

First Name

## 2026

## WCED ONLINE FORM FOR LEARNER APPLICATIONS TO ORDINARY PUBLIC SCHOOLS (GR. R,1 & Gr.8 ONLY)

	WES	TERN CAPE	EDU	JCAT	ION E	DEPART	MEI	NT (	WCED	) AD	MIS	SSION	S 2026	•				
The informat	tion on th	nis form will	be c	aptu	red o	n the W	CEL	on C	line a	dmiss	ion	s syste	em to	assist	the	parent.		
Primary Parent / Legal Guardian Information																		
Parent / Le	egal Gua	rdian type	(Pled	ise tic	ck)	Biological Adoptive I						Lego	al Guc	ırdiar	n S	tep	Other	
Title: (Plea	se tick)				Mr.	Miss	;	Mrs	S.	Ms	F	Prof.	Dr	F	Rev	Hon	Ac	vk
First Name			•			onc	i					Surn	ame					
Date of bir	th					•		Ge	ender		Mal	le		Fe	male	•		
SA Citizen	YES		ı	NO							mber /Passport er / Permit					•		
Marital sta	itus: (Ple	ase tick)			Divo	rced		Mai	ried	S	еро	arated	k	Singl	е	Wi	dowed	1
					IMPO	PRTANT!!! Please Complete												
						Contac	t In	forn	nation									
Cell phone	e No.								Emer	genc	y C	Conta	ct No.					
Tel. No. (w	ork)								Alter	native	C	ontac	t No.					
Alternative	Name	and Surnar	ne						Alterr	native	e: R	elatior	nship					
Email add	ress																	
						Physi	cal	Add	lress									
Western C	ape Ad	dress	YES	S	NO													
Address type: (Please tick)				eet /	′	Flo	at			Farr	n		P	lot		Othe	er	
Address N Number	o / Hous	se / Street			Address / Street Name													
Building /	Comple	x / Block / A	Apar	tmer	nt nan	ne												
Country						Province						ce						
Town						Suburb						)						
					W	ork Add	dres	s (O	ptiono	ıl)								
Western C	ape Ado	dress	YES	S		N	0											
Address ty	pe: (Pled	ase tick)		eet / oad		Flat			Fa	rm			Plo	1		Oth	er	
Address N Number	o / Hous	se / Street				Add		s / S me	treet									
Building / name	Comple	x / Block / A	Apar	tmer	nt													
Country						•				Prov	vinc	ce						
Town				Suburb					)									
Which address must be used for your application?				Physical Address					5			W	ork Ad	dress				
OPTIONAL (Secondary Parent / Legal Guardian Information)																		
Parent / Le	gal Gua	rdian type	(Plea	se tic	ck)	Biolo	gic	al	Ado	ptive	)	Leg	al Guc	ardiar	١ .	Step	Othe	r.
Title: (Plea	se tick)				Mr.	Miss	;	Mrs	s.   1	Ms.	F	Prof.	Dr	F	Rev	Hon	Ac	vk

Second

Name

Surname

Date of birth							Geno	Gender Male				Fen	nale	
SA Citizen YES			NO				ID number /Passport Number / Permit							
Gender Male				Female			SA	SA Citizen Y				NO		
Marital statu		Divor	ced	٨	Married	arried Separated				gle	W	Widowed		
	IMPO							plet	е					
	Contact Information													
Cell phone r	10.					l			Contact					
Tel. no. (wor									Contact					
Alternative N		d Surnar	ne				Alternati	ve:	Relations	nip				
Email addre		torn												
Cape	side Wes	ieiii	YES	•		NO								
Address type	: (Please	tick)	Stree	et		Flat			Farm		Plot			
House / Stree	et Numb	er				Stree	t name							
Building / Co	omplex /	Block /	Apart	lment										
Town									Suburb					
					Loc	urnor l	Informa	tion						
Required Gro	ıde (The (	Grade va	u are	annivina f		iiiiei i			pplicatio	n (YY)	Y / MI	M / DD	))	
First-time reg							Dale	01 7	No		1 / 140	W / DD		
First Name				Second Na	ime Surname					e				
Learner's ID N	Number:						Do	ate c	of Birth					
Learner's CEA	MIS Numb	er:												
Gender	Male		Fema	ıle										
Population g	roup	Black/A	Africa	ın	Col	oured	Indian/ Asi			Asiar			Whi	it
SA Citizen	YES		NO			cume	nted SA /	· Y F C					NO	
Is the addres	s the sar	ne as th	e prin			girico	YES					<b>)</b>		
Home addre	ss (where	e learner	curre	ently reside	s)									
Address type	•	Stre	et			Flat			Farm			Р	lot	
Address no.		Street name							Complex ent name					
Town					Su	burb								
	Learne	er Not pr	ed			Better p	Better prospects							
Reason for		Highest Grade Reached					New re	gistr	ation					
Application Serious Trauma or is: Previous School (Pro					Transfer	SNE to Pu	blic Oı	dinary	school					
Name of the attended	last scho	ool									Ye	ar		
	Are you relocating to the Western Cape (WC) from another province?								N	0				
	If yes, write down the name of the province.													

