



NORTHERN CAPE DEPARTMENT OF EDUCATION
LEARNER ADMISSION TO ORDINARY AND SPECIAL PUBLIC SCHOOLS



APPLICATION FOR ADMISSION

YEAR

2016

SEQUENCE NUMBER:

TIME RECEIVED BY SCHOOL:

NAME OF SCHOOL

This form must be completed in full. All changes must be initialled or signed by the parent/guardian. Note that the completion of a form does not necessarily mean that the learner has been accepted at the school.

The following documentation must be attached to this application form:

- | | | |
|--|----------------------------------|------------------------------------|
| 1. Certified copy of Birth Certificate | 2. Recent School Report | 3. Immunisation Record/Clinic Card |
| 4. Transfer Card | 5. Proof of Guardian Status | 6. Parents/Guardians ID |
| 7. Proof of Learner's Residence | 8. Proof of Sibling Relationship | |

A. LEARNER INFORMATION

GRADE APPLIED FOR: HIGHEST GRADE PASSED: YEAR PASSED: BOARDER: YES NO

HOME LANGUAGE: PREFERRED LANGUAGE OF INSTRUCTION:

SURNAME: INITIALS:

FIRST NAME(S):

ID NO: DATE OF BIRTH:

GENDER: M = MALE / F = FEMALE M F RACE: A=AFRICAN C=COLOURED I=INDIAN W=WHITE A C I W

CITIZENSHIP: RELIGION:

NUMBER OF OTHER CHILDREN AT THIS SCHOOL: GRADES:

SIBLING(S) CURRENTLY AT THIS SCHOOL:

Surname	First Name(s)	Grade	Home Address

B. LEARNER MEDICAL INFORMATION

MEDICAL AID MAIN MEMBER:

NAME OF MEDICAL AID: MEDICAL AID NO:

MEDICAL CONDITION:

NAME OF FAMILY DOCTOR: TEL NO:

C. PREVIOUS SCHOOL INFORMATION

NAME OF PREVIOUS SCHOOL:

PHYSICAL ADDRESS:

CODE:

TEL NO: FAX NO:

PROVINCE: COUNTRY:

WORK ADDRESS:
 CODE:
 RELATIONSHIP TO LEARNER: RESPONSIBLE FOR ACCOUNT: YES NO

E. 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.**

SIGNATURE OF PARENT / GUARDIAN **DATE**

F. FOR OFFICE USE ONLY

DOCUMENTATION RECEIVED:

SURNAME AND INITIALS OF LEARNER:

1. COPY OF BIRTH CERTIFICATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	5. TRANSFER CARD FROM PREVIOUS SCHOOL:	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. SCHOOL REPORT:	<input type="checkbox"/> YES <input type="checkbox"/> NO	6. PROOF OF LEARNER'S RESIDENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. IMMUNISATION / CLINIC CARD	<input type="checkbox"/> YES <input type="checkbox"/> NO	7. PROOF OF GAURDIAN STATUS	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. PARENTS/GUARDIANS ID	<input type="checkbox"/> YES <input type="checkbox"/> NO	8. PROOF OF SIBLING RELATIONSHIP	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAITING LIST:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	WAITING LIST NUMBER (NCK-A2):	<input type="text"/>
ACCEPTED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	ADMISSION NUMBER:	<input type="text"/>
DECLINED:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

REASONS FOR DECLINATION

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: