



APPLICATION FOR ENROLMENT & RE-ENROLMENT

PLEASE USE BLACK INK AND PRINT CLEARLY IN THE BLOCKS PROVIDED

1. LEARNER'S DETAILS:

Office Use	
Admission Number:	Receipt Number for Admin Fee:
Application for Grade:	Application for year:
Family Surname:	Child's highest grade completed:
Child's Surname:	Child's Name:
Date of Birth: Y Y Y Y M M D D	I.D.
Child's Home Address:	Gender:
	Distance from School:km
	Home Language:
	Ethnic Group:
	Religion:
Desition in family (a.g. first hours).	Citizenship:
Position in family (e.g. first born):	Citizenship.
2. PARENT/GUARDIAN DETAILS:	
Parents Deceased (Tick applicable): Mother	ather Both None
Details of Father/ Male Guardian	Details of Mother/ Female Guardian
Surname:	Surname:
Name:	Name:
I.D.	I.D.
Occupation:	Occupation:
Company:	Company:
Phone (H):	Phone (H):
Phone (W): Cell No.:	Phone (W): Cell No.:
E-mail:	E-mail:
L man.	E man.
Marital Status:	Marital Status:
Lives in area: Yes No	Lives in area: Yes No
Works in area: Yes No	Works in area: Yes No

Residential Address:			
	Suburb:	Town:	Code:
Postal Address:			
Suburb:			
Town/City:		Code:	
4. SIBLINGS IN SCHOOL (IF ANY): 1	in Grad	de
		in Grad	
		in Grad	
5. DETAILS OF PREVIOUS	SCHOOL:		
Name of School:			
Contact Number:			
Medical Aid Name: _		Medical Aid Number:	
Main Member:		Family Doctor Name:	
Main Member: Doctor's Number:			
Main Member: Doctor's Number: Health Problems (If any): Allergies and Dietary requ			
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Main Member: Doctor's Number: Health Problems (If any): Allergies and Dietary requ	uirements:	t be reached):	
Main Member: Doctor's Number: Health Problems (If any): Allergies and Dietary request. ALTERNATIVE CONTAC	uirements:	t be reached):	you hear about us?
Main Member: Doctor's Number: Health Problems (If any): Allergies and Dietary requals ALTERNATIVE CONTAC 1. Name and Surname: Relationship to child:	uirements: CT DETAILS (If parents canno	t be reached):	you hear about us?
Main Member: Doctor's Number: Health Problems (If any): Allergies and Dietary requants ALTERNATIVE CONTAC 1. Name and Surname: Relationship to child: Contact Number:	uirements: CT DETAILS (If parents canno	t be reached): Where did 1. Word of 2. Social m	you hear about us? mouth
Main Member: Doctor's Number: Health Problems (If any): Allergies and Dietary requ	uirements: CT DETAILS (If parents canno	t be reached): Where did 1. Word of 2. Social m	you hear about us? mouth

Person responsible for School Fee A	ccount:
Name:	
I.D.	
Address:	
Cell No:	
	
Email:	
Bank:	
Account Name:	
Branch:	
Account type:	
Account number:	
As per our current admission terms an	
	d conditions, and in compliance with the National Credit Act 34 of 2005, the
school will conduct a credit enquiry on I, parent/guardian of the above me	the parents, guardian or payer for the purpose of setting a limit to services provided.
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Signed (Father/Guardian): Signed (Father/Guardian): Signed at: Documents required with application checks. Once approplearner. The school will only place the school / Fire account from the last school / Fire	the parents, guardian or payer for the purpose of setting a limit to services provided. Intioned learner/s acknowledge that the information provided above is true and conditions of this application. Date: Date: Date: Tick bo Plication form Tick bo Plication fee of R500 is applicable upon enrolment. This allows the school to begin with ed by school, a once-off, non-refundable enrolment fee of R2, 000 is payable per elearner in the grade once the full enrolment fee is paid and settled.
Signed (Father/Guardian): Signed (Father/Guardian): Signed at: Signed at: Documents required with application checks. Once approplearner. The school will only place the school / Fire account from the last s	the parents, guardian or payer for the purpose of setting a limit to services provided. Intioned learner/s acknowledge that the information provided above is true and conditions of this application. Date: Date: Date: Y Y Y M M D E