Are you releasing to the WC	from another	country?	YES		NO	
Are you relocating to the WC  If yes, write down the name o		Journey!	1 E 9		NO	
Language of Learning and	Time Cooming.		T	T		
Teaching (LOLT)	AFR	ENG	XHOSA	SESOTHO	TSWANA	
		•			•	
Do you wish to apply for Host accommodation? (Applicab rural areas)		YES			NO	
Do you wish to apply for lear (Applicable to mainly rural a using the WCED learner trans	reas at school				NO	
a) Participation in sport		YES			NO	
If yes, please indicate which	sport.		•			
b) Participation in cultural pro	ogramme / s	YES			NO	
If yes, please indicate which or programme / s.	cultural					
c) Has the learner held any le position/s at school?	adership	YES			NO	
If yes, please provide details.						
Name any sports award/s ac	hieved.					
d) Does the learner play an ir	nstrument/s?	YES			NO	
If yes, please indicate which i	instrument/s.					
e) Level of music participation or go						
the level of participation or ac	inievement.)	Select Scho	ols			
	Please indica		s you want to	APPLY TO:		
KINDLY	RANK SCHOO				NCE	
No.1 NAME OF SCHOOL				pplying for more the same school		NO
Please indicate if the learner has a sibling attending this school.	YES	NO		NUMBER		
No.2 NAME OF SCHOOL	,			pplying for more the same school		NO
Please indicate if the learner has a sibling attending this school.	YES	NO	CEMIS	NUMBER		
No.3 NAME OF SCHOOL				pplying for more the same school		NO
Please indicate if the learner has a sibling attending this school.	YES	NO	CEMIS	NUMBER		
No.4 NAME OF SCHOOL				pplying for more the same school		NO
Please indicate if the learner has a sibling attending this school.	YES	NO	CEMIS	NUMBER		
No.5 NAME OF SCHOOL				pplying for more the same school		NO
Please indicate if the learner has a sibling attending this school.	YES	NO	CEMIS	NUMBER		
No.6 NAME OF SCHOOL				pplying for more the same school		NO
Please indicate if the learner has a sibling attending this school.	YES	NO	CEMIS	S NUMBER		
No.7 NAME OF SCHOOL				pplying for more the same school		NO

Please indicate if the learner has a sibling attending this school.		YES	NO	CEMIS NUMBER			
No.8 NAME OF SCHOOL				Are you applying for more learner at the same school	YES	NO	
Please indicate if the learner has a sibling attending this school.		YES	NO	CEMIS NUMBER			
No.9 NAME OF SCHOOL				Are you applying for more learner at the same school	YES	NO	
Please indicate if the learner has a sibling attending this school.		YES	NO	CEMIS NUMBER			
No.10 NAME OF SCHOOL				Are you applying for more learner at the same school	YES	NO	
	ndicate if the learner has a stending this school.	YES	NO	CEMIS NUMBER			

Declaration by legal parent/guardian									
I, the undersigned, declare that the above information is									
correct.									
Signed by legal parent/guardian:									
Date:									
REQUIRED DOCUMENTS SUBMITTED TO THE SCHOOL / WO	CED								
Please check that the following documentation is attached	Please	tick							
DENTIFICATION     a. Certified copy of ID / Birth certificate (learner)	YES	NO							
OR  c. If the learner was not born in SA, a passport / a refugee or asylum seeker permit issued in the learner's name OR  2. If the learner of foreign parents was born in SA: A handwritten Birth Certificate (DHA 19 form).									
3. A study permit issued by the Department of Home Affairs or proof of application (If the learner is a foreign learner)	YES	NO							
4. Copy of immunization card / Road to Health chart (Primary schools only)	YES	NO							
5. Latest official school academic report of the learner	YES	NO							
6. Proof of residence (municipal/rates account/lease agreement/affidavit confirming residence)	YES	NO							
Checked by (Name and surname):  Date:  Checked and signed by:									