## **APPLICATION FOR ADMISSION - 2025**



Name of other learner(s) :

## PLEASE COMPLETE WITH A BLACK PEN

Yes No DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

DATE: 14 MAY 2024

**LEARNER INFORMATION** OFFICE USE ONLY LEARNER Waiting list: Family code: Full names: Number on waiting list: Surname: Register class: ID copy: Preferred name: Admission number: Transfer card: Date of birth: Proof of residence: ID number: Report card: Birth certificate: Nationality: Clinic card Religious denomination: **FAMILY INFORMATION** Gender: Male Female Family status: Both parents Single parent - Unmarried Ethnic group: Foster care Childrens home Single parent - Divorced Home language: Preferred tuition language: Other Re-composed Widow/Widower Dexterity: Left Right Both Parents deceased: Mother Father None Learner mobile number: LEARNER HEALTH INFORMATION Learner e-mail address: Chronic diseases: Admission date: Allergies: Grade in 2025 : Medication: Years in grade for 2025 : **MEDICAL AID INFORMATION** Years in phase for 2025 : Name: Pre-primary education attended: Informal Formal Telephone number: Other: Member number: Registered for social grant: Primary member: Receives social grant: Yes **FAMILY DOCTOR INFORMATION** Media consent: Yes Name: Telephone number: Method of transport: Business address: Taxi/Bus registration number: Name of driver: Contact number: INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY **NEXT OF KIN INFORMATION** First registration of learner in Gauteng: No Name: Learner attended school last year Contact number: If yes, in which Province/Country: Alternative contact number: Previous school Relation: Telephone Number Address Province Highest grade in previous school Reason for leaving the school

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION	
Title:	Residential address:
Full names:	_
Surname:	
Initials:	Postal address:
Preferred name:	
ID number:	
Nationality:	Occupation status: Own Employer Professional
Home language:	
Marital status: Common law marriage Divorced	Own Employer Non-Professional
	House wife Part time
Married Separated Single	Contract worker Pensioner
Widowed	Student
Communication: SMS E-mail Mail By hand	
Comm language:	Full time Unemployed
Mobile number:	Occupation:
Home tel:	Employer:
E-mail:	Work telephone number:
	Employer physical address:
is the learner living with this parent? Yes No	
DIGITALISM DARRIES A FORM CHARDIAN CHIERDIAN	
BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION	Decidential address:
Title:	Residential address:
Full names:	-
Surname:	-  _
Initials:	Postal address:
Preferred name:	
ID number:	_
Nationality:	Occupation status: Own Employer Professional
Home language:	Own Employer Non-Professional
Marital status: Common law marriage Divorced	
Married Separated Single	House wife Part time
	Contract worker Pensioner
Widowed	Student
Communication: SMS E-mail Mail By hand	Full time Unemployed
Comm language:	Occupation:
Mobile number:	
Home tel:	Employer:
E-mail:	Work telephone number:
Is the learner living with this parent?	Employer physical address:
Yes No	
IAMa declare that the information and decuments quartied are true authority and according	act I/We grant parmission for the SCR Chairmanan or their representative to verify the information
I/We declare that the information and documents supplied are true, authentic and corre supplied. If it is found that the information or documents supplied are false, it will result	ect. I/We grant permission for the SGB Chairperson or their representative to verify the information or docul It in automatic rejection of the application.
Signature of Parent/Guardian 1:	Date:

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

Signature of Parent/Guardian 2: \_\_\_\_