

Wes-Kaap Onderwysdepartement
 Western Cape Education Department
 Isebe leMfundo le Ntshona Koloni

APPLICATION FOR ADMISSION TO AN ORDINARY PUBLIC SCHOOL
 (This form must be completed on application for admission of a learner to a school. Indicate with a cross (x) in the appropriate space where applicable)

GRADE:

NAME OF SCHOOL: RHENISH PRIMARY SCHOOL ADMISSION NO.

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A. PARTICULARS OF LEARNER

SURNAME:

FULL FIRST NAMES:.....

RESIDENTIAL ADDRESS:

.....

SEX:

MALE		FEMALE	
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HOME LANGUAGE:

AFRIKAANS		ENGLISH		XHOSA		OTHER	
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IF OTHER SPECIFY:

DATE OF BIRTH:

D	D	M	M	Y	Y	Y	Y

ID NUMBER:

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RELIGION:

NAME OF LAST SCHOOL ATTENDED:

REASON FOR LEAVING:

HIGHEST GRADE PASSED: (Attach a copy of the latest examination results)

DOES THE LEARNER SUFFER FROM ANY ALLERGIES OR CHRONIC AILMENTS?

YES/NO

IF "YES", SPECIFY:

HAS THE LEARNER UNDERGONE ANY OPERATION (S)?

YES/NO

IF "YES" INDICATE DATE AND SPECIFY NATURE OF OPERATION (S):

ILLNESS(ES) THAT LEARNER HAS BEEN IMMUNISED AGAINST:
 TUBERCULOSIS POLIOMYELITIS DIPHTHERIA TETANUS (DT)
 HAEMOPHILUS INFLUENZA TYPE B (HIB) WHOOPING COUGH (DPT)

TO BE COMPLETED BY THE LEARNER:

I,(full name of learner), DECLARE THAT

1. I WAS A LEARNER IN GRADE AT(Name of school)
DURING(year).
2. I ATTAINED MY PRESENT GRADE FAIRLY AND HONESTLY.
3. THE REPORT CARD SHOWING THAT I PASSED MY PREVIOUS GRADE IS AN ACCURATE AND CORRECT ONE.

RECEIVED AND SIGNED ON THIS DAY OF200.....

.....
SIGNATURE OF LEARNER

B. PARTICULARS OF PARENT(S) OR GUARDIAN(S):

(The information below must be supplied in respect of each parent or guardian)

FATHER

FULL NAMES AND SURNAME:

OCCUPATION:

ID NUMBER (IF RSA CITIZEN)

PASSPORT NO. (IF FOREIGNER)

RESIDENTIAL ADDRESS:

.....

POSTAL ADDRESS:

.....

POSTCODE

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TELEPHONE NUMBER (HOME): ()

(WORK): ()

NAME AND ADDRESS OF EMPLOYER:

.....

POSTCODE

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MEDICAL AID: NAME:

MEMBERSHIP NUMBER:

MOTHER

FULL NAMES AND SURNAME:

OCCUPATION:

ID NUMBER (IF RSA CITIZEN)

PASSPORT NO. (IF FOREIGNER)

RESIDENTIAL ADDRESS:

.....

POSTAL ADDRESS:
.....

POSTAL CODE:

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TELEPHONE NUMBER (HOME): ()

(WORK): ()

NAME AND ADDRESS OF EMPLOYER:
.....

POSTAL CODE:

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MEDICAL AID: NAME

MEMBERSHIP NUMBER:

GUARDIAN

FULL NAMES AND SURNAME:

NATURE OF GUARDIANSHIP(e.g. foster parent, uncle, aunt, grandmother etc):
(in case of legal guardianship or foster care, documentary proof must be attached.)

OCCUPATION:

ID NUMBER (IF RSA CITIZEN)

PASSPORT NO. (IF FOREIGNER)

RESIDENTIAL ADDRESS:
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POSTAL ADDRESS:
.....

POSTCODE

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TELEPHONE NUMBER (HOME): ()

(WORK): ()

NAME AND ADDRESS OF EMPLOYER:
.....

POSTCODE

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MEDICAL AID: NAME:

MEMBERSHIIP NUMBER:

WHO IS REPSONSIBLE FOR DIRECT SUPERVISION OVER THE LEARNER?

FULL NAME:

Telephone no. to be called in case of emergency: ()

DECLARATION OF PARENT / GUARDIAN

I,
the undersigned parent / guardian of(name of learner)

hereby declare that the information furnished above is correct to the best of my knowledge.

SIGNED ATon this
.....day of (month)(year).

.....
SIGNATURE OF PARENT/GUARDIAN NAME IN PRINT

C. PAYMENT OF SCHOOL FEES

Complete 1 and 2 below by making a cross (x) in the appropriate spaces.

Payment will be made:

1. By debit order	<input type="checkbox"/>	By cheque	<input type="checkbox"/>	In cash	<input type="checkbox"/>
2. Monthly (12 payments)					<input type="checkbox"/>
Quarterly (4 payments)					<input type="checkbox"/>
Twice yearly (2 payments)					<input type="checkbox"/>

To be paid in full by:

D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTICULARS OF OTHER LEARNERS AT SCHOOL WHO ARE DEPENDENT ON THE SAME PERSON AS THE LEARNER MENTIONED UNDER "A" ABOVE

FIRST NAMES AND SURNAME	GRADE

I,

the undersigned parent/guardian of
(name of learner) hereby declare that the information furnished above is correct to the best of my knowledge. Further, I commit myself to all undertakings mentioned in Section C above and I accept responsibility for monies that are due at any time in accordance with the agreement as set out above.

SIGNED AT ON THIS
..... DAY OF(MONTH)(YEAR)

.....
SIGNATURE OF PARENT/GUARDIAN NAME IN PRINT

D. DECISION ON ADMISSION OF A LEARNER

This is to certify that
(name of learner) conforms to the minimum age requirements for admission to a public school and that his/her most recent end-of-year examination report has been verified as authentic.

His/her admission to grade is approved.

Comments:
.....

Signature of Principal: Date:

OR

This is to certify that
(name of learner) has been refused admission to grade for the following reason(s):

(Delete whatever is not applicable)

- He/she does not conform to the minimum age requirements for admission to a public school
- He/she has not passed grade
- Other reason(s):

.....
Comments:
.....

Signature of Principal Date:

WESTERN CAPE EDUCATION DEPARTMENT
PRE-PRIMARY AND JUNIOR PRIMARY: CONFIDENTIAL INFORMATION
(This form serves to complement the Admission Form E.73)

Name of child in full

From a total of children in the family, this child is (1st, 2nd, 3rd etc.)

Underline the illnesses which the child has had: Chicken-pox, Diphtheria, Enteric Fever, Measles, Mumps, Rubella (German Measles), Scarlet Fever, Whooping cough, Bilharzia, Cholera (St Vitas Dance), Malaria, Rheumatic Fever.

State (if any) the operations which the child has undergone, when and for what purpose :

.....
.....
.....

Is the child using any medicine or pills?

Why?

Any Allergies?.....

Urination: Any problems?

Sight? Speech?

At what age did the child start talking?

At what age did the child start walking?

Any dentition problems?

Name any problems experienced pre-natally or during the child's birth:

.....
.....

Has the child ever had a serious accident? If so, give details:

.....
.....

Information in connection with the child's eating and drinking habits:

.....
.....

At what time does the child go to bed at night?

Sleeping habits (eg. peacefully, restlessly, has nightmares)

.....
.....

Does the child show any signs of nervous tension by day or at night?

.....
.....

Is the child left or right handed?

Is any compulsion exercised in this connection?

Name the places where the child prefers to play:

Friends and siblings with whom this child frequently plays: (Underline and mention ages)

Brothers: Sisters:

Boy friends: Girl friends:

How does this child interact with friends?

How does this child interact with members of the family?

Underline personality characteristics (and elaborate) :

Obedient, disobedient, stubborn:

Independent, dependent:

Shy, withdrawn, outgoing (bold):

Friendly, moody, aggressive:

Tolerant, irritable:

Unselfish, selfish:

Loving, seeks attention, aloof, does not seek attention:

Self-confident, lacking in confidence, over-confident:

Helpful, uncooperative:

Reacts well, does not take kindly to orders or correction:

Other qualities about which the school should know:

Does the child have many, few or no stories read or told to him/her at home?

Does the child show any interest in music?

Any other information regarded as important?

Is there any problem which you would like to discuss confidentially?

Information supplied by:

Date: