

Wes-Kaap Onderwysdepartement  
Western Cape Education Department  
Isebe leMfundo le Ntshona Koloni

APPLICATION FOR ADMISSION TO AN ORDINARY PUBLIC SCHOOL

(This form must be completed on application for admission of a learner to a school. Indicate with a cross (x) in the appropriate space where applicable)

GRADE: .....

NAME OF SCHOOL: RHENISH PRIMARY SCHOOL ADMISSION NO. 

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PARTICULARS OF LEARNER

SURNAME: .....

FULL FIRST NAMES: .....

RESIDENTIAL ADDRESS: .....

.....

<b>SEX:</b>	MALE		FEMALE					
<b>HOME LANGUAGE:</b>	AFRIKAANS		ENGLISH		XHOSA		OTHER	

IF OTHER SPECIFY: .....

<b>DATE OF BIRTH:</b>	D	D	M	M	Y	Y	Y	Y					
<b>ID NUMBER:</b>													

RELIGION: .....

NAME OF LAST SCHOOL ATTENDED: .....

REASON FOR LEAVING: .....

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

DOES THE LEARNER SUFFER FROM ANY ALLERGIES OR CHRONIC AILMENTS? 

<b>YES/NO</b>
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IF "YES", SPECIFY:  
.....  
.....

HAS THE LEARNER UNDERGONE ANY OPERATION (S)? 

<b>YES/NO</b>
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IF "YES" INDICATE DATE AND SPECIFY NATURE OF OPERATION (S):  
.....  
.....

ILLNESS(ES) THAT LEARNER HAS BEEN IMMUNISED AGAINST:

- TUBERCULOSIS  POLIOMYELITIS  DIPHTHERIA  TETANUS (DT)
- HAEMOPHILUS INFLUENZA TYPE B (HIB)  WHOOPING COUGH (DPT)





DECLARATION OF PARENT / GUARDIAN

I, .....

the undersigned parent / guardian of .....(name of learner)

hereby declare that the information furnished above is correct to the best of my knowledge.

SIGNED AT .....on this

.....day of ..... (month) .....(year).

.....

SIGNATURE OF PARENT/GUARDIAN NAME IN PRINT

**C. PAYMENT OF SCHOOL FEES**

Complete 1 and 2 below by making a cross (x) in the appropriate spaces.

Payment will be made:

1. By debit order	<input type="checkbox"/>	By cheque	<input type="checkbox"/>	In cash	<input type="checkbox"/>
2. Monthly (12 payments)	<input type="checkbox"/>				
Quarterly (4 payments)	<input type="checkbox"/>				
Twice yearly (2 payments)	<input type="checkbox"/>				

To be paid in full by:

D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTICULARS OF OTHER LEARNERS AT SCHOOL WHO ARE DEPENDENT ON THE SAME PERSON AS THE LEARNER MENTIONED UNDER "A" ABOVE

FIRST NAMES AND SURNAME	GRADE

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 C above and I accept responsibility for monies that are due at any time in accordance with the agreement as set out above.

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 .....  
(name of learner) conforms to the minimum age requirements for admission to a public school and that his/her most recent end-of-year examination report has been verified as authentic.

His/her admission to grade ..... is approved.

Comments: .....  
.....

Signature of Principal: ..... Date: .....

OR

This is to certify that .....

(name of learner) has been refused admission to grade ..... for the following reason(s):

(Delete whatever is not applicable)

- He/she does not conform to the minimum age requirements for admission to a public school
- He/she has not passed grade .....
- Other reason(s): .....

.....  
Comments: .....  
.....

Signature of Principal ..... Date: .....