



Kantoor / Office

014 061 0764

Whatsapp

064 957 6333 (Primary)

076 137 6718 (Secondary)

admin@silwerrand.co.za (Primary)

hsadmin@silwerrand.co.za (Secondary)

www.silwerrand.co.za

Plot 305 JQ, Waterkloof, Rustenburg, 0300

Post Net 2016 | Private Bag x 82245 | Rustenburg

WAAR DAAR HOOP IS, IS DAAR 'N TOEKOMS

Welcome to Silwerrand Schools

We would like to thank you for your enquiries at our school. Silwerrand is a unique school with a rich vision and mission that promotes life values and norms.

The application form must be completed in full and signed, as well as all additional documents must be attached to be considered.

The following documents must accompany your APPLICATION.

- Birth Certificate
- ID of both Parents / Guardians
- Vaccination card / Affidavit to confirm whether your child had all his/her vaccinations or not
- Proof of residence
- Copy of Medical Aid card (If applicable)
- Letter (attached) who may pick up learner (Pick-up letter)
- Public Transport letter (attached)
- Top Notch letter (attached)
- Credit Vetting and POPIA consent form (attached)
- Financial Policy Addendum 1 (attached)
- Application form with photo
- Latest Report Card (minimum 50% average – Primary & 60% Secondary)
- Latest school fee statement of current school

If your child is accepted, we need the following documents:

- Transfer card
- Term 4 Report card copy
- Latest school fee statement of current school

We undertake to complete the application process as soon as we receive the above documents and application form.

We trust that your child will enjoy his/her journey at Silwerrand Schools. We wish you all the best with this beautiful phase in your child's life.

Silwerrand Greetings

Ms M van Rooyen

Principal

basic education



Department:
Basic Education
REPUBLIC OF SOUTH AFRICA



health

Department:
Health
REPUBLIC OF SOUTH AFRICA





ENROLMENT FORM - 2027

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes No

Name of other learner(s) : _____

DATE: 7 APR 2026

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: _____

Preferred tuition language: _____

Dexterity: Left Right Both

Learner mobile number: _____

Learner e-mail address: _____

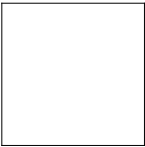
Admission date: _____

Grade in 2027 : _____

Years in grade for 2027 : _____

Years in phase for 2027 : _____

Pre-primary education attended: Formal Informal
 Other: _____

Attach learner photo: 

Method of transport: _____

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____ Waiting list: A B

Register class: _____ Number on waiting list: _____

Admission number: _____ ID copy:

Application fee:

Proof of residence:

Birth certificate:

Clinic card

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried

Foster care Childrens home Single parent - Divorced

Other Re-composed Widow/Widower

Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in North West: Yes No

Learner attended school last year Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: Common law marriage Divorced
 Engaged Married Separated
 Single Traditional marriage Widowed

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: Common law marriage Divorced
 Engaged Married Separated
 Single Traditional marriage Widowed

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

ACCOUNTABLE PERSON'S INFORMATION Biological Parent 1 Biological Parent 2 Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Comm language: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Bank account number: _____

Account holder: _____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between SILWERRAND SCHOOLS and _____ (Name of parent / guardian)
 with regards to the payment of school fees.

a. Accept responsibility for the payment of fees for above child before or on the third (3rd) day of each month:

- A Monthly
 B Cash
 C Internet transfer
 D Stop order

b. Final approval of your application is subject to a credit check.

c. Administration Fee payable within 30 days of acceptance. Book Fee and Administration Fee is Non-refundable.

d. I agree to inform the Principal in writing if I am unable to pay the fees. My child's admission will be secured for one (1) month.

e. I understand that the school will take the necessary legal steps to recover any outstanding fees.

f. I agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.

g. I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.

h. If you prefer to receive statements by e-mail, please indicate e-mail address

i. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

- I, parent / guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
- I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
- I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.

4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Silwerrand as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian: _____ Date: _____

INDEMNITY

I/We the parents of/I the guardian of _____ (name of learner) indemnify unconditionally and without restriction SILWERRAND SCHOOLS and/or the shareholders of SILWERRAND SCHOOLS or any person employed by SILWERRAND SCHOOLS or any person acting on behalf of SILWERRAND SCHOOLS against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by SILWERRAND SCHOOLS.

Signed at _____ on _____ day of _____.

Signature of Parent / Guardian : _____



BANK DETAILS

Silwerrand Laerskool
 ABSA
 Cheque Account
 Acc nr: 408 257 0156
 Branch code: 632005
Reference: Family code (2027)
FINANCE: info@silwerrand.co.za
WhatsApp nr: 073 031 8291

OFFICE NUMBER:

014 061-0764 / 064-957-6333

Office Hours: 07:00 – 15:00 (By appointment)

Gates open: 06:30 (Supervised)

School hours: 07:15 – 13:00 Gr R

07:15 – 13:15 Gr 1 – 3

07:15 – 13:25 Gr 4 - 7

School related matters:

admin@silwerrand.co.za

Primary Fees 2027

Adminfee – Non-refundable / Only new enrolments	R 1 500.00	Payable on acceptance – Application expires should payment not be received within 30 days
Book fee – Non-refundable	Gr R – 3 – To be confirmed Gr 4 & 5 – To be confirmed Gr 6 & 7 – To be confirmed	Payable by 1 December 2026 / 1st month in school
Once-off school fees payment	R 39 600.00	Paid by 28 February 2027
12 x Monthly school fee payments	R 3 600.00	Payable in advance – by the 3rd of each month
School uniform She Sport (14 Eskom Str, Rustenburg) Formal School uniform Black School shoes (Optional)	After care Supervision, homework and snacks After care available until 17:00 R 1050 strictly payable in advance Day tariff – R 150 (payable for any learner still at school after 16:00.	Breaks <ul style="list-style-type: none"> • 1st Break– healthy food from home or on order from the Tuck shop by 08:00 • 2nd Break – Tuck shop is open for sweets, snacks, crisps & cold drinks • Card facilities available
Stationery List available by October Stationery packs available at Office National Bojanala – Von Wielligh Str Or any other stationery supplier		



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Alternative persons who have permission to collect learner.

