



Western Cape Education Department
SWEET VALLEY PRIMARY SCHOOL, BERGVLIET
APPLICATION FOR ADMISSION



PLEASE FILL IN WHICH GRADE/S YOU ARE APPLYING FOR:

GRADE: FOR:..... (YEAR)

PLEASE NOTE THE FOLLOWING:

THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING CERTIFIED DOCUMENTS. (NOT OLDER THAN 3 MONTHS.)

- A. A COVERING LETTER OF MOTIVATION.
- B. A CERTIFIED COPY OF THE CHILD'S UNABRIDGED BIRTH CERTIFICATE.
- C. A COPY OF THE IMMUNISATION (CLINIC) CARD – ALL CHILDREN MUST BE IMMUNISED TO ATTEND A WCED SCHOOL.
- D. CERTIFIED COPIES OF IDENTITY DOCUMENTS OR PASSPORTS FOR BOTH PARENTS OR LEGAL GUARDIANS OF THE CHILD
- E. CERTIFIED PROOF OF RESIDENTIAL ADDRESS FOR BOTH PARENTS (RATES BILL OR LEASE AGREEMENT ONLY)
- F. A CERTIFIED COPY OF THE LATEST SCHOOL REPORT (FOR GRADES 1 – 7 ONLY)

PARTICULARS OF LEARNER

Surname & full Names:									
	D	D	M	M	Y	Y	Y	Y	
Date of Birth:									
Identity Number:									
Passport number (if foreign citizen)									
Gender:	Male:				Female:				
Country of Birth:									
Religion (Optional)									
Race (Optional)									
Home language/s:									
Number of children in family									
Is child first, second, third?									
Siblings currently at Sweet Valley Primary:	1.					in class:			
	2.					in class:			

Home Address:
 code:

Home telephone: Home Cellphone:

Home email address: Please print clearly

LEARNER ACADEMIC INFORMATION

Current School	GRADE:		
Address of Current School	CODE:		
Language medium of Current School			
Highest grade passed	Grade:	Year:	
Schools attended in the past. Please state grade and year			
Learning difficulties for which learner has received therapy (if applicable)			

LEARNER MEDICAL INFORMATION

Please circle illness(es) learner has had: Measles, Whooping Cough, Chickenpox, Mumps.
 Illnesses that the learner has been immunised against: (We refer you to page 1 C)

Tuberculosis , Poliomyelitis, Diphtheria ,Tetanus . Whooping Cough ,Haemophilus influenzae Type B (HIB), Hepatitis B, Measles/Mumps/Rubella (MMR) .

Please give other important illness(es) or allergies from which this learner is suffering or has suffered (e.g. asthma, epilepsy, diabetes, Bee stings, nuts etc.)
 Please give details of medication being administered.

.....

Give dates and nature of operation(s) the child has had:

.....

PARTICULARS OF PARENT/S OR GUARDIAN(S)
 (The information below must be supplied in respect of each parent or guardian.)

Parent 1

Surname & Full names													
Occupation:													
Identity Number:													
Passport number if foreign citizen													
RSA citizen (YES/NO) :	If NO please state nationality:												
Home Address:													
													CODE:
Postal Address:													CODE:
Telephone numbers: Home:	Work:			Cell:									
Email Address:													
Name and Address of Employer:													

Parent 2

Surname and Full Names													
Occupation													
Identity Number													
Passport number if foreign citizen													
RSA citizen (YES/NO):	If NO please state nationality:												
Home Address													
	Code:												
Postal Address													
	Code:												
Telephone numbers: Home:		Work:		Cell:									
Email Address:													
Name and Address of Employer:													

GUARDIAN: if Guardian is someone other than a parent of the child

Please state nature of guardianship, e.g. foster parent, uncle, aunt, grandparent:
 (In case of legal guardianship or foster care, documentary proof must be attached.)

Surname and full names													
Occupation													
RSA citizen (YES/NO):	If NO please state nationality:												
Home address													
	CODE:												
Postal Address													
	CODE:												
Telephone numbers: Home:		Work:		Cell:									
Name and address of Employer:													

Is either parent or guardian a past pupil of Sweet Valley?

Do you have any other family connection to the school?

FRIEND OR FAMILY MEMBER AS A CONTACT PERSON IN CASE OF EMERGENCY

Relationship to Learner													
Title and full names													
Address													
Contact Telephone numbers	Home:		Work:		Cell:								

Will you be requiring After Care Facilities? : YES / NO (If YES, IT IS NECESSARY TO COMPLETE AN AFTERCARE APPLICATION FORM AND HAND IT IN TOGETHER WITH THIS FORM)

Please collect a form from the Admission Office.

DECLARATION OF PARENT/GUARDIAN

I, the undersigned parent/guardian of

..... 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 1

.....
Print full name

.....
Signature of Parent 2

.....
Print full name

State whether Father, Mother or Guardian:

DATE OF APPLICATION:...../...../ 2018

IF YOUR CHILD IS A FOREIGN NATIONAL YOU WILL BE REQUIRED TO OBTAIN A STUDY PERMIT FROM THE SOUTH AFRICAN DEPARTMENT OF HOME AFFAIRS.