

APPLICATION FOR ENROLMENT

ALL APPLICATIONS TO INCLUDE THE FOLLOWING DOCUMENTATION:

THE COMPLETED ENROLIVIENT FORM
PHOTOCOPY OF THE LEARNER'S BIRTH CERTIFICATE
PHOTOCOPY OF THE LATEST REPORT
PHOTOCOPY OF A CURRENT MUNICIPAL/ RATES ACCOUNT OR AFFIDAVIT
PHOTOCOPIES OF BOTH PARENTS' IDENTITY DOCUMENTS (If Applicable)
PROOF OF IMMIGRANT STATUS AND VALID STUDY PERMIT (If applicable)

ALL PHOTOCOPIES MUST BE CERTIFIED

NO APPLICATIONS WILL BE ACCEPTED WITHOUT ALL THE REQUESTED DOCUMENTS

STUDENT DETAILS

SURNAME							
NAME							
PREFERRED NAME							
DATE OF BIRTH							
IDENTITY NUMBER							
NATIONALITY							
HOME LANGUAGE							
PRESENT GRADE							
CURRENT/LAST SCHOOL							

PERSONAL DETAILS OF FAMILY

											_	
If no details are provided for details	either	pare	ent, p	lease g	give a re	eason,	e.g. o	deceas	sed, ar	nd provi	de guar	dians
Parent 1												
Surname									Title			
Full Names												
Address												
							Pos	tal Co	de			
ID Number												
Relationship to learner												
Home Telephone Number												ı
Cell phone Number												
E-mail Address												
Parent's Occupation												
Parent's Employer												
Work Telephone Number												1
Parent 2				I								
Surname									Title			
Full Names												
Address												
							Pos	tal Co	de			
ID Number												
Relationship to learner												
Home Telephone Number												
Cell phone Number												
E-mail Address												1
Parent's Occupation												
Parent's Employer]
Work Telephone Number												
A4 TULOU AAADDIED				655			I			N4//FB		
Marital Status MARRIED	וט	IVOR	CED	SEP	ARATED	UN	MARF	IIED	WIDC)W/ER	ОТЬ	IEK
Number of children in family												
Position of applicant i.e. olde	st, you	unge	st, mi	iddle,	etc.							
Name and grade of sibling wl						curren	tly at	tendii	ng this	school		

What kind of transport would learner use to g to school?			t	١	Nalk	1	Гахі		Bus	Own	car	
Would the learner make use of feeding scheme				YES			NO					
E-mails to be sent to Paren	t		1	2	SMS's	to be	sent to	Parent	<u> </u>		1	2
Indicate home address of le	earner		1	2								
	E	MERGE	NC	Y CO	ONTAC	T DET	AILS					
Doctor												
Doctor's Telephone No												
										_		
Medical Information												
Medical Aid												
Medical Aid Number							Plan					
Next of kin (in case parer	nts cannot l	be reache	ed)									
Relationship												
Name												
Contact Number												
Signed by Parent on _		(day)	of	: <u></u> -			(r	nonth	ı) 20			
Signature												