



ENROLMENT FORM - 2022

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes

No

Name of other learner(s) : _____

LEARNER INFORMATION

LEARNER	
Full names:	_____
Surname:	_____
Preferred name:	_____
Date of birth:	_____
ID number:	_____
Nationality:	<input type="checkbox"/> RSA <input type="checkbox"/> Other
Religious denomination:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic group:	_____
Home language:	_____
Learner's language preference:	_____
Dexterity:	_____
Learner mobile number:	_____
Learner e-mail address:	_____
Admission date:	_____
Grade in 2022 :	_____
Years in grade for 2022 :	_____
Years in phase for 2022 :	_____
Pre-primary education attended:	<input type="checkbox"/> Formal <input type="checkbox"/> Informal
	<input type="checkbox"/> Other: _____
Attach learner photo:	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div>

Method of transport:	_____
Taxi/Bus registration number:	_____
Name of driver:	_____
Contact number:	_____

NEXT OF KIN INFORMATION

Name:	_____
Contact number:	_____
Alternative contact number:	_____
Relation:	_____

OFFICE USE ONLY

Family code: _____	Waiting list: <input type="checkbox"/> A <input type="checkbox"/> B
Register class: _____	Number on waiting list: _____
Admission number: _____	ID copy: <input type="checkbox"/>
	Application fee: <input type="checkbox"/>
	Proof of residence: <input type="checkbox"/>
	Birth certificate: <input type="checkbox"/>

FAMILY INFORMATION

Family status:	<input type="checkbox"/> Both parents	<input type="checkbox"/> Single parent - Unmarried	
	<input type="checkbox"/> Foster care	<input type="checkbox"/> Childrens home	<input type="checkbox"/> Single parent - Divorced
	<input type="checkbox"/> Other	<input type="checkbox"/> Re-composed	<input type="checkbox"/> Widow/Widower
Parents deceased:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> None

LEARNER HEALTH INFORMATION

Chronic diseases:	_____
Allergies:	_____
Medication:	_____

MEDICAL AID INFORMATION

Name:	_____
Telephone number:	_____
Member number:	_____
Primary member:	_____

FAMILY DOCTOR INFORMATION

Name:	_____
Telephone number:	_____
Business address:	_____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learner attended school last year	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in which Province/Country:	_____
Previous school	_____
Telephone Number	_____
Address	_____
Province	_____
Highest grade in previous school	_____
Reason for leaving the school	_____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication preference: SMS E-mail Mail
 By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent? Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: _____

Communication preference: SMS E-mail Mail
 By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent? Yes No

DECLARATION BY PARENT / GUARDIAN

I _____ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorize the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at _____ on _____ day of _____ 20__.

Signature of Parent / Guardian : _____