The following persons are authorized to collect my child, _____

in Gr. ____ from school.

Name and surname	Relation	Contact Details

Please let the school personnel know on the day, when someone on this list will come and collect your child. No learner will be allowed to leave the school premises with an unauthorized person.

This form is valid and the responsibility rests on the parents to provide new information where necessary.

Thank you for your cooperation in ensuring the safety of our learners.

Parent Signature

Date

Silwerrand Greetings

Me M van Rooyen
Principal





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Public Transport

(Including Taxis, "Skofs", Cars, Bolts, Uber etc)

Good day Parents/Guardians,

A lot of our learners make use of public transport thus it is important to be aware of the following. The drivers of the public transport vehicles have a private contract with you and not the school, thus they work for you.

Parents responsibility:

- Driver must have a VALID DRIVERS LICENSE
- Driver must have a VALID PDP
- Driver must have a VALID PERMIT to be a driver
- The Vehicle must be ROADWORTHY and have a VALID VEHICLE LICENSE

****Remember if all the above aren't in place / order, in case of an accident, the Road Accident Fund will not pay out any claim.**

The safety of your child ultimately stays in your hands when they use public transport.

Please make sure your child is not dropped off at any other drop-off point than at school. Very important is that your driver needs to know your child has to be at school before 07:15 every day.

Randjie-greetings

Me Marien van Rooyen
Principal



Public Transport letter

I, _____ parent/guardian of _____ Gr _____
received this notice and acknowledges the content here in.

Signature

Contact number

Date





TOP NOTCH REFERENCE

Good day dear parents

Our children sometimes have a need to talk to a person who is not related to them. Therefore, as part of our Top Notch program, we have the following services available at school:

1. Occupational Therapist
2. Psychologist
3. Counselor – Zane de Villiers
4. Counselor - Miranda Mabogwane

We are asking you for permission, should the need arise we can act without delay. Any follow-up appointments will be confirmed with you, as a parent, first.

I _____ parent / guardian of _____

_____ hereby:

give permission

do not give permission

(mark what DOES apply)

.

.....

Signature of parent


.....

Date

Regards



Ms. Charlene Schoeman
Director



Ms. Marien van Rooyen
Principal



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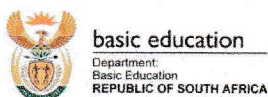
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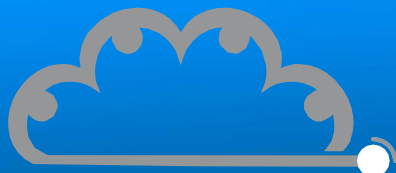
FINANCIAL POLICY ADDENDUM 1

ITEM	INFORMATION	PARENT / GUARDIAN INITIALS
ANNUAL SCHOOL FEES	The annual school fee covers the full academic year. A discount equivalent to one month's fee will be granted if payment is made in full before 28 February .	
MONTHLY SCHOOL FEES	School fees are payable over 12 months. All fees must be paid in advance and must be reflected in the school's bank account on or before the 3rd of each month . A one (1) calendar month (30 days) written notice must be provided should a learner leave the school.	
ADMINISTRATION FEE	A once-off, non-refundable administration fee is payable upon registration. This fee applies to new learners only .	
BOOK FEES	Book fees are payable annually at the beginning of December of the preceding year . <ul style="list-style-type: none"> Learners enrolling in January must settle book fees immediately. Learners enrolling during the academic year must settle book fees immediately upon enrolment. Parents who already have the required textbooks and learning materials will qualify for a 50% discount on the book fee. The remaining 50% will be allocated toward essential school resources and operational expenses, including but not limited to Wi-Fi, telephone usage, printing, photocopying, and additional learning support materials .	
AFTERCARE (PRIMARY SCHOOL ONLY)	<ul style="list-style-type: none"> One (1) calendar month's written notice is required for termination of aftercare services. No cancellations will be accepted after the end of October. For safety reasons, learners will not be allowed to wait outside the school premises. Any learner not collected by 15h00 will automatically be placed in Aftercare, and a daily aftercare fee will be charged to the parents' account. Late collection after 17h00 will result in a penalty fee, which will be added to the parents' account and must be settled accordingly. 	

Parent / Guardian Acknowledgement

Learner Name	
Parent / Guardian Name	
Parent / Guardian Signature	
Date	
School Principal	Me Marien van Rooyen
School Principal Signature	<i>M.v. Rooyen</i>





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CONSENT CLAUSE (POPIA & CREDIT VETTING)

I/We hereby consent to the processing of my/our personal information in accordance with the Protection of Personal Information Act (POPIA) and authorise the School to conduct credit checks with registered credit bureaus, and to contact any previous or current educational institution attended by the learner to verify payment history, outstanding balances, and financial conduct.

I/We further consent to the sharing of relevant information with credit bureaus, debt collection agencies, or legal representatives where necessary for account management or debt recovery, and confirm that all information provided is true and correct.

I/We agree to the above terms

SIGNATURE

Parent/Guardian Name: _____

Signature: _____

Date: _____