



NORTHERN CAPE DEPARTMENT OF EDUCATION

LEARNER ADMISSION TO ORDINARY AND SPECIAL PUBLIC SCHOOLS



APPLICATION FOR ADMISSION TO A SCHOOL

YEAR

2020

SEQUENCE NUMBER:
TIME RECEIVED BY SCHOOL: :
DATE RECEIVED BY SCHOOL: / /
NAME OF SCHOOL

This form must be completed in full. All changes must be initialed or signed by the parent/guardian.

Note that the completion of a form does not necessarily mean that the learner has been accepted into the school.

Note that only applications that are personally hand-delivered will be considered. Faxed, e-mailed or applications submitted via mail will therefore be disqualified.

The following documentation must be attached to this application form:

- | | | |
|---|-------------------------|------------------------------------|
| 1. Certified copy of Birth Certificate/ID | 2. Recent School Report | 3. Immunisation Record/Clinic Card |
| 4. Proof of Guardian Status | 5. Parents/Guardians ID | 6. Proof of Parent's Residence |
| 7. Proof of Sibling Relationship | | |

A. LEARNER INFORMATION
GRADE APPLIED FOR: **HIGHEST GRADE PASSED:** **YEAR WHEN GRADE WAS PASSED:**
SURNAME: **INITIALS:**
FIRST NAME: **OTHER NAMES:**
DATE OF BIRTH: **ID NO:**
GENDER: MALE FEMALE **RACE:** A=AFRICAN C=COLOURED I=INDIAN W=WHITE OTHER=O
COUNTRY OF RESIDENCE: **IF SA, INDICATE PROVINCE:**
CITIZENSHIP: **RELIGION:**
HOME ADDRESS:
 CODE:
HOME TEL NO. **EMERGENCY NO:**
LEARNER CELL:
LEARNER EMAIL ADDRESS:
HOME LANGUAGE: **PREFERRED LANGUAGE OF TEACHING:**
DECEASED PARENT: MOTHER FATHER BOTH **BOARDER:** YES NO
MODE OF TRANSPORT:
FOR GRADE 1 ONLY - INDICATE GRADE R EDUCATION: NONE SEMI-FORMAL FORMAL
B. PREVIOUS SCHOOL INFORMATION
NAME OF PREVIOUS SCHOOL:
PHYSICAL ADDRESS:
 CODE:
TEL NO: **FAX NO:**
PROVINCE: **COUNTRY:**

C. LEARNER MEDICAL INFORMATION

MEDICAL AID NO: NAME OF MEDICAL AID:

MEDICAL AID MAIN MEMBER:

NAME OF FAMILY DOCTOR: TEL NO:

MEDICAL CONDITION:

DEXTERITY OF LEARNER: RIGHT HANDED LEFT HANDED AMBIDEXTROUS

REGISTERED FOR SOCIAL GRANT: YES NO RECEIVE SOCIAL GRANT: YES NO GRANT NO:

D. SIBLINGS

NUMBER OF OTHER CHILDREN AT THIS SCHOOL: POSITION IN THE FAMILY (e.g. first):

SIBLING(S) CURRENTLY AT THIS SCHOOL:

Surname	First Name(s)	Grade	Physical Home Address

E. PARENT / GUARDIAN INFORMATION

ARE YOU A PARENT / GUARDIAN? PARENT GUARDIAN

WHO IS DECEASED? MOTHER FATHER BOTH NONE

PARENT/GUARDIAN 1

SURNAME: INITIALS: TITLE:

FIRST NAME: OTHER NAME:

GENDER: MALE FEMALE RACE: A=AFRICAN C=COLOURED I=INDIAN W=WHITE OTHER=O

ID NO:

HOME LANGUAGE:

HOME ADDRESS:

CODE:

HOME TEL NO.

CELL NO:

WORK TEL NO.

EMERGENCY NO:

EMAIL ADDRESS:

PROVINCE: COUNTRY:

OCCUPATION: EMPLOYER:

WORK ADDRESS:

CODE:

MARITAL STATUS: LEARNER RESIDES WITH THIS PARENT: YES NO

RELATIONSHIP TO LEARNER: RESPONSIBLE FOR ACCOUNT: YES NO

PARENT/GUARDIAN 2

SURNAME: INITIALS: TITLE:

FIRST NAME: OTHER NAME:

GENDER: MALE FEMALE RACE: A=AFRICAN C=COLOURED I=INDIAN W=WHITE OTHER=O A C I W O

ID NO: HOME LANGUAGE:

HOME ADDRESS:

 CODE:

HOME TEL NO. CELL NO:

WORK TEL NO. EMERGENCY NO:

EMAIL ADDRESS:

PROVINCE: COUNTRY:

OCCUPATION: EMPLOYER:

WORK ADDRESS:

 CODE:

MARITAL STATUS: LEARNER RESIDES WITH THIS PARENT: YES NO

RELATIONSHIP TO LEARNER: RESPONSIBLE FOR ACCOUNT: YES NO

F. CORRESPONDENCE DETAILS

TITLE: SURNAME: INITIALS:

POSTAL ADDRESS:

 CODE:

G. DECLARATION BY PARENT / GUARDIAN

* I, declare that the information furnished is true, correct and complete in every respect. I understand that the **furnishing of false or misleading information will render my application invalid.**

_____ NAME OF PARENT/GUARDIAN _____ SIGNATURE OF PARENT/GUARDIAN _____ DATE

H. FOR OFFICE USE ONLY

SURNAME AND NAMES OF LEARNER:

ACCEPTED: YES NO NCK-A2 NUMBER:

DECLINED: YES NO ADMISSION NUMBER:

REASONS FOR DECLINATION/REJECTION:

DECLARATION BY PRINCIPAL

* I declare that I have not unfairly discriminated against the applicant in any way.
* I further declare that I have not tested the applicant; have not charged any fee at the time of this application; have not used academic performance; have not used sport or cultural achievements; have not interviewed the parent or learner; did not use the fact that the parent is unable to pay or has not paid the school fees; did not use the fact that the parent does not subscribe to the mission statement of the school or that the parent refused to waive any claim against the school to decide on admission of this applicant.
* I understand that the furnishing of false or misleading information **will** lead to charges of misconduct.

_____ NAME OF PRINCIPAL _____ SIGNATURE OF PRINCIPAL _____ DATE