



Voluntary Information

For Office Use Only:

CEMIS No:		Waiting List	
Admitted to Grade:		Year:	
Admission Language: English		Afrikaans	

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 her most recent report has been verified as authentic.

Her admission to grade _____ is approved / not approved.

First day of attendance at the school: _____

Interview date: _____

Attendance: Mother Father Daughter

Indicate with a cross x in the appropriate space where applicable.

A. Particulars of Learner

Surname: _____ Initials: _____

Full first names: _____

	Y	Y	Y	Y	M	M	D	D	Birth Certificate Attached	<input type="checkbox"/>
Date of Birth										
ID Number/Passport										

(WCED Information)

Population Group	Black/African	Coloured	Indian/Asian	White
Home Language	Afrikaans	English	Xhosa	Other

If other, specify: _____ Religion: _____

Postal address: _____ Residential address: _____
 _____ Suburb: _____

Code: _____

Address type: Street/Flat/Farm/Plot

Telephone number (home): () _____

Name of last school attended: _____ Tel No _____

Reason for leaving: _____

Highest grade passed: _____ Copy attached of the latest report:

Are you re-locating to western Cape? Yes /No From where? _____

Last School attended in South Africa: _____

First time Registration in the Western Cape - Yes/No Home School - Yes/No

Who Is Responsible For Direct Supervision Over The Learner?

Full name: _____

Telephone number to be called in case of an emergency: () _____

B. Medical Information

Doctor: _____ Telephone no: _____

Does the learner suffer form any allergies or chronic ailments?

Yes

No

If "yes", specify: _____

Has the learner had any illnesses / accidents /operation(s)? _____

If "yes", specify nature and approximate date: _____

Were there any problems during pregnancy / birth? _____

If "yes", specify nature: _____

Eyesight? Good I do not know

If any problems, please specify: _____

Hearing? Good I do not know

If any problems please specify: _____

C. Extra Information

Is the learner registered for a social grant? Yes No

Does the learner receive a social grant? Yes No

Does the learner play or participate in any Sport? _____

Does the learner play or participate in any cultural Programs? _____

Has the learner held any leadership position at school? _____

The following documents must accompany your application:

1. A certified copy of the child's birth certificate
2. A certified copy of the Identity Documents for both parents
3. Clinic Immunisation Card
4. A Study Permit Issued by the Dept. of Home Affairs in the case of Foreign Learners or Proof of Application to the Dept. of Home Affairs.
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.)

Declaration of Parents/ Guardians

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 concerning the payment of school fees and I accept responsibility for monies that are due at any time in accordance the agreement as set out in the attached documents. We, the undersigned, give consent to La Rochelle Girls' Primary School to perform a credit check on both parents as listed on the application form. The results of these checks will remain confidential.

Signed at _____ on this _____ day of _____ 20__

Signature of Parent / Guardian

Name in Print

Signature of Parent / Guardian

Name in Print

To Be Completed by The Learner (if the learner is able to read and write):

I _____ (full name of learner), declare that

1. I was a learner in grade _____ at _____ (name of school)
2. I attained my present grade fairly and honestly.
3. The report card showing that I passed my previous grade is an accurate and correct one.

Received and signed on this _____ day of _____ 20__

Signature of learner

La Rochelle
Girls' Primary School



Learner information

Pupil Information

Surname _____ Grade _____

Full name _____

Date of birth _____ ID Number _____

Parent Information

1 Parent /Guardian

2 Parent / Guardian

Parent Type **Biological/Adoptive/Legal Guardian/Step/Other:** _____

Title & Initials _____

First name _____

Surname _____

Marital Status _____

ID Number/Passport _____

Address _____

Postal code _____

Tel home _____

office _____

cell phone _____

e-mail address _____

Occupation _____

Employer _____

Address of employer _____

Medical doctor _____ Tel no _____

(in case of emergency)

The domicilium (address) as given on this form will be the accepted one. Should you change your address, telephone number etc. the onus will be on the parent to notify the school immediately. It is of utmost importance that we are kept up to date at all times in case of an emergency.

On acceptance of admission to our school a fee of R3 000 is payable. This fee will be deducted from your school fees.