

ENROLMENT FORM 2023/24

Grade Applied for :	Highest Gr. Passed	Year Gr. Passed	Admission No
Surname: _____			
First Names: _____			
Date of Birth YYYY _____ MM _____ DDD _____			
Race: _____ Country of residence: _____ If SA, Indicate Province of Residence:			
Initials _____ Nick Name: _____ Other Names: _____ Gender: Male _____ Female _____			
ID or Passport No: _____ Citizenship: _____			
Study Permit Number of non SA Citizen: _____			
Physical Address: _____			
Home Telephone No: _____ Emergency No: _____ Learner Cell: _____			
City/ Suburb: _____ Code: _____ Learner Email Address: _____			
Home Language: _____ Language of Instruction: English HL & Afrikaans FAL			
Mode of Transport _____ Taxi Driver Contact No: _____ Deceased Parents: Mother _____ Father _____ Both _____			
For Gr 1 only: Indicate Pre-Primary Education : None _____ Non Formal _____ Formal _____			

Previous School Information

Name of Previous School: _____

Previous School address: _____

Code: _____ Province: _____

Country: _____

Learner Medical Information		
Medical Aid Number: _____ Medical Aid Main Member: _____ Doctor's Address: _____		
Medical Aid Name: _____ Doctor Name: _____ Doctors Tel No: _____		
Medical Conditions:		
Special Problems Requiring Counselling:		
Dexterity of Learner: Right Handed:	Left Handed:	Ambidextrous:
Registered Social Grant: Yes	No	
Rec. Social Grant: Yes	No	

If the Learner is accepted, the following documents must be submitted to the School

- Copy of Birth Certificate (Certified)
- Copy of Immunisation Records
- Copy Of Parent ID (Certified)
- Copy of Salary Advice
- Progress Report from Previous School
- Registration Fee
- Study Permit (Certified)
- Transfer letter from Previous School

APPLICATION FOR ADMISSION TO SCHOOL

Siblings

Number of other children in this school: Position in the Family (e.g. First): _____

Please Supply Full Names Below:

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Parent / Guardian Information Complete as SEPARATE parent form for each parent living at different

Physical Address Title: _____ Initial: _____

Surname: _____

First Name: _____ Home

Language: _____ ID or Passport

No: _____

Gender: Male _____ Female _____

Race: _____ Account Payer: Yes No

Residential Street

Address: _____

City / Suburb: _____ Code: _____

Occupation: _____ Surname of

Spouse: _____ Occupation of

Spouse: _____ Spouse ID No: _____

Marital Status of Parent: _____

Employer: _____ First

Name: _____ Learner Resides with this Parent/s: Yes No

Relation to Learner: _____

Correspondence Details

Title: _____ Initial: _____

Surname: _____ Postal

Address: _____

_____ City / Suburb: _____

Other Contact Details

Home Tel No: _____ Fax

No: _____ Spouse Work Tel

No: _____ Email: _____

Work Tel No: _____ Cell

No: _____ Spouse Cell

No: _____ Spouse

Email: _____

I hereby declare that to the best of my knowledge , the above information supplied is accurate and correct

Name of Parent / Guardian (Please Print):

Signature of Parent / Guardian:

Date: _____

For Office Use only

1.Date: _____ 2.Rejected: _____

3.Accepted: _____ 4.Accession Number: _____ 5.Reason for

6.Rejection: _____

Documentation Received

Immunisation Record: _____ Transfer Card Prev. School: _____ Parent paying fees - ID copy: _____

Birth Certificate: _____ Progress Report Prev. School: _____ Registration Fee: _____ Copy of Salary Advice: _____
 Study Permit: _____

ACCOUNTABLE PERSON'S INFORMATION

Parent 1 Parent 2 Other Only if 'Other', please complete Section A or B below"

A) INDIVIDUAL

Title: _____
 Full Names: _____
 Surname: _____
 Initials: _____
 Nick Name: _____
 Name: _____
 I. D. Number: _____
 Home Language: Afrikaans English
 Other _____
 Communication preferences SMS E-mail
 Mail By Hand Language preferences: _____
 Cell Phone number: _____
 Telephone number: _____
 Fax: _____
 E-Mail: _____
 Residential Address: _____
 Postal Code: Postal Address: _____
 Postal Code: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____
 Full Name: _____
 Registration Number: _____
 Language Preference: _____
 Contact Number: _____
 Fax: _____
 E-Mail: _____
 Business Address: _____

 Postal Code: _____
 Postal Address: _____

 Postal Code: _____