORMATION</b>			
NAME OF COMPANY :			
POSITION/DESIGNATION :			
CONTACT NUMBER : [.....]		CONTACT PERSON :	
WORK ADDRESS:			
			AREA CODE:
NUMBER OF YEARS IN COMPANY :			
<b>FATHER'S INFORMATION</b>			
SURNAME :			
FIRST NAMES :			
ID/ PASSPORT NUMBER :			
MARRIED [ ]	SINGLE [ ]	DIVORCED [ ]	WIDOW [ ]
RELATIONSHIP WITH CHILD: PARENT [ ]		GUARDIAN [ ]	FORSTER CARE [ ]
ADOPTED [ ]			
<b>MEDICAL INFORMATION</b>			
MEDICAL AID :			
MEDICAL AID NUMBER :			
FAMILY DOCTOR :			
DOCTOR'S CONTACT NUMBER :			
<b>WORK INFORMATION</b>			
NAME OF COMPANY :			
POSITION/DESIGNATION :			
CONTACT NUMBER : [.....]		CONTACT PERSON :	
WORK ADDRESS:			
			AREA CODE:
NUMBER OF YEARS IN COMPANY :			
<b>CONTACT INFORMATION</b>			
POSTAL ADDRESS:			
			POSTAL CODE :
WORK TEL NO.: [ ]		HOME TEL NO.: [ ]	
CELLPHONE NO.:		E-Mail :	

**Note:**

1. All children must wear the prescribed school uniform.
2. Monthly fees should be paid on or before the 4<sup>th</sup> of every month.
3. Sick pupils must not attend classes.
4. Unfortunately we are unable to admit disabled children.
5. We remain open during all mid-year school holidays.

## Grade 00 (2 - 3 years)

**Registration Fee :** **R500.00**  
**(Non-refundable)**

Monthly Fees : R 1 100 - 00 x 11 months  
 (February to December)

Total Fees : R12 100- 00pa

## Grade 0 (4 - 5 years)

**Registration Fee :** **R500.00**  
**(Non-refundable)**

Monthly Fees : R 1 100 - 00 x 11 months  
 (February to December)

Total Fees : R12 100- 00pa

## Grade R

**Registration Fee :** **R500.00**  
**(Non-refundable)**

Monthly Fees : R 1 100 - 00 x 11 months  
 (February to December)

Total Fees : R12 100- 00pa

1. **NB: 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 **three (3) or more learners** currently enrolled at Lompec Independent Primary and Secondary School.

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

**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**

## **UNIFORM**

### **Summer Uniform**

Boys : Navy Blue long pants  
White Golf T-Shirt / School T-Shirt  
Maroon Jersey / Fleece Jackets  
School Tracksuit

Girls : Navy Blue short skirt  
School T-Shirt / White Golf T-Shirt  
Maroon Jersey / Fleece Jackets  
School Tracksuit

**Summer Uniform**  
**T-shirt and Short**  
**Winter Uniform**  
**Tracksuits**

**Uniform should be worn fully from Monday to Thursday except on civies day (Friday).**

**It is compulsory that this form be COMPLETED AND RETURNED to the school**  
**LOMPEC DAY CARE 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 DAY CARE SCHOOL** in the amount  
of R for school fees due for 20....., for my child.

(Amount in words) **Twelve Thousand One Hundred** payable monthly (on or before the 4<sup>th</sup> 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 Name and details 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 NAME OF LEARNER 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 **15 January 2025 to 31 December 2025** 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** \_\_\_\_\_

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## 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 .....



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website: [www.lompeccollege.co.za](http://www.lompeccollege.co.za)**TESTIMONIAL FORM**DATE: 

D	D	M	M	Y	Y	Y	Y
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**LEARNER DETAILS.**

SURNAME: ..... FIRSTNAME: .....

DATE OF BIRTH: ..... PRESENT GRADE: .....

Please use the following scale when completing the testimonial.

1 Weak    2 Fair    3 Average    4 Good    5 Excellent

		1	2	3	4	5
1.	Academic achievement					
2.	Sports achievement					
3.	Cultural achievement					
4.	Leadership ability					
5.	Discipline					
6.	Character and personality					
7.	Payment of fees					
8.	Level of parental involvement					
9.	Attendance					

Special achievement:

Any known comments:

Signature of Principal:

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

School Stamp

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e-mail: [lompec@icon.co.za](mailto:lompec@icon.co.za)website: [www.lompeccollege.co.za](http://www.lompeccollege.co.za)**FINANCIAL CLEARANCE CERTIFICATE**

1. Name of learner: .....
2. Name of person responsible for payment of fees: .....
3. ID number of person responsible for payment of fees: .....
4. Name of school where the learner is currently enrolled: .....
5. Telephone numbers of current school: .....

Annual fees for 2024	
Fees paid to date	
Fees Outstanding	

Comment:

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This is to certify that the above person has paid the fees as indicated.  
Please email this financial clearance certificate directly to Lompec School.  
Email: [lompec@icon.co.za](mailto:lompec@icon.co.za)

Signature of financial controller

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

School Stamp