

APPLICATION FOR ADMISSION TO DARLING PRIMARY

GRADE BEING APPLIED FOR: _____

UNIQUE CEMIS NUMBER: _____

PLEASE ATTACH THE FOLLOWING DOCUMENTATION TO YOUR APPLICATION:

1. BIRTH CERTIFICATE
2. A STUDY PERMIT ISSUED BY THE DEPARTMENT OF HOME AFFAIRS IN THE CASE OF FOREIGN LEARNERS, OR PROOF OF APPLICATION TO THE DEPARTMENT OF HOME AFFAIRS
3. IMMUNISATION CARD (ROAD TO HEALTH CHART) OF THE LEARNER
4. TRANSFER CARD/LETTER OF THE LEARNER IF HE/SHE ATTENDED ANOTHER SCHOOL
5. THE LAST OFFICIAL SCHOOL REPORT CARD / RESULTS OF THE LEARNER IF THE LEARNER ATTENDED A SCHOOL
6. PROOF OF RESIDENCE (RATES ACCOUNT OR AFFIDAVIT CONFIRMING RESIDENCE)

A. PARTICULARS OF LEARNER

SURNAME: _____

FULL NAMES: _____

HOME ADDRESS: _____

GENDER:

MALE	FEMALE
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HOME LANGUAGE:

AFRIKAANS	ENGLISH	XHOSA	OTHER
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POPULATION GROUP:

BLACK/AFRICAN	COLOURED	INDIAN/ASIAN	WHITE
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SA CITIZEN:

YES	NO
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	D	D	M	M	Y	Y	Y	Y												
DATE OF BIRTH																				
ID - NUMBER																				

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

DOES THE LEARNER PLAY OR PARTICIPATE IN ANY SPORT?

YES	NO
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IF YES, PLEASE INDICATE WHAT SPORT _____

DOES THE LEARNER PARTICIPATE IN ANY CULTURAL PROGRAMMES?

YES	NO
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IF YES, PLEASE INDICATE WHICH PROGRAMMES _____

HAS THE LEARNER HELD ANY LEADERSHIP POSITION AT THE SCHOOL?

YES	NO
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IF YES, PLEASE INDICATE WHAT POSITION(S) _____

DOES THE LEARNER SUFFER FROM ANY ALLERGIES OR CHRONIC AILMENTS?

YES

NO

IF "YES", SPECIFY _____

ILLNESS/ES THAT LEARNER HAS BEEN IMMUNISED AGAINST:

Tuberculosis (BCG)

Poliomyelitis

Diphtheria

Tetanus (DT)

Whooping Cough (DPT)

Haemophilus influenzae Type B (HIB)

NAME/S OF SIBLINGS IN DARLING PRIMARY:

_____ GRADE: _____

_____ GRADE: _____

ARE YOU RELOCATING TO THE WESTERN CAPE?

YES

NO

IF YES, PLEASE INDICATE FROM WHERE _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____

REASON FOR LEAVING: _____

B. PAYMENT OF SCHOOL FEES

Please indicate how you plan to pay school fees: full amount at once, per term in advance, or 10 monthly payments from January to October. School fees which are not paid in full by the end of October will be handed over to our lawyers for collection. This may incur extra charges and interest, which will be for your account.

Full amount at beginning of year:

Quarterly (4 payments):

Monthly (10 payments):

PERSON RESPONSIBLE FOR PAYMENT OF SCHOOL FEES:

NAME: _____ CONTACT NUMBER: _____

C. PARTICULARS OF PARENT/S OR GUARDIAN/S:

PRIMARY PARENT/GUARDIAN

PARENT TYPE:

BIOLOGICAL	ADOPTIVE	GUARDIAN	STEP	OTHER
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TITLE:

MR	MRS	MISS	MS	PROF	DR	REV
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FULL NAMES AND SURNAME: _____

ID NUMBER (IF RSA CITIZEN)

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PASSPORT NUMBER (IF FOREIGNER)

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MARITAL STATUS:

MARRIED	SINGLE	WIDOW/WIDOWER	DIVORCED	NEVER MARRIED
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HOME ADDRESS: _____

POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

PHONE NUMBER: HOME: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

NAME AND ADDRESS OF EMPLOYER: _____

2ND PARENT / GUARDIAN

PRIMARY PARENT/GUARDIAN

PARENT TYPE:

BIOLOGICAL	ADOPTIVE	GUARDIAN	STEP	OTHER
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TITLE:

MR	MRS	MISS	MS	PROF	DR	REV
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FULL NAMES AND SURNAME: _____

ID NUMBER (IF RSA CITIZEN)

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PASSPORT NUMBER (IF FOREIGNER)

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MARITAL STATUS:

MARRIED	SINGLE	WIDOW/WIDOWER	DIVORCED	NEVER MARRIED
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HOME ADDRESS: _____

POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

PHONE NUMBER: HOME: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

NAME AND ADDRESS OF EMPLOYER: _____

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 B above and agree to follow
the regulations set out in the Code of Conduct, Language Policy and Religion Policy of Darling Primary
School.

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 _____ (naam van leerder) is admitted to Darling Primary.

Signature of Principal: _____ Date: _____