





LITTLE CHAMPIONS
JUNIOR SCHOOL
let the little champions excel

www.littlechampions.org

 56 Krugger Street
 Rustenburg East
 0300

 014 312 0119
 062 507 1402

 principal@littlechampions.org

EMIS NUMBER: 600105599

APPLICATION FORM GRADE R-7 2026

ADMISSION NUMBER: _____

PLEASE NOTE : THE COMPLETION OF THIS FORM DOES NOT AUTOMATICALLY ENROL THE LEARNER AT LITTLE CHAMPIONS JUNIOR SCHOOL

REGISTRATION AND ADMISSION FEE FOR 2026: R700

1. PERSONAL DETAILS OF LEARNER

MALE

FEMALE

SURNAME _____

PREFERED NAME _____

DATE OF BIRTH _____

IDENTITY NUMBER _____

COUNTRY OF

BIRTH _____

HOME LANGUAGE _____

GRADE

1

2

3

4

5

6

7

PLEASE TICK APPLICABLE

2. FAMILY INFORMATIONS

FATHER

SURNAME _____ FIRST NAME _____

ID/PASSPORT NUMBER _____ MARITAL STATUS _____

RESIDENTIAL ADDRESS _____
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TELEPHONE No (W) _____ (CELL) _____

POSTAL ADDRESS _____

EMAIL ADRESS _____

OCCUPATION _____


NAME & ADRESS OF EMPLOYER _____


EMERGENCY CONTACT NUMBER _____



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MOTHER

SURNAME _____ FIRST NAME _____

ID/ PASSPORT NUMBER _____ MARITAL STATUS _____

RESIDENTIAL ADDRESS _____

TELEPHONE No (w) _____ (CELL) _____

POSTAL ADDRESS _____

EMAIL ADDRESS _____

OCCUPATION _____

NAME & ADDRESS OF EMPLOYER _____

EMERGENCY CONTACT NUMBER _____

LEGAL GUARDIAN

SURNAME _____ FIRST NAME _____

ID/ PASSPORT NUMBER _____ MARITAL STATUS _____

RESIDENTIAL ADDRESS _____

TELEPHONE No (w) _____ (CELL) _____

POSTAL ADDRESS _____

EMAIL ADDRESS _____

OCCUPATION _____

NAME & ADDRESS OF EMPLOYER _____

EMERGENCY CONTACT NUMBER _____

3. MEDICAL INFORMATION

IS THE CHILD COVERED BY MEDICAL AID YES NO PLEASE TICK APPROPRIATE

MEDICAL AID _____ MEMBERSHIP NO: _____

IF YOUR CHILD IS ON MEDICATION, PLEASE INDICATE THE REASON AND STATE WHAT MEDICATION IS BEING GIVEN :

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4. SCHOLASTIC INFORMATION

LAST SCHOOL ATTENDED _____ PRESENT GRADE: _____

PLEASE STATE ANY GRADE REPEATED _____ YEAR: _____

5. LEARNER TRANSPORTATION

IF THE LEARNER IS TRANSPORTED BY TAXI PLEASE SUPPLY DETAILS

NAME AND SURNAME OF DRIVER _____

TELEPHONE NUMBER _____ VEHICLE REG NUMBER _____



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5. SICK CHILDREN

5.1 The school has the right to decide whether a child may or may not attend for health reasons. According to city health regulations, a sick child cannot remain at the Centre and has to remain isolated at home

5.2 The Centre must immediately be notified of any infectious diseases.

5.3 Please do not send your child to school if he/she has a temperature, bad cough, vomiting or has an eye infection, diarrhea, head lice, etc.

6. TERMS AND CONDITIONS OF ACCEPTANCE

1. All school fees must be paid before the 5th of each month (in advance) and all school holidays included.

2. Kids must be at school no later than 7H15.

If the child has previously attended school a transfer card from that school must be submitted

The following documents must be attached to the admission form:

- A copy of the child's birth certificate
- A copy of the most recent school report
- 2 recent color passport photographs of the learner's name on the back
- Copies of ID of both parents/legal guardians
- Transfer card from previous school
- Copy of medical aid

The admission of pupils to this school is for the year in which the application is made, and must be renewed at the beginning of each subsequent year.

NO application will be processed unless all the above have been submitted and are correct.

I _____ parent of _____

Hereby declare that all the information furnished in this document is true.

Any false information/misrepresentation will result in this application being disqualified, and/ or future withdrawal of registration of your

child at LITTLE CHAMPIONS JUNIOR SCHOOL, as he/she has been accepted based on incorrect information.


Signed at _____ on the _____ day of _____ 20 _____



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7. SCHOOL FEES

1. The admission fee for 2026 is R700.00 **NON-REFUNDABLE**
2. The school fees are 16 800 per annum.
3. The school fees are Grade 1-7 R1 400 per month & Gr R R1350 per month.
4. Stationary, text books and school outing or events are not included.

8. SCHOOL TRIPS

Any amount paid on trips is **NON-REFUNDABLE** and will be forfeited in the event that the learner does not go.

9. PAYMENT OPTIONS

1. Full payment of R15 400 on or before 31 January 2026

10.METHOD OF PAYMENT

Full payment of fees on or before 07 January 2026 and term payments payable before the commencement of each new term, EFT payments and bank deposits can be done in the following school account

LITTLE CHAMPIONS JUNIOR SCHOOL BANK DETAILS

NAME OF THE BANK FNB BANK

ACCOUNT NO 63077273779

ACCOUNT NAME Little Champions Junior School

BRANCH CODE 260246


Reference Child's Name & Surname


ALL DEPOSIT SLIPS TO BE EMAILED TO: admin@littlechampions.org



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11. IMPORTANT NOTICE

1. I accept that no refund on UPFRONT PAYMENTS of school fees will be made to me if I remove my child/children after term 2

2. NOTICE WILL NOT BE ACCEPTED AFTER AUGUST FOR DECEMBER, FEES WILL BE PAYABLE FOR DECEMBER.

3. One (1) month notice to be given in writing to transfer your child

4. One month failure to pay school fees, your child will not be allowed to enter the school premises.

5. A month's notice will be given if there is any increment in fees

I accept that one month's notice is requested upon withdrawal of the learner from the school. **(If not payment for the new month must be paid before withdrawal)**

I _____

(Parent) the undersigned declare that I am responsible for the payment of all tuition, stationary, any other fees due for this learner, payable in advance by the 5TH of each month and I agree to all terms and conditions.

I AM AWARE THAT FAILURE TO MEET ANY FINANCIAL OBLIGATIONS WILL RESULT IN ME BEING ASKED TO KEEP MY CHILD AT HOME UNTIL THE NECESSARY PAYMENTS ARE MADE.

Name in Print _____

Signed _____ Date _____

Witness 1. _____

2. _____

JUNIOR SCHOOL

DECLARATION OF PARENT/GAURDIAN INDEMNITY

I grant my full consent for my child to participate in any sport, educational visits and extra-mural activities undertaken by the school.

I solemnly declare that I fully absolve Little Champions Junior School and/or any of its staff in case of **an accident**.

I understand not to take any action against Little Champions Junior School and/or any of its staff in case **of any accident**.

The above undertaking and consent shall be valid in all instances except where a parent or guardian expressly and in writing withdraws his/her consent

NAME IN PRINT _____

SIGNED _____ **DATE** _____

WITNESS NAME & SIGNATURE